RACGP
Royal Australian College of General Practitioners

Standards for general practice training

4th edition

RACGP Standards for general practice training (4th edition)

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

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Academy of Family Physicians of Malaysia

Hong Kong College of Family Physicians

James Cook University

Medical Deans of Australia and New Zealand

Rural Workforce Australia

Introduction

The RACGP Standards for general practice training define the requirements for general practice training programs from selection and entry to the program through to completion. Their purpose is to ensure that the delivery of training meets the needs of registrars to enable them to be fully prepared and competent to be admitted to Fellowship.

Purpose

The purpose of the RACGP Standards for general practice training is to ensure high-quality and safe general practice training that meets the needs of registrars, patients, the community, supervisors, medical educators and regulators.

The underlying principles of these training Standards are to:

- Maintain a focus on safety, including that of the patient and community, the registrar and those delivering training
- Ensure training is fair, transparent, responsive, accountable and people focused
- Allow flexibility to cater for the impact of various factors, such as context, technology and the environment, while maintaining quality
- Ensure that Aboriginal and Torres Strait Islander health and cultural safety are embedded in the training program
- Consider opportunities to address health inequity in the delivery of the training program
- Promote quality improvement and quality assurance

The RACGP educational framework conceptualises the approach of The Royal Australian College of General Practitioners (RACGP) to general practice education as shown in Figure 1 below. It provides a foundation for ongoing high-quality education for general practitioners (GPs) to enable them to deliver safe primary healthcare that meets the needs of people living in Australia. Central to the framework are the guiding principles based on RACGP educational imperatives. The RACGP Standards for general practice training are one of the guiding instruments of the framework that provide direction for educational programs. The work of revising of the Standards has been informed by the guiding principles of the RACGP educational framework.

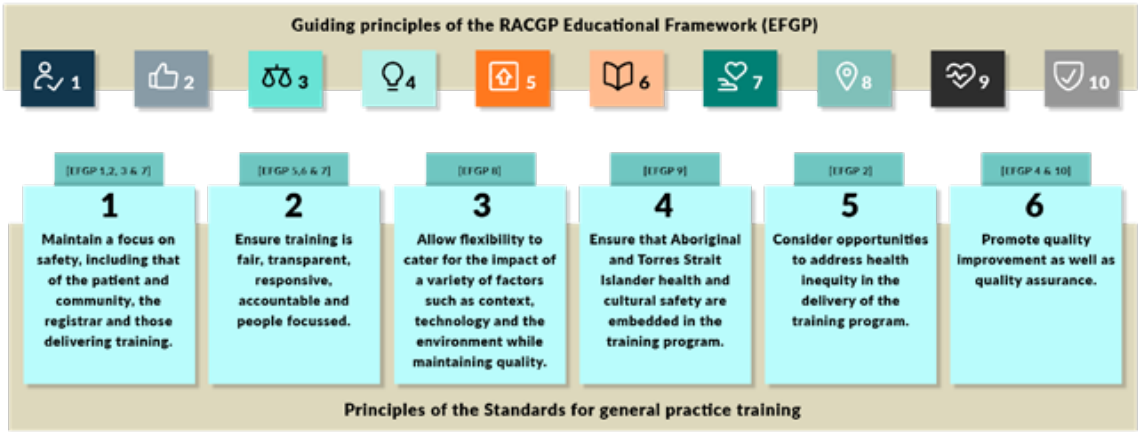

Figure 1. Alignment of the principles of the Educational Framework and Standards.

Key concepts

Standards describe the requirements of a training program to ensure the purpose of the program is met. Accreditation entails assessment of programs against standards to benefit stakeholders, such as patients, learners or the public.[1] Therefore, the standards are used in the accreditation process because they set the benchmarks for quality training programs.

The National Health Practitioner Regulation National Law through the Medical Board of Australia (MBA) requires that the RACGP be accredited by meeting the standards of the Australian Medical Council (AMC) for all Fellowship pathways, educational and training programs and continuing professional development (CPD). As well as being a legislative requirement for the RACGP, having quality training standards is essential for the RACGP to meet its social responsibilities.

In summary, training standards assist the College to:

- meet its responsibility to the community to ensure patient safety by training GPs to become competent to practise unsupervised anywhere in Australia and to address issues of health equity
- meet obligations to the medical profession to ensure safety during training and competence of Fellows of a specialist college
- fulfil its AMC requirements.

Through the accreditation process, standards for accreditation can influence the institutional approach to education and the educational program.[2] Further, postgraduate medical education is more variable and context driven when compared to undergraduate education, and so can have some influence on patient and population health.[3] The inclusion of registrar and program outcomes that reflect professional and ethical values and attitudes as well as core medical skills and knowledge ensures that professionalism and ethics remain a focus during training.[4] Such professional attitudes and values are important in the provision of quality healthcare and in health advocacy. Combined with consideration of contextual issues in the Standards, they can contribute to addressing health inequity.

Therefore, the Standards should consider all aspects of quality care and, through flexibility, provide an opportunity for training programs to influence patient outcomes, population health and to reflect stakeholder and community needs.

In addition, as well as focusing on outcomes in the maintenance of quality (quality assurance [QA] activities), training standards have the capacity to include a focus on program improvement (quality improvement [QI] activities).

These Standards apply to all RACGP training programs and organisations that deliver training on the RACGP's behalf.

Evolution of the training standards and the GP training environment

In 2013, the RACGP introduced an outcomes-based approach to its training standards. Since then, there have been some minor updates, including a change of name to the RACGP Standards for general practice training.

The change in approach allowed a focus on the quality of the outcomes rather than the process of achieving the end point. This approach allowed flexibility in the delivery of training while achieving consistent outcomes. In accreditation, processes could still be monitored, and their effectiveness assessed without being prescriptive about what processes were required. However, some essential inputs were maintained where that input was considered essential to maintaining the standard of training.

Previously, regional training organisations (RTOs) were directly funded by the Australian Government to deliver the Australian general practice training (AGPT) program, with the role of the RACGP to accredit the RTOs. The previous versions of the Standards were written to apply to this model.

As of 2023, the model of delivery was changed by the Australian Government and the AGPT program is now largely delivered by the RACGP. In addition, the evolution of the RACGP Practice Experience Program (PEP) – Standard Stream into the Fellowship Support Program (FSP) now requires accreditation of practices and supervisors. The Standards must apply to all programs delivering general practice training; this includes training in the Rural Generalist (RG) Fellowship.

One remaining training organisation, namely the Remote Vocational Training Scheme (RVTS), continues to be accredited by the RACGP to deliver training. The training standards are also used in the accreditation of international colleges and programs by the RACGP.

Accreditation processes must ensure that all training programs meet or exceed these training standards.

Development of the fourth edition

The fourth edition of the Standards was developed through an extensive process of consultation and review with oversight by a general practice expert steering committee. A list of those involved in the development is available in the Acknowledgements.

Stages of development

The stages of development are shown in Figure 2.

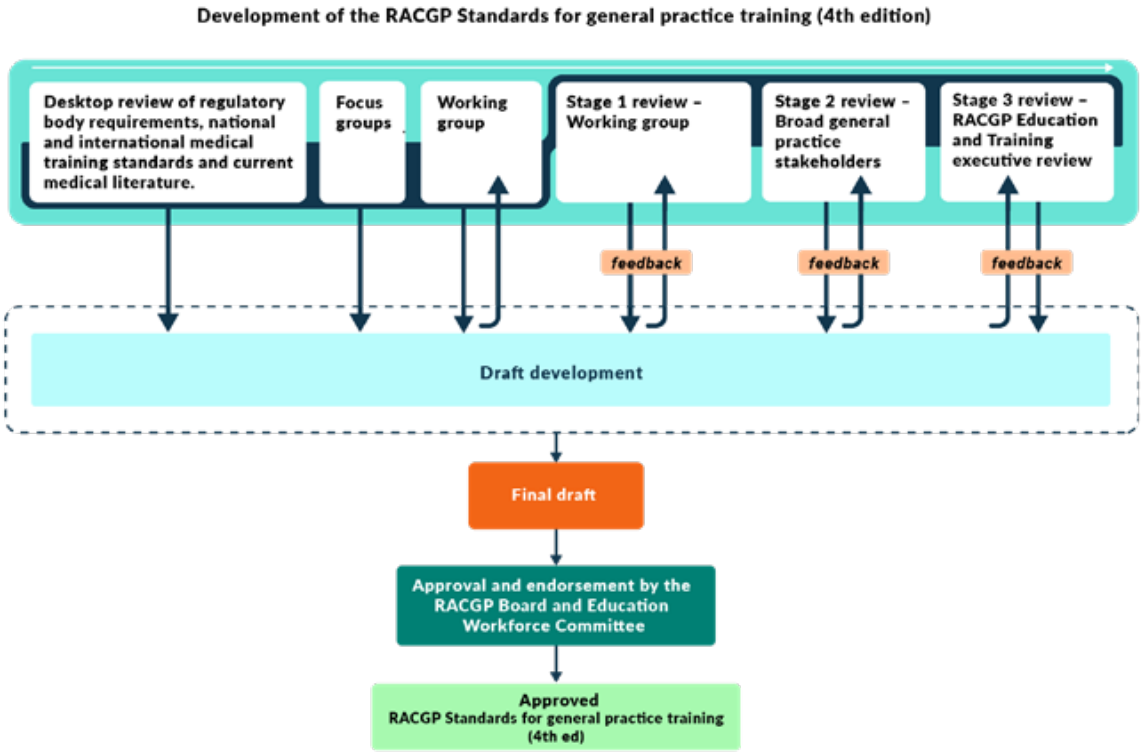

Figure 2. Stages of development of the Standards.

Stage 1

The review and renewal of the training standards was a collaborative process that included a working group in consultation with RACGP staff, faculties and committees. A desktop review was undertaken, which included the review of regulatory body requirements, national and international medical training standards and current literature in accreditation and standard setting best practice. Community and industry stakeholders provided input and feedback via an online survey and through individual submissions.

Thematic analysis identified important common themes recognised as essential to ensuring quality training. Different formatting styles across institutions made it evident that training standards are often presented in a process-driven way, in that they focus on the aspects of delivery of the training program.

The process of mapping the third edition of the RACGP training standards to the AMC Standards for the assessment and accreditation of specialist medical programs[5] identified several gaps that needed to be addressed, including the need to develop standards relating to governance, conflicts of interest, reconsideration and appeals.

Stage 2

Nine focus groups were held with the purpose of gaining insight into industry and end-user needs. Participants were specifically asked to identify:

- the purpose of the Standards
- how they currently use the Standards
- issues and management strategies.

Focus group participants included representation from RACGP accreditation, policy and evaluation teams, regional training staff, censors, supervisors, registrars, practice managers and the RACGP training programs, including representatives from Aboriginal and Torres Strait Islander health and rural health GP training teams. Opportunity was provided to submit feedback for those who could not attend, or who did not wish to be recorded or for those who had further comments to add after attending a focus group.

This process also served to inform the wider general practice education and training community of the development of new training standards and how they could provide input into the review process.

Stage 3

The working group developed an initial draft that included a definition of the purpose and underlying principles of the Standards and created a new structure. Key concepts, including Aboriginal and Torres Strait Islander culture and health, were embedded.

Stage 4

The steering committee reviewed the initial draft and provided general practice expertise and governance to the project. The committee included representation from the RACGP education and training business units, the GPs in Training faculty, Aboriginal and Torres Strait Islander health, the Rural faculty, GP supervisors and the accreditation team. The initial draft was refined with input from the steering committee.

Stage 5

This stage of development involved a review period from a broad range of RACGP and external general practice stakeholders.

Stage 6

A final round of review involved key executive leaders from the Education and Training business units. Feedback was incorporated at all stages of the review process.

Stage 7

The final version was presented to the RACGP Education Workforce Committee and the RACGP Board for approval and endorsement in March 2024.

Stage 8

Development of guidance and implementation documents.

Changes to the previous version of the Standards

A new structure

Although the outcomes-based focus of the 2013 Standards has been maintained, the structure of the Standards has changed from one based on the process of program delivery to one based on the journey of the registrar from selection to completion of training and attainment of Fellowship. The aim is to reduce duplication where possible and maintain a focus on the purpose of the standards.

New content

This edition of the Standards has eight standards, expanded from the previous three. Much of the content from the previous edition of the Standards was reviewed and included, with the addition of standards that addressed the gaps identified during the review and development process. Previous inputs and content relevant to the AGPT program alone have been removed to reflect the need for these standards to apply all training programs.

Structure overview

The Standards are written as a series of outcomes. Outcomes-based standards are more adaptable because they describe the required end point rather than the means of getting there. This is important because it allows flexibility in the training program. The range of contexts in which training occurs, the rapidly changing landscape of technology and the potential for environmental factors to impact training, as demonstrated by the COVID-19 pandemic, are factors that illustrate the need for flexibility. Further, flexibility encourages innovation in program delivery, leading to improvement through change.

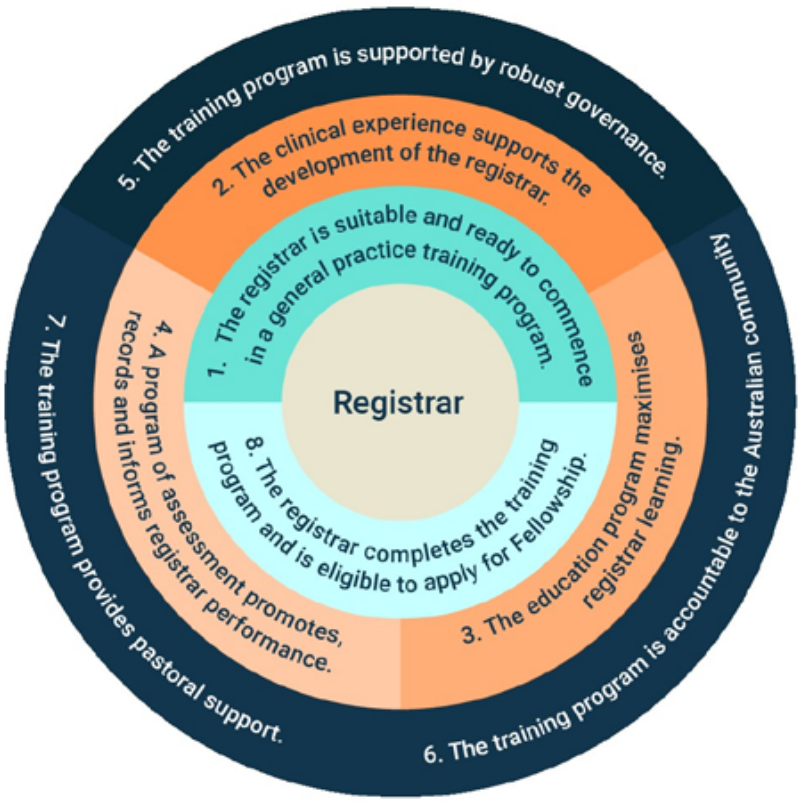

Figure 3. Inter-relationship of the Standards.

Each of the standards is formatted the same for consistency and includes:

- **Standard** – a statement of the level of quality or attainment to be expected. The accompanying rationale explains why the standard is important
- **Rationale** – summarises the content of the standard and the relevant evidence
- **Outcome** – the end result, or a statement that contributes to overall achievement of the standard
- **Criteria** – elements that contribute to attainment of the outcome
- **Guidance** – provides further background and suggestions as to how the criteria and outcomes may be met
- **Related policies and resources** – links to relevant RACGP information
- **Suggested evidence** – a list of possible sources of evidence to demonstrate or measure how the standard has been met

Use of 'could', 'should' and 'must'

The Standards have been written using carefully considered language. Although largely outcomes-focused, there are some inputs that are still considered essential and are therefore mandated at program level. Where they apply in the guidance and criteria sections, the words 'could', 'should' and 'must' have been used deliberately.

- '**Could**' is used to indicate something that is optional and a suggestion
- '**Should**' is used to indicate something that is optional but recommended
- '**Must**' is used to indicate something that is mandatory

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Standard 1 – The registrar is suitable and ready to commence in a general practice training program

Rationale

Commencement into a training program requires:

- candidates to be fully informed about the program in order to make an informed decision about their career choice and application for training
- an entry process that aims to select candidates based on eligibility and suitability for commencement in general practice training in that they are likely to be successful in achieving Fellowship and become competent GPs.

Selection processes may vary between programs, but the overall principles are consistent. These include that:

- assessment is valid, reliable, merit based and free from discrimination or bias
- processes are regularly reviewed and evaluated to ensure they remain valid, reliable and equitable, ensuring that biases are addressed.

Each registrar brings their own professional and life experiences. This includes their experiences in undergraduate training, previous work as a medical practitioner in Australia or overseas or transferable skills from a different career. These different life experiences mean registrars begin their program at different levels of competence.

The training program must ensure that a registrar has essential competencies to commence in general practice. The Progressive capability profile of the general practitioner describes a set of competencies that the doctor is expected to be able to demonstrate to commence in general practice at the Entry milestone. The competencies include clinical skills, such as the ability to identify and manage red flags and emergencies, and professional skills and behaviours, such as the ability to self-reflect, communicate clearly and respectfully with others, and cultural awareness. There is good evidence that prior unprofessional behaviour correlates with future unprofessional behaviour and consequent disciplinary action by medical boards.[1] Essential competencies can also relate to breadth of experience and exposure to patient populations with specific attributes.

There is some evidence that selection assessments can predict later performance in exams.[2,3] Performance in the selection assessments, and details from selection, such as previous experience, provide a baseline for registrars, supervisors and medical educators. The baseline assists in planning an individual learning program and is used in future assessments to determine progression through the training.

Outcome	Criteria
1.1 Training program details are clear, transparent and accessible	1.1.1 Details about the training program are publicly available
	1.1.2 Requirements for eligibility into the training program, including any exemptions, are clearly communicated to the candidate prior to selection

Guidance

Information about a program may be available in a variety of formats, but must include:

- time required to complete the program
- costs of the program
- training opportunities, including flexibility in working and training arrangements and options to extend skills; this may include catering to specific circumstances (eg cultural needs)
- career and program supports, including case management, available within the program for specific groups (eg registrars working in rural areas, Aboriginal and Torres Strait Islander registrars, international medical graduates (IMGs) and registrars with additional needs)
- any mandatory requirements within the program (eg training in rural, remote or outer metropolitan areas)
- support for educational or professional concerns
- the selection process and the eligibility criteria for selection
- any prerequisites, such as the competencies and experience required to commence training at a general practice training site
- recognition of prior learning and experience (RPLE) opportunities
- pastoral and educational supports and mentorship available in the program
- educational program, including mode of delivery
- circumstances in which removal from the program may occur.

Outcome	Criteria
1.2 The process for selection ensures that selected candidates are supported, eligible and have the competencies required to commence training	1.2.1 The selection process is in accordance with national and international standards for postgraduate training
	1.2.2 The selection process is clear, transparent and accessible
	1.2.3 Selection is based on the expected RACGP competencies at the point of commencement, including the professional attributes expected of a doctor entering general practice training
	1.2.4 Selection supports access for Aboriginal and Torres Strait Islander doctors to train in general practice
	1.2.5 Selection supports access for candidates to train in areas of workforce need

Guidance

- Candidates must be informed of the selection criteria, and the processes for selection, including those related to reconsiderations or appeals of decisions made.
- The selection process will include an assessment of both eligibility and capability. Eligibility is about having the required credentials and prior experience. Capability is about having the competencies required to commence RACGP training for Fellowship as detailed at the Entry milestone in the *Progressive capability profile of the general practitioner*. These competencies include knowledge, skills and attitudes. Professional attitudes are particularly important to assess.
- Candidates who identify as Aboriginal and Torres Strait Islander doctors or those who wish to train in an area of workforce need may be given particular consideration and support in the selection process. This is in line with the National Agreement on Closing the Gap[4] and workforce initiatives.

Outcome	Criteria
1.3 The registrar is ready to commence training	1.3.1 The registrar demonstrates eligibility to commence training
	1.3.2 The registrar demonstrates achievement of the required competencies, including the essential safety requirements, before commencing at a general practice training site
	1.3.3 Assessment of the registrar's competence and suitability for commencing training informs the selected registrar's training plans

Guidance

- Commencement of training requires the candidate to have met the eligibility and selection criteria of the program.
- Evidence of the competencies required must be documented and available to registrars and the program team.
- In some programs, where there is the option to complete further hospital training, selection may focus on eligibility and registrar ability to meet the baseline defined competencies before commencing in general practice.
- Where the training program requires the registrar to commence directly into a general practice, the registrar needs to meet the competencies described in the Entry milestone of the *Progressive capability profile of the general practitioner*, and the training program could provide details about how these competencies would be met.

Related policies and resources

Policies

- *Training program requirements policy*
- *Training program entry policy*
- *Dispute, reconsideration and appeals policy*
- *GP in training diversity, equity and inclusion policy*
- *Training transfer policy*

Resources

- *Progressive capability profile of the general practitioner*

Suggested evidence

Supporting documentation

- Selection criteria
- Details of the selection process, which may included process map or work instruction
- Policies and procedures related to the selection process
- Outlines of information sessions or other communications that detail the selection process, including web-accessible information
- Information on mandatory requirements
- Outline of the training or support offered to interviewers/assessors, including recognising bias
- Processes for assessing selection competencies
- Advice about and documentation of completion of basic life support (BLS) and advanced life support (ALS) courses
- Handbooks

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Standard 2 – The clinical experience supports the development of the registrar

Rationale

This standard relates to the experiential learning that occurs through supervised practice at clinical sites. Standard 3 describes the requirements of the formal educational program that augments this experiential learning.

General practice training is fundamentally work-based learning, with supervised clinical practice being the core learning activity for registrars. Supervisors and practices that are committed to the registrar's learning journey have a pivotal role in enabling registrar learning in the workplace.

Learning is valued where it is prioritised in the practice, and all involved are supported and respected. The GP Clinical Learning Environment Framework[1] provides a structure for the implementation of a high-quality learning environment in general practice. High-quality training sites:

- are welcoming
- focus on the learner
- value learning
- optimise learning opportunities
- build secure and caring relationships
- involve the whole practice team in the learning and teaching
- adjust support and supervision to the developing competency of the registrar
- support the registrar in reflection and by providing quality feedback.[2]

Good clinical supervision and support is important for registrar professional satisfaction.[3] Central to this is the relationship between registrar and supervisor.[4] The quality of this relationship has a significant effect on the effectiveness of supervision[5] and on the development of the registrar's professional identity.[6]

The integral role of the supervisor needs to be supported within the practice and within the training program. This support can take many forms, including adequate remuneration; the provision of supervisor professional development; respect for the position; sufficient time to devote to supervision; advocacy; and resources that enable supervisors to perform their role.[7] Suitability for the supervisory role and initial training is important, as well as the opportunity to participate in ongoing professional development. Professional development provides a chance to develop skills related to the supervisory role and peer support. Supervisors who participate in professional development are less likely to experience burnout.[8] Practice staff also need to be involved and supported because they are an essential part of the team training the registrar in the practice.

Providing a clinical environment that is safe and supported is essential in ensuring the safety of the patient, the registrar and the practice. A key concept of this involves matching the supervision and learning to the competence of the registrar. As competency develops and the registrar has increasing responsibility for patient care, the level of supervision and the type of educational opportunities should reflect this. There always needs to be access to advice. For registrars to be confident in asking for assistance, the supervisor needs to be both available and approachable,[5] and this needs to be facilitated by the practice.

A dedicated registrar orientation at the training site that is matched to the context and the learner serves to establish a welcoming and supportive environment for the registrar. It is an opportunity to establish good relationships between the practice and/or supervisor and the registrar, and to commence planning for the training experience. Orientation checklists provide guidance about what should be discussed during this onboarding period. The RACGP provides a sample checklist for orientation.[9]

Working conditions and working culture are important to how registrars learn and engage with their training.[10] Working conditions and culture are supported by robust policies in relation to conflicts of interest, discrimination (including racism), bullying, harassment and sexual harassment, and through a whole-of-practice approach to cultural safety.

Accreditation and evaluation processes may provide feedback for quality improvement, as well as a means of quality assurance.

Outcome	Criteria
2.1 The registrar experiences the breadth and depth of Australian general practice	2.1.1 The registrar accesses a broad range of relevant experiences defined by the RACGP curriculum and syllabus for Australian general practice
	2.1.2 The registrar is exposed to a range of different practice models
	2.1.3 The registrar has fair and equitable access to training sites
	2.1.4 The registrar participates fully in the operations and scope of the practice in which they are located

Guidance

Registrars must have sufficient experience of working in comprehensive general practice. Comprehensive Australian general practice, as defined by the RACGP, is a practice that:

- prioritises holistic, clinical person-centred healthcare
- is ethical and socially responsible
- addresses the health needs of all people living in Australia in an equitable way
- meets the needs of underserved populations, including those living in rural and remote regions and Aboriginal and Torres Strait Islander peoples
- covers the full breadth of patient demographics, case presentations and the diverse settings where GPs work
- is evidence-based and is not limited to a specific interest or subset of general practice.

Training sites vary in terms of patients, populations and presentations, and the context in which the practice operates. There will also be variations in the GPs and staff working within a practice and the operating models. To provide a breadth of experience, registrars must be exposed to a diversity of practices, supervisors and training sites. The program must be able to demonstrate how this occurs.

Registrars should be supported in their decision making and in planning their practice selection to:

- experience a diversity of practice in terms of supervision, practice management and patient populations
- meet any program obligations in relation to training sites. This includes any minimum time in comprehensive general practice they require to meet Fellowship requirements
- develop specific skills relevant to comprehensive general practice or address any specific learning needs
- take into account personal circumstances.

The process by which registrars select a training site must be clearly documented for both registrars and practices. It must be consistent, fair and free from discrimination, including racism and bias, which may negatively affect registrars with specific needs, those of different cultural backgrounds and those who may require flexible working arrangements, such as for part-time work or leave. Priority placements may be used to address imperatives arising from areas of need, but these must be clearly documented and transparent.

For registrars to be fully integrated into their training site, it is expected that they will be involved in the range of services offered by that site (eg aged care or home visits, hospital work or telehealth), where appropriate and matched to their level of skills and training in a general practice. Participation in such services is a valuable learning opportunity and there is some evidence that participating in after-hours care during training increases the likelihood of registrars continuing to provide this type of care into independent practice.[11] Such workload must be balanced and equitable, not exceeding that of other doctors within the practice or putting the experience of comprehensive care or safety at risk.

Practices that focus on a providing specific types of dedicated services such as, but not limited to, urgent care, immunisation, skin medicine, travel medicine, HIV medicine, addiction medicine or gender-specific care may not meet the RACGP definition of comprehensive Australian general practice. These clinics can provide valuable learning opportunities for registrars, but time dedicated to these areas must not be at the expense of the provision of comprehensive care in the practice. Australian Defence Force (ADF) registrars may work in ADF training sites that have a specific case mix, but they must also have sufficient experience in comprehensive general practice care during their training.

Outcome	Criteria
2.2 The registrar undertakes supervised clinical practice in accredited training sites that provide a high-quality training environment	2.2.1 Training sites are accredited clinically and for training by the appropriate agency
	2.2.2 Supervisors are suitably qualified for their role
	2.2.3 Training sites and supervisors adhere to the RACGP training standards
	2.2.4 Training sites value learners, supervisors and educators
	2.2.5 Training sites are adequately resourced
	2.2.6 Training sites and supervisors provide best practice clinical care
	2.2.7 Supervisors undertake professional development relevant to their role
	2.2.8 The needs of various learners within the training site are appropriately managed

Guidance

Accreditation of a training site provides some assurance of the provision of quality care. In the case of general practices, this is accreditation as a general practice against the RACGP Practice Standards. Extended skills sites or Additional Rural Skills Training (ARST) must be accredited by the appropriate body for that specific skill in addition to accreditation as a training site by the RACGP.

The additional requirement to be accredited to the training standards is to ensure the provision of a quality learning environment. For training sites that are in a hospital and/or accredited for training by another agency or college, training accreditation is required to ensure it is relevant to general practice and meets the needs of GP registrars. In this case, accreditation looks at areas such as:

- plans for orientation to the training site
- supervision plans and the supervisor's qualifications
- learning outcomes and teaching and learning opportunities relevant to general practice
- workload
- registrar support and resources.

Supervisors must have unconditional registration with the Australian Health Practitioner Regulation Agency (Ahpra) and qualifications relevant to the training site. For supervisors in general practice, the latter is met by registration as a specialist GP, although general practice Fellowship is recommended. In addition, a supervisor's registration must be without any addenda. This includes, but is not limited to, restrictions, conditions, limitations, reprimands, supervision requirements, tribunal outcomes, suspensions, undertakings and/or any other remarks or changes on medical registration. Supervisors must promptly disclose any:

- addenda on their Ahpra medical registration, and
- regulatory authority activity, whether in Australia or otherwise, that:
    - has led or may lead to addenda on their Ahpra medical registration, or
    - has led to an adverse finding for the supervisor, or
    - forms part of an ongoing investigation
- other notifiable conduct.

As part of the initial accreditation process, practices must be inspected, and general practice supervisors must complete introductory training relevant to the role of supervision. Supervisors will have varying levels of experience in supervision, but motivation and engagement with the training program are important to assess during accreditation.

Practices must demonstrate what resources they have allocated to training.

This can be in the form of:

- **time:** ensuring adequate time is allocated for both registrars and supervisors so appropriate teaching and safe supervision occurs
- **people:** detailing how all practice staff are integrated into the learning environment; this may include having clearly articulated roles and responsibilities
- **physical resources:** such as adequate space for teaching sessions, fully equipped consultation rooms, adequate IT, online resources and references.

Once accredited, practices and supervisors must maintain the training standards. Where the standards are not being met, the accreditation status will be reviewed. Accreditation of practice and supervisor/s must always be maintained while a registrar is in the training site in order for the experience to be considered part of the registrar's training time. A process must be in place to monitor and manage training site and supervisor accreditation (see Outcome 2.4).

Supervisors must develop and maintain their skills in supervision through participation in professional development relevant to their supervisory role. As well as having supervisory and interpersonal skills, supervisors must be clinically competent. It is expected that training sites provide quality clinical care to patients that is current and based on best practice, and can demonstrate this. This could include having access to current evidence-based guidelines and records of staff involvement in quality improvement activities and CPD opportunities, such as small group learning. Where a supervisor practises in a subspeciality but is responsible for a registrar working in comprehensive general practice, the supervisor must maintain their skills in comprehensive general practice, for example through their CPD.

High-quality supportive training sites value learning. In addition to other areas in this outcome and Outcome 2.3, a practice must demonstrate:

- how registrars are welcomed and integrated into the practice (eg how they are orientated, included in practice activities, their role in the practice team and how they are introduced to patients)
- how specific learning needs are catered for (eg registrars' may have differences in culture, language, health systems, previous clinical and educational experience or working arrangements, such as part-time, that influence their learning needs;[12] they may require additional support in terms of teaching, supervision and orientation)
- how registrar wellbeing is supported and promoted (see Criterion 2.3.9)
- how supervisors are supported by the practice through the allocation of adequate protected time for teaching and supervision
- how others within the practice are involved in the teaching and learning
- how interactions with external training program educators are prioritised
- how feedback is given and received, and how conflicts of interest in the provision of feedback are managed (see Criterion 2.3.10)
- how professional behaviour is demonstrated within and external to the practice, such as in interactions with the training organisation. This includes monitoring and upkeep of cultural safety practices and identifying and acting on stereotyping, prejudice or discrimination. This may be blatant, or more subtle, and occur through role modelling of embedded or learned attitudes.

Within a general practice, there may be many learners at various stages of training and multiple health disciplines. For example, there may be medical or allied health students, prevocational doctors or registrars from different training programs or at different stages of training within the one program. Although there can be benefits from group teaching, there must be opportunities for individuals to have their learning needs met.

If there are multiple learners in a practice, the practice and supervisor must be able to accommodate the range of different teaching and supervision requirements of all learners and demonstrate how individual learner's needs are met. The training program may limit the number of registrars who can work at a practice based on the total number of learners in the practice and the capacity of the training site to cater for them. This may require communication across programs to avoid disadvantage for any cohort of learners.

Outcome	Criteria
2.3 The training needs of the registrar are supported by their training sites	2.3.1 The registrar receives orientation to the training site
	2.3.2 An assessment of competence occurs at commencement in each training site
	2.3.3 The registrar is always supervised during training using a model of supervision that is developed and matched to the registrar's assessed competency
	2.3.4 There is a process for developing, reviewing and adjusting the model of supervision appropriate to the needs of the registrar in the context of the practice
	2.3.5 The registrar is able to ask for and receive timely assistance in all clinical situations
	2.3.6 Workload is appropriate to stage of training, the context and the competency of the registrar
	2.3.7 Policies and procedures are in place that address patient and registrar safety in the practice
	2.3.8 Practices meet their legislative requirements for the employment of the registrar
	2.3.9 Registrar stress and fatigue is identified, acknowledged and addressed
	2.3.10 Actual and potential conflicts of interest are identified and managed
	2.3.11 Adverse events (including critical incidents) are identified and managed

Guidance

Orientation

A thorough orientation must be provided whenever a registrar commences in a training site. The content and time taken for orientation may vary according to the level of training of the registrar. For a registrar new to general practice, the orientation process may take place over the first week or more.

Assessment of competence

An essential activity at the start of a term is to perform an assessment of competency. This may be through the use of, but not limited to:

- consultation observation – this must be performed early when starting at a training site, either in-person or via live stream with the appropriate permissions
- case discussion, including the use of tools such as random case analysis
- discussion with the registrar of past experiences, self-assessment of skills and knowledge and any areas identified for learning
- a review of any previous training site feedback or assessment
- feedback from patients, staff, other practitioners or supervisors

- other methods, such as clinical audits, role plays or how questions are asked or answered by registrars, which can provide information about registrar confidence and skills.

When assessing registrar competence, an assessment of confidence and ability to self-reflect is also important. Supervisors should explore their registrar's ability to self-assess their competency and their level of confidence. A registrar who demonstrates the ability to match their competence with an appropriate level of confidence is more likely to ask for assistance appropriately. Overconfidence in abilities may lead to not asking for assistance when this is needed, which can impact patient safety. Alternatively, a lack of confidence in the context of assessed competency may be an indication that a registrar requires additional support and assistance.

There must be one designated supervisor who has oversight of the registrar while at the training site and the responsibility for ensuring assessments occur. This also provides the basis for the development of a plan for learning for the registrar. However, supervision may be undertaken by a team under the oversight of the designated supervisor.

Some registrars may have extensive previous experience that differs from that of their designated supervisor. They may have previously performed procedures that their supervisor is not trained for or is not comfortable doing. The designated supervisor and their supervisory team have responsibility for the registrar's actions and, as such, an assessment of the registrar's competency in performing such procedures must be made before the registrar undertakes the activity.

Within the practice, where a procedure or skill requires specific credentialing and the assessment of it is outside the designated supervisor's competency, it may be assessed and overseen by another supervisor who has the appropriate level of skill. The registrar must not perform the procedure if the skill cannot be assessed and there is no supervisor with skills in that procedure available to oversee and take responsibility for the registrar.

A discussion about who, how and when to contact the supervisor must be included in orientation. This may vary according to the context of the practice and the stage of training, but must include details about when, and for what, the supervisor should be called. In practices with more than one supervisor, the supervisor of first contact should be made clear. Arrangements for supervision during supervisor leave and for after-hours or related hospital work must also be clarified at orientation.

There are certain situations that represent higher risk in practice, especially for registrars new to general practice. Leaving the registrar to identify high-risk situations has the potential to affect patient safety.[13,14] For registrars new to practice, the use of high-risk area checklists can be useful because they remove the onus on the registrar to decide when to call and allows the supervisor to assess these high-risk areas early in the term. Even for those who have previously worked in general practice, the supervisor should conduct some initial assessment of competency. It is not adequate to assume a level of competency based on stage of training alone because there can be significant variations in competence, confidence, behaviours, skills and past experience between registrars at the same stage of training.

Supervision teams, models, onsite requirements

A model of supervision refers to the way in which supervision is delivered. The model can vary according to:

- level of training of the registrar
- documented competence of the registrar
- context of the training site, including demographics and situation.

Various models have been described, including one-on-one with a single supervisor, team supervision (more than one supervisor), remote supervision (where the supervisor spends some or all of the time offsite) and blended supervision (a combination of any of the other models of supervision).

The model selected must be by agreement of all involved. It must address the factors above in such a way that registrar and patient safety are protected and to make sure that registrars always have access to a supervisor.

In matching competency to the model of supervision, the *Progressive capability profile of the general practitioner* describes four milestones in the training journey towards Fellowship. These are matched to the type of supervision.

- **Entry:** commencement of training in general practice under direct supervision
- **Foundation**: competency sufficient to transition to indirect supervision with reliable access to supervisory support and close oversight of practice
- **Consolidation:** competency level allowing the registrar to work largely independently in general practice; still requires some supervisory support and mentorship
- **Fellowship:** marks the competency to work as an independent GP without supervision

Therefore, as registrars progress towards the competency expected at Fellowship, the level of direct supervision and oversight reduces. Registrars will still require access to a supervisor, but this may be via remote means. How quickly this occurs will depend on the registrar and their assessed rate of progression.

Some registrars may have supervisory requirements related to their registration with the Medical Board. Often, the Medical Board level of supervision will align with that of the training program, but where this does not occur, the level of supervision required is the greater level required by either the Medical Board or the RACGP. Because supervisors are responsible for their registrar in practice, they must be able to justify how they have assessed the competency of their registrar, how the model has been selected to ensure safety and how the model is evaluated during the term.

Of note are registrars when they first commence in general practice. Registrars commencing general practice are best supervised onsite to ensure patient safety. There may be circumstances in which an alternative model of supervision is required, but supervisors must ensure that there is time allocated to assess safety and competence and to build the educational alliance with the registrar.

Practices and supervisors should complete a clinical supervision plan. A clinical supervision plan outlines the supervisory model and clearly defines:

- when the registrar needs to seek supervision
- access to supervision, which includes who and how to contact
- a risk management plan to address difficulty in accessing supervision
- the roles and responsibilities of all those involved in supervision
- leave arrangements (ie plans to ensure continuous supervision for when the supervisor is absent as either planned or unplanned leave).

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

Training sites with remote supervision must provide a plan outlining how supervision is matched to the registrar's competency and experience and the context of the training site. The plan must also include how support and registrar and patient safety are maintained, including risks and mitigation strategies. The plan must be monitored and regularly reviewed.

Registrars must always have access to clinical support. Usually, this support comes from the supervisor, with the detail about how this support is obtained being determined early in the term and documented in a clinical supervision plan. Advice may, at times, be appropriately obtained from other members of the practice team (eg asking the practice manager about billing or a practice nurse about appropriate selection of wound dressings). Registrars will also seek support from their existing professional networks and from evidence-based clinical support guidelines. However, the supervisor is ultimately responsible for ensuring that the sources of advice are appropriate. For clinical advice, this should be from a GP with specialist general practice registration.

Workload

Workload relates to both numbers of patients and the breadth of presentations seen. The workload of the registrar must be sufficient for a quality training experience, but not so onerous that there is no opportunity for learning through reflection on clinical experiences or opportunities for further exploration of identified learning needs.

Appropriate patient numbers that balance the registrar's need to gain experience with the time and opportunity to reflect on and learn from that experience will vary depending on the stage of training and context of the training site.

In the first six months of general practice, registrars should start with fewer patient numbers and not be expected to see the same number of patients as experienced GPs. The rate of increase will depend on the patient demographics and the confidence and competence of the registrars, and must occur through discussion and agreement in advance between supervisor and registrar. The practice manager may also be consulted and provide feedback. Where there are concerns about registrar progression, others (eg medical educators) may provide additional input into patient numbers.

Some training sites have greater numbers of patients who require longer appointments. Some examples include, but are not limited to:

- age
- cultural and linguistic diversity and/or the need for interpreters
- chronic complex disease
- specific cultural expectations, such as in community health, Aboriginal Medical Service (AMS) or Aboriginal Community Controlled Health Organisations (ACCHOs).

In this case, it is expected that registrars will have fewer patient numbers throughout the term.

Registrars must not see more than four patients per hour, unless in exceptional circumstances. In some situations, such as when working in vaccination clinics, these numbers may be exceeded, but work in such limited scope of practice must only be a small proportion of the registrar's practice time.

Rostering must be fair and take into consideration individual needs, such as cultural and religious commitments. Hours and days worked must be fair and equitable with other GPs in the practice and the practice must be able to function without the registrar where time is required for attendance at educational events.

As well as ensuring patient numbers are appropriate to meet training needs, registrars need to see a range of patient ages and conditions. Registrars tend to see younger patients or more acute presentations and have less exposure to some population groups, such as antenatal patients, older patients with chronic disease or those requiring palliative care. Supervisors should consider how to increase opportunities for registrars to see older patients or those with chronic disease and to be involved in the continuity of their care.[15] Some ways this could occur are through:

- encouraging patients to book appointments with the registrar for times when the patient's regular GP is not available
- arranging appointments together
- setting up arrangements where a patient's care is shared between the supervisor and registrar
- building the registrar's confidence in managing complex chronic disease.

Trust and communication between supervisor, registrar and patient are important, as is including all three in building a shared-care arrangement.

The supervisor and practice manager should monitor the range and number of patients seen.

Safe and supported working environments

Practices must have policies and procedures that relate to the prevention and management of:

- discrimination (including racism and disability access), bullying, harassment and sexual harassment
- conflicts of interest
- stress and fatigue
- adverse events (including critical incidents).

There must also be policies and procedures regarding the management of workload that address issues such as patient numbers, flexibility in working hours and leave options, among other.

Supervisors have many roles. Tension between the different roles of the supervisor can be a barrier to the effective supervision and assessment of registrars (eg where a supervisor is also the employer of the registrar, their visa sponsor or Ahpra-appointed supervisor). This power imbalance can affect training, especially if the registrar perceives concerns about providing feedback to a practice and supervisor.

Supervisors must not provide or request medical advice or services from their registrar, and registrars should not be requested to provide consultations for other practice staff, unless under exceptional circumstances. In addition, supervisors must not supervise a registrar to whom they are directly related (eg their son, daughter, sibling or partner). In rural areas, such conflicts of interest are more likely to occur, but these should be identified, discussed and escalated when necessary. Significant actual and potential conflicts of interest not already reported must be notified to the training program in order to agree on a management strategy.

Preventing undue work-related stress and fatigue must be a priority for all employees of the practice, and especially so for registrars who have the additional factors of studying and assessment that may affect their wellbeing. Confidence in managing their allocated clinical tasks can be a major source of distress for registrars.[5] It is important to make sure they are supervised and working to their level of competency. Registrar wellbeing needs to be monitored and actively managed, with support available as required.

Where specific employment terms and conditions exist, these must be adhered to. Relevant work health and safety legislation must be met.

Adverse events (including critical incidents) must be managed according to the documented program approach to the management of these (see Outcome 7.1.6). Australian-based training programs report these to the RACGP. Practices must have their own approach to clinical risk management, which includes an open disclosure process.[16] In the training environment, an essential part of this is to establish a safe environment where mistakes are shared and viewed as an opportunity to analyse and learn.

Outcome	Criteria
2.4 Practices and supervisors are supported to deliver quality training	2.4.1 Supervisors are provided professional development opportunities relevant to their role
	2.4.2 Supervisors and the practice receive regular feedback about the training site
	2.4.3 Monitoring and accreditation processes ensure quality assurance and are fair, transparent and consistent
	2.4.4. Accreditation processes encourage quality improvement
	2.4.5 Aboriginal and Torres Strait Islander cultural advisors and/or medical educators are involved in accreditation processes where relevant
	2.4.6 Practices and supervisors are supported when concerns arise
	2.4.7 Processes for the placing of conditions on practices and/or supervisors or for deaccreditation are clear and transparent
	2.4.8 There are documented reconsideration and appeals processes available for practices and supervisors

Guidance

Registrar training requires support from the entire practice team so support should be afforded to all practice members, including the supervisor. Support may be in the form of professional development opportunities, cultural safety training or supportive resources such as liaison officers, and is particularly important when concerns arise.

The program must provide the supervisor with professional development that enables them to perform the roles and tasks of a GP supervisor,[17,18] including initial training for new supervisors. Professional development should be mapped to the National GP supervisor professional development curriculum and cater for the variable levels of experience as a supervisor or educator in providing supervision.[19] Higher-order qualities of experienced supervisors will be developed through participation in ongoing training and relevant professional development.

Feedback about the training site should be collected from registrars. A quality practice will establish a culture of feedback whereby feedback is encouraged, welcomed and shared. Although it is encouraged for feedback to be provided and discussed directly with the practice and supervisor, at times registrars will be reluctant for this to occur and they must have the opportunity to provide confidential feedback, while being informed about the limitations in managing issues in these circumstances.

The accreditation and reaccreditation process must be fair, transparent and equitable. Policies and processes must be publicly available. Practices and supervisors must be informed of:

- accreditation criteria and processes
- the accreditation and ongoing monitoring process
- the criteria for conditions and/or deaccreditation and the processes for managing these
- remediation processes for practices and supervisors
- opportunities for reconsiderations and appeals of decisions made in relation to accreditation.

Accreditation of training sites that are specific to Aboriginal and Torres Strait Islander health must involve cultural educators and/or Aboriginal and Torres Strait Islander medical educators. They must be involved where such a service is part of any dispute related to conditions, remediation or deaccreditation of training sites and/or supervisors. They should also be involved where there is an issue or concern about any training site that relates to Aboriginal and Torres Strait Islander cultural safety.

As well as ensuring quality assurance, accreditation and reaccreditation processes afford the opportunity for quality improvement. Practices and supervisors should be encouraged to reflect on each registrar placement. Practice meetings are one way to evaluate and improve the teaching, supervision and assessment of registrars and to discuss how improvements can be instituted using feedback from registrars, medical educators and the accreditation process.

Related policies and resources

Policies

- Accreditation policy
- Dispute, reconsideration and appeals policy
- Flexible funds policy
- GP in training diversity, equity and inclusion policy
- GP in training safety and wellbeing policy
- Placement policy
- Academic misconduct policy

Resources

- Comprehensive Australian general practice guide
- Progressive capability profile of the general practitioner
- GP clinical learning environment (GPCLE) framework
- RACGP orientation checklist
- High-risk area checklist
- RACGP remote supervision program
- Adverse event and critical incident management and reporting guidance
- National GP supervisor professional development curriculum

Suggested evidence

- Competency assessments
- Orientation checklists
- Clinical supervision plans
- Supervision arrangements in a range of settings
- Support mechanisms for the registrars – type and frequency
- Models of supervision that cover a range of context, abilities and situations
- Applications to the censor and/or RACGP to vary a model of supervision
- Processes for inspecting/accrediting practices

- Processes for reaccreditation for practices and supervisors
- Processes for deaccreditation for practices and supervisors
- Processes for selecting and supporting supervisors
- Competency assessments that focus on safety
- Use of high-risk area checklists
- Processes for managing patient safety concerns
- Patient, registrar, supervisor feedback mechanisms
- A risk assessment process
- Collaboration with local agencies and stakeholders
- Analyses of local need
- Extended and advanced skills training sites to address local needs
- Reviews and evaluations of the effectiveness of addressing local needs
- Placement policies and processes
- Supervisor professional development program and/or curriculum
- Procedural skills checklists
- Details of selection process that demonstrate fairness
- Process for reporting and managing bias (eg system of remediation or practice deaccreditation)
- Provide information demonstrating compliance with policies supporting a registrar's workload and training demands, including, but not limited to, fatigue management policy, bullying and harassment policy and the implementation of these policies
- Critical incidents and adverse event management process

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Standard 3 – The education program maximises registrar learning

Rationale

The education program consists of both formal and informal learning. Informal learning occurs largely through experiential learning in a clinical setting and through access to a supervisor, mentors and others in the practice. This is considered in Standard 2.

Standard 3 relates to the quantity and quality of formal education activities provided within the program. The education program consists of learning that occurs within and outside of a clinical setting. This is termed in-practice and out-of-practice education, and may occur in groups of varying size, in one-on-one situations or be self-directed. It may be supported by online resources.

A quality educational program will be learner focused, based on sound medical education theory and align with best practice. Registrars within the program will have a range of prior experiences, learning needs and preferences, and will be working in various settings and geographical locations. Therefore, the delivery of the training program needs to be adaptable to the different contexts and the needs of learners. The teaching and learning methods that are used should be those that best fit the intended outcome of the program. For example, online modules and learning resources are useful for knowledge, whereas simulation or supervised practice are good for skills development. Relationship-based activities, such as peer or other facilitated learning groups, facilitate the development of professional identity, attitudes and benchmarking.[1]

Educational program content in training must be within the scope of general practice. The RACGP curriculum and syllabus describes the range of competencies required of a GP and is the basis for the educational content. In addition, the content of the educational program should include considerations of the priority areas as defined in the guiding principles of the RACGP educational framework.

The health of Australia's First Nations people is a national priority, and while Aboriginal and Torres Strait Islander health may be delivered as standalone activities as needed, the principles of equitable and culturally safe healthcare must also be embedded within the program. For this to occur, Aboriginal and Torres Strait Islander people need to be meaningfully involved in all aspects of the design, delivery and review of the training program.

In addition, the program should promote self-reflection and encourage self-directed learning and a growth mindset.[2] These transferable skills are essential for CPD as a Fellowed GP.

General practice is well positioned to contribute to evidence-based research to support the delivery of quality care to the community. Research literacy is the ability to critically interpret research and apply the evidence to enhance clinical practice.[2] It also encompasses the ability of a GP to clearly communicate findings from research to patients as part of informed decision making.[3] GP registrars report less access to research opportunities than their counterparts in other specialist medical training programs.[4] Registrars should be enabled to improve their research literacy skills and provided with opportunities to participate in programs of research.

Outcome	Criteria
3.1 An education program relevant to Australian general practice is delivered	3.1.1 The education program is clearly mapped against the RACGP curriculum and syllabus for Australian general practice
	3.1.2 Priority areas are embedded in the education program
	3.1.3 Aboriginal and Torres Strait Islander educational imperatives are met

Guidance

This outcome relates to the content of the educational program.

Educational content must be within the scope of general practice as defined within the core and contextual units of the RACGP curriculum and syllabus for Australian general practice. Content should be mapped to the curriculum, including the core units, for example those that focus on communication and consultation skills, professionalism and ethics.

The guiding principles of the RACGP educational framework serve as an anchor in defining the priority areas:

- holistic person-centred healthcare
- healthcare for populations that are disadvantaged
- population health
- ethical practice
- evidence-based practice
- ongoing professional and personal development and self-care
- rural and remote care
- the needs of Aboriginal and Torres Strait Islander peoples
- regulatory requirements.

Although these areas may be the subject of specific learning activities, they should also be embedded throughout the program.

Aboriginal and Torres Strait Islander educational imperatives are described by the *Aboriginal and Torres Strait Islander cultural and health training framework* and include a consideration of content and methodologies in the development of all educational activities.

Outcome	Criteria
3.2 The education program is current and based on educational best practice	3.2.1 Registrar learning activities and the teaching strategies used are appropriate to registrar needs, stage of training and training context
	3.2.2 A variety of teaching, learning and assessment methods are used to achieve the intended educational outcomes
	3.2.3 The registrar has access to regular, structured and planned teaching time
	3.2.4 The educational program is planned, delivered, monitored and evaluated by an education team that is skilled, experienced and adequately supported

Guidance

This outcome relates to the process of teaching; this may include teaching methods that use a range of teaching technologies and teaching time that is adapted to the context and stage of training.

Formal teaching time, both within and outside the practice, must be defined and protected. It is expected that registrars will have an increasing degree of autonomy and responsibility for their own learning. As their skills, knowledge and experience grow, the amount of time allocated to formal teaching will reduce.

Practices and supervisors should be fully aware of their responsibility to provide a defined amount of teaching time to registrars for each level of training. The out-of-practice teaching program should also include details of the time allocated. This is important for both registrars and practices in planning their rosters. Practices must be able to conduct business as usual without the registrar being present. This is essential to allow access to formal teaching activities.

Out-of-practice teaching is delivered by a team that may include GPs, medical educators, cultural mentors and other professionals with skills and knowledge relevant to the topic. Emphasis is on small group learning to facilitate learner-directed learning, peer benchmarking and the acquisition of required professional attributes. Support in the program for the education team is included in Outcome 7.2.

Teaching provided within the practice does not need to be undertaken solely by the accredited supervisor or supervisors. Other specialist doctors, allied health professionals, practice nurses, practice managers, cultural mentors or educators and Aboriginal and Torres Strait Islander health practitioners and health workers can add to the registrar's experience and may be involved in teaching. The supervisor assigned to the registrar needs to have oversight and coordinate the teaching program, and develop a teaching plan that outlines who, when, what and how teaching will occur. This should be developed in collaboration with the registrar, tailored to their individual learning needs and regularly reviewed. A teaching plan template is available.

Outcome	Criteria
3.3 The education program prioritises safety	3.3.1 The learning environment protects the registrar's physical, psychological and cultural safety
	3.3.2 The learning environment protects patient safety

Guidance

Safety may relate to the patient, the registrar and the practice. This outcome relates to the aspects of safety that pertain to the education program.

All forms of safety are important in the learning environment. This includes both in- and out-of-practice environments. For registrars, all learning environments must be safe, ensuring that they are free from discrimination (including racism), bullying and harassment, and are culturally safe and respectful settings. This occurs through consideration of educational content as well as attitudes, values and beliefs that are demonstrated by medical educators, supervisors and other learners. Physical safety must be considered in all learning environments.

For patients, safety is maintained by:

- effective supervision that is matched to the competence of the registrar (see Outcome 2.3)
- encouraging registrars to self-reflect and work within their capability; professional attitudes and behaviours, as well as clinical knowledge and skills are promoted; interpersonal skills, such as self-reflection, are important in identifying areas of learning need and creating awareness of limitations, enabling individuals to ask for assistance appropriately
- the mandatory requirements of BLS and ALS ensure that registrars are current in their training to recognise and manage acute and life-threatening scenarios.

Outcome	Criteria
3.4 The registrar develops research literacy skills	3.4.1 The program includes education about research relevant to general practice
	3.4.2 Registrars have opportunities to participate in research during training

Guidance

The educational program should include a focus on research, which could include:

- application of research to clinical practice
- in-practice research opportunities (eg practice audits)
- training opportunities for registrars who would like to develop their research skills or to have further involvement in research activities
- engagement and support for Aboriginal and Torres Strait Islander health research, including the promotion of the use of Aboriginal and Torres Strait Islander research methods and support for the Australian Institute of Aboriginal and Torres Strait Islander Studies (AIATSIS) *Code of Ethics for Aboriginal and Torres Strait Islander Research*.[5,6]

Related policies and resources

Policies

- *GP in training diversity, equity and inclusion policy*
- *GP in training safety and wellbeing policy*

Resources

- *RACGP curriculum and syllabus for Australian general practice*
- *Basic life support and advanced life support guide*
- *RACGP research*

Suggested evidence

Supporting documents

- Educational programs
- Curriculum mapping documents
- Learning activities that cover the curriculum and show a variety of delivery methods
- Clinical and other resources
- Technology used to deliver education
- Approach to planned learning
- Learning programs and resources dealing with Aboriginal and Torres Strait Islander health, history and culture
- Partnerships with appropriate and relevant Aboriginal and Torres Strait Islander organisations and stakeholders
- Research opportunities
- Details of registrar research projects

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Standard 4 – A program of assessment promotes, records and informs registrar performance

Rationale

A program of assessment refers to a series of progress assessment activities across the registrar's journey. This program of assessment has three purposes, namely:

- to judge readiness for key training progress points
- for the early identification of progress issues, and hence the need for educational interventions
- to support learning.

The key progress points are readiness to:

- enter general practice
- train under indirect supervision in the general practice setting
- sit the RACGP Fellowship examinations
- practise independently as a Fellow.

The early identification of progress issues is important, and front-ending of assessments helps achieve this. Early intervention is known to be much more effective than late intervention.[1] Assessment supports learning in three ways: it provides feedback on performance, it provides direction for future learning and it provides the means for reflection.

The objectives of the program of assessment are to:[2]

- ensure that the registrar has the competencies required for the milestones of training
- monitor progress through the program from commencement to completion
- ensure that supervision is appropriately matched to the competency of the registrar
- provide guidance for learning and teaching
- identify performance concerns as early as possible to enable early interventions, as needed
- promote the registrar's ability to reflect on their performance and self-direct their learning.

No single assessment can adequately assess the multiple components of being a GP. Multiple assessments using multiple methods are required to credibly assess the range of knowledge, skills and attitudes required of registrars as they work towards becoming an independent GP. The Progressive capability profile of the general practitioner details the range of capabilities and competencies required of registrars as they progress through training. Context can influence the assessment, as can the characteristics of the assessor. Therefore, for the program of assessment to achieve the objectives of being valid, fair and reliable, assessments must:

- occur routinely, start early and involve a range of different tools suitable to the context – the frequency of assessment may depend on the stage of training and the competency and learning needs of the registrar

- support learning through the inclusion of quality feedback as a two-way conversation that includes the registrar's own assessment of their performance and results in reflection and planning for further learning
- be delivered by a range of different assessors who are competent in performing the assessment and in delivering feedback. External visitors to the practices, for example medical educators as well as supervisors within the practice, will be involved in assessments. It is important to provide training and tools such as assessment rubrics and feedback to assessors about their assessments to achieve validity and reliability. Training also increases engagement in the assessments and quality of the feedback. Benchmarking data helps assessors in their judgements and helps registrars to interpret feedback provided[3]
- be part of a well-documented program that is clearly communicated to registrars and assessors, including details of:
    - the types of assessments, their purpose and requirements
    - the timing of assessments within the program, and adequate notification of assessment dates
    - the criteria of the assessment and the competencies to be achieved at the different stages of training – these are outlined in the RACGP curriculum and the Progressive capability profile of the general practitioner.

This progressive program of assessment involves multiple measures over time to gauge a registrar's knowledge, skills and attitudes. This requires efficient planning, clear processes and strong governance to ensure fairness in the making of higher stakes decisions. Those making high-stakes progress decisions should not be those performing the assessments.

The primary method of assessment should be work-based assessment because this assesses the ability to perform in the workplace. Workplace-based assessment methods include consultation observation, multisource feedback, clinical case analysis, clinical audit and supervisor reports.[4] Workplace-based assessment is an opportunity to assess professional attributes, as well as knowledge and skills. Issues of professionalism are a common cause of patient dissatisfaction, adverse outcomes, progression difficulties, involuntary withdrawal from training and Ahpra notifications, so should form part of a program of assessment.

To achieve the objective of providing guidance for individual learning, assessment needs to be combined with effective feedback conversations.[5] Effective feedback is timely, regular, specific and constructive.[5] It needs to engage the learner by addressing their perspective and identified needs. The credibility of the educator delivering the feedback is important. Supervisors who are judged to be credible as clinicians and educators and have a supportive relationship with their registrar are more able to engage in effective feedback interactions.[6]

Feedback helps reinforce quality performance and address underperformance. It is essential for supporting registrars who require extra support to reach the expected standard. It is also important for high performers to receive quality feedback on a regular basis to achieve their full potential and to reinforce their performance. In addition, there are times when even those assessed as high performers will need assistance with their learning.[7]

The RACGP summative Fellowship assessments are not delivered by the training program. However, the program has a role in supporting registrars to complete these assessments by providing exam preparation support, including before the examinations or afterwards in the event of unsuccessful attempts. Registrars who face challenges with summative assessments may require additional support (see Standard 7).

There may be many reasons for an inability to reach the expected level of performance. These reasons may relate to the individual, the learning and clinical environments or the program. In managing underperformance, patient, registrar and practice safety needs to be considered.[8]

When there is an issue of unsatisfactorily progress, early identification and intervention are key to effectively addressing this and for reducing the risk of adverse outcomes.[1] Learning intervention and remediation opportunities should be offered. There also needs to be accurate documentation of all issues identified, the interventions planned to address them and any communication involved. Privacy needs to be protected in the way the documentation is stored and accessed. Throughout any remediation process, the wellbeing and health of the registrar must be supported. The program must have resources to support registrar wellbeing. These are discussed in Standard 7.

Outcome	Criteria
4.1 The approach to assessment is clearly defined	4.1.1 Assessment policies and procedures are readily available
	4.1.2 Registrars are informed of the assessment and progression requirements of the program
	4.1.3 Assessors are competent in assessment
	4.1.4 Assessors identify and manage conflicts of interest

Guidance

The assessment program must be clearly defined and available to registrars and assessors. Details of the program include:

- the types of assessments that are required and who will be involved in each assessment
- how, and by whom, results and progress decisions are made
- what opportunities for feedback are provided
- how the outcomes of progress decisions are communicated to registrars, medical educators and supervisors involved in the registrar's training program
- opportunities for additional support or activities, if required.

Registrars must have access to assessment policies and procedures that are fair, equitable, accessible and transparent. This includes policies for special consideration, reconsiderations and appeals.

Assessors also must be informed about how their assessment fits within the overall program and be trained in assessments relevant to their role. They must be able to identify, mitigate and manage power imbalances and conflicts of interest that are present when assessing, as well as being aware of potential biases that occur in assessment.

Outcome	Criteria
4.2 Assessment methods are fit for purpose	4.2.1 The program of assessment is blueprinted to the RACGP curriculum and syllabus for Australian general practice and the Progressive capability profile of the general practitioner
	4.2.2 The assessment methods are appropriate to the stage and context of the training
	4.2.3 Assessment must focus on performance in practice
	4.2.4 Criteria against which the registrar is assessed are clear, measurable, equitable and transparent
	4.2.5 The program is regularly reviewed

Guidance

The assessment program needs to be robust and must demonstrate how:

- assessments are mapped to the competencies expected of a GP registrar in a training program at various milestones as defined in the Progressive capability profile of the general practitioner
- assessments are mapped relevant to the scope of general practice by blueprinting to the RACGP curriculum and syllabus for Australian general practice
- the choice of methods used, and the criteria expected, are developed and matched to the stage of training, the training context and the characteristics of the assessment. Where relevant, appropriate methods should be used for the setting of criteria and expectations. Observation must be included as part of the assessment of performance[9]
- the developed criteria and expectations of assessment are communicated to all involved, including registrars
- ongoing evaluation and quality improvement are implemented across the entire program of assessment.

Outcome	Criteria
4.3 The program of assessment is used to improve performance	4.3.1 The registrar's progress is documented, monitored, regularly assessed and readily available to the registrar and the training program
	4.3.2 Self-reflection is promoted, and assessment of progress is used to plan the registrar's ongoing training
	4.3.3 Registrars receive timely, constructive feedback which is used to improve performance
	4.3.4 The registrar has access to exam support

Guidance

For registrars to improve, they need to know how their performance and progress match the expectations at their stage of training. The program must provide evidence of how assessment is being used to improve performance. This could be by demonstrating:

- how progress is monitored, benchmarked and used in registrar development
- assessment methods that include a focus on performance in practice (see Criterion 4.2.3)
- regular opportunities to provide feedback to registrars
- training for assessors in delivering feedback
- how self-reflection is promoted and assessed
- pre- and post-exam support that is provided, as well as additional support for registrars with various needs.

Outcome	Criteria
4.4 Underperforming registrars are identified, supported and managed	4.4.1 Underperformance or other concerns are identified and managed early
	4.4.2 Processes are in place to support registrars in remediating underperformance
	4.4.3 Educational interventions to improve performance are clear
	4.4.4 The outcomes of educational interventions are reviewed regularly
	4.4.5 Relevant regulators, the RACGP and other relevant organisations and individuals are advised where safety is of concern

Guidance

The program must have a documented approach to the:

- prevention and early identification of underperformance
- management that includes remediation planning if necessary.

A plan for remediation includes documentation of the support and participation required, how progress will be monitored and the potential outcomes and consequences of inadequate progress. In some cases where progress does not occur and further progression in the program is not possible, access to vocational advice should be facilitated.

The plan requires agreement by all parties involved. There must be a process to ensure documentation remains confidential and private. In some cases where registrar performance is a concern, measures to ensure patient safety must be considered. Where there are statutory responsibilities, such as notification to Ahpra of notifiable conduct, these must be met.

Related policies and resources

Policies

- *GP in training diversity, equity and inclusion policy*
- *GP in training safety and wellbeing policy*
- *Assessments special arrangements policy*
- *Dispute, reconsideration and appeals policy*
- *RACGP Fellowship exams policy*
- *Registrar support and remediation policy*

Resources

- *RACGP curriculum and syllabus for Australian general practice*
- *Progressive capability profile of the general practitioner*
- *Assessments and examinations candidate handbook*
- *RACGP Conflicts of interest guidance*
- *Progressive assessment and workplace-based assessment program guide*

Suggested evidence

Supporting documentation

- Competencies/competency framework used to track progression
- Assessment activities, methods and timing
- Details of assessor training
- Processes for progression decision making
- Feedback processes and frequency
- Policies and processes for registrars in difficulty or who are underperforming
- Plans to support identified registrars
- Monitoring processes
- Changes to the program based on assessment results
- Exam preparation support processes and activities

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Standard 5 – The training program is supported by robust governance

Rationale

Governance as it relates to the control and operation of the training program is important to ensure transparency, fairness and accountability in program delivery. It impacts on the ethics, administration, compliance and risk management of the program,[1] and provides direction to respond to community health and training needs. Good governance promotes effective program delivery, quality improvement and quality assurance.

The governance structure can vary depending on context, but does need to be such that there are appropriate levels of responsibility, capability and decision-making authority to enable planning, implementation and evaluation of the program, and to set relevant policy and procedures.

A training program model that provides strategic direction for program planning and delivery should be aligned with the goals of the organisation delivering the training. The educational guiding principles of the RACGP educational framework provide a statement of the best practice medical education of GPs and are directed by the RACGP operational plan. These guiding principles provide a framework for training models.

Stakeholders need to be involved to ensure a presence and voice in the governance structure. Involving stakeholder groups improves understanding and engagement of such groups in the program. It improves communication and provides feedback about the effect of decisions on those most affected. It also provides stakeholder groups with an opportunity to identify issues and express concerns to decision-making bodies. Appropriate stakeholders who could be involved in GP training are included under guidance for Outcome 5.2.

Effective communication occurs when ideas and messages between those involved are understood clearly and lead to better cooperation and collaboration. This is especially important where multiple stakeholders are involved. This may include communication within and between teams in a program, as well as communication between the RACGP and others who deliver training, including other specialist and international colleges.

The identification and management of risk is an important component of governance. Not only is it important to manage individual risks as they arise, but evaluation of risk profiles affords a means to identify aspects of the program that require improvement. Policies and procedures are part of risk management (eg those that deal with conflicts of interest or critical incidents).

A program of evaluation needs to be embedded across the whole program. This provides the opportunity for quality improvement of the program at all levels. It also facilitates the development of best practice in training delivery.[2] Systematic collection and analysis of data are fundamental to evaluation. Effective evaluation enables the program to respond to evolving needs, external demands and changing best practice recommendations for both clinical and educational activities.

Outcome	Criteria
5.1 The governance structure is effective, transparent and accessible	5.1.1 There is a documented model of training that provides direction for the program
	5.1.2 The training model is reviewed and updated in relation to evolving needs and best practice
	5.1.3 The governance structure ensures there are mechanisms in place for managing program authority, accountability and responsibility for decision making

Guidance

The training program must provide:

- a training model that includes a mission statement aligning with sound educational principles and organisational goals
- a governance structure that ensures there is accountability, authority and decision-making capacity in delivery of the training program – this could include reporting to an overseeing body (eg RACGP-delivered training programs that are overseen by the RACGP Board)
- evidence of who is responsible for ensuring the program is developed and delivered and how that occurs through appropriate policies and the provision of resourcing and staffing – there must be adequate participation of medical staff, including medical educators in key areas and appropriate and sufficient administrative and technological support
- a description of how ongoing planning processes and revision ensure that the program remains fit for purpose and aligns with best practice.

Outcome	Criteria
5.2 Stakeholders are engaged in the development and delivery of the training program	5.2.1 Stakeholders participate in the planning process
	5.2.2 Stakeholders contribute to the delivery of the training program
	5.2.3 Effective communication occurs to facilitate effective program delivery

Guidance

The involvement of stakeholders in all steps of program design, delivery and evaluation and how constructive working relationships are developed must be defined.

Stakeholders who may be involved can include (but are not limited to):

- registrars and their representative organisations
- supervisors and their representative organisations
- other members of the practice, such as practice managers
- Aboriginal and Torres Strait Islander peoples and organisations
- rural practitioners and organisations
- IMGs or representatives
- patients and their communities

- workforce agencies
- primary health networks (PHNs; or their equivalent)
- other specialist colleges
- health services
- postgraduate medical councils
- university medical schools
- Federal Government and local, state and territory governments, including relevant regulators.

A clear plan for communication between teams internally, as well as with external stakeholders, should also be provided.

Outcome	Criteria
5.3 Systems and processes support the training program and the registrar	5.3.1 The systems and processes used to keep records, deliver training and monitor the progress of the registrar are up to date and secure
	5.3.2 There are policies and procedures for the identification, mitigation and management of risks
	5.3.3 The quality management system enhances stakeholder satisfaction and is regularly reviewed
	5.3.4 Reporting requirements are complied with

Guidance

As a component of adequate resourcing of the program, there must be training data and learning management systems that are up to date, secure and fit for purpose. The systems support those who participate in or deliver training, including those working in rural or remote areas, and are maintained by a suitably qualified team who regularly review the systems to ensure their currency, security and usability.

Policies and procedures for risk management must be developed and implemented. This includes the use of a risk register and ongoing evaluation to identify systematic issues.

Reporting requirements may exist in relation to reporting to the RACGP from external bodies delivering training or by the RACGP to other organisations, such as the AMC or the relevant Commonwealth department.

Outcome	Criteria
5.4 A program of evaluation is embedded and informs program improvement	5.4.1 There is a formal review and quality improvement process to which stakeholders contribute
	5.4.2 Data is collected and used to improve education program quality
	5.4.3 A culture of feedback is established
	5.4.4 Quality improvements are identified and implemented as a result of the review process
	5.4.5 Outcomes of evaluation are communicated to those involved in the program

Guidance

A program of evaluation that involves relevant stakeholders must be provided. This applies to all aspects of the training program and includes consideration of the needs and expectations of stakeholders in the evaluation process and community expectations.

Data may be collected from various sources, including (but not limited to):

- registrar, supervisor, practice and other stakeholder feedback (eg that related to the educational program, training sites or other aspects of the program)
- a review of processes (eg those related to reconsiderations and appeals, assessment results, conflicts of interest or adverse event and critical incident reporting)
- data related to training (eg registrar, practice and supervisor numbers, practice distribution, assessment results, graduate outcomes).

These data may also be used to target longer-term outcomes, such as workforce maldistribution and meeting of community need.

Feedback is an essential component of evaluation and is part of the data collected. A culture of feedback is one in which feedback is actively sought and in which individuals are encouraged to provide honest, constructive feedback in the knowledge that it will be treated with respect and will be used to promote improvement.[3]

The program should demonstrate how a feedback culture has been established. This could include encouraging feedback by providing clear avenues and opportunities for all involved in the program to provide it. It can also be by embedding evaluation and feedback opportunities in all activities and ensuring there are opportunities for confidential feedback to be provided where necessary.

The training program must also provide evidence of:

- how feedback and data are collected
- how those providing feedback are informed of its purpose and confidentiality
- the use of data to inform and improve the quality of the program
- how results of data analysis are shared with stakeholders and how any changes that result are clearly communicated.

Related policies and resources

- *RACGP Education and Training Monitoring and Evaluation Framework*
- *RACGP Access to information and RACGP documents*

Suggested evidence

- Strategic plan
- Annual report
- Business/operational plan
- Organisational chart
- Terms of reference for all stakeholder individuals and groups that have input into governance and decision making
- Examples of interactions with relevant stakeholders
- Meeting dates, agendas where stakeholders have been involved in governance
- Registrar training records
- Communications to stakeholders about the training program
- Information management, information technology (IMIT) policies, processes and procedures
- Administration and records management policies, processes and procedures
- Version control for all materials related to education and training delivery
- Risk management frameworks
- Evaluation/quality plan
- Copies of questionnaires, feedback forms or other evaluation methods
- Results of analyses of data
- Examples of how data have led to quality improvement
- Registrar and supervisor satisfaction surveys

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Standard 6 – The training program is accountable to the Australian community

Rationale

General practice education is largely experience based and occurs in the context of providing healthcare to the Australian community. The training program has responsibilities to the community, including:

- registrars are trained to the level of providing competent healthcare to the Australian population (see Standard 8)
- registrars are suitably supervised and provide safe healthcare during their training (see Standard 2)
- registrar training includes a consideration of the healthcare needs of the Australian community and how to reduce health disparities in the community
- registrars have the opportunity to work in and develop the skills to provide quality healthcare in various communities, particularly communities where there is inequitable access to primary healthcare
- registrars demonstrate a level of cultural competence to be expected of any medical practitioner as described by the Medical Board of Australia's Good medical practice: A code of conduct for doctors in Australia.[1]

The training model addresses community health needs with its curriculum, and through selection and processes for training site selection.[2] Building training capacity in areas of need will be influenced by workforce need, as well as other considerations, such as registrar wellbeing, interests and opportunities. Meeting the needs of rural and remote communities is a particular challenge that could be addressed by having appropriate training sites, as well as opportunities to develop the skills required to work in rural and remote areas.

The program has a responsibility to train registrars to be skilled GPs and to address health inequities. As a skilled GP, it is important to respect, to incorporate Aboriginal and Torres Strait Islander cultures and to provide culturally safe practice.[3] For registrar training, this may be through ensuring the program is culturally safe and that appropriate training is provided. In addition, there should be consideration of opportunities for Aboriginal and Torres Strait Islander doctors to train as GPs and to be supported in their training.

Outcome	Criteria
6.1 The context and needs of communities are addressed	6.1.1 Training design and delivery is appropriate to the context in which it is delivered
	6.1.2 Areas of need are identified and addressed
	6.1.3 A clearly stated approach to the recruitment of suitable training sites is communicated

Guidance

The training program must provide evidence of how context influences program delivery and design.

There must be an approach outlining how areas of need are identified and addressed. For example, there could be a focus on health inequity in educational content.

It may be that workforce drivers influence training site availability and recruitment, as well as practice demographics; or specific sites that provide targeted learning opportunities for registrars (eg ARST, extended skills, AMS or ACCHOs) are chosen.

The approach to practice recruitment that includes a reflection of fairness, accountability and how training and social/workforce priorities are addressed must be described. This includes a consideration of how the approach to practice recruitment is communicated to supervisors, practices and registrars.

Outcome	Criteria
6.2 The program works collaboratively with Aboriginal and Torres Strait Islander peoples to support the health of their people and communities	6.2.1 Aboriginal and Torres Strait Islander peoples are involved in the design, delivery, assessment and evaluation of education related to holistic, person-centred healthcare for Aboriginal and Torres Strait Islander peoples
	6.2.2 Registrars, supervisors and practice staff participate in cultural safety training
	6.2.3 Registrars have access to Aboriginal and Torres Strait Islander cultural educators and mentors
	6.2.4 The program has measures in place to increase the number of Aboriginal and Torres Strait Islander GPs

Guidance

The RACGP is committed to improving the health of Aboriginal and Torres Strait Islander peoples. Part of this is to prioritise working collaboratively and effectively with Aboriginal and Torres Strait Islander peoples to support the health of their people and communities in a way that is culturally safe and optimises their health outcomes.[3] There is also a commitment to growing the Aboriginal and Torres Strait Islander GP workforce.[4]

The training program could do this by:

- embedding considerations of Aboriginal and Torres Strait Islander health, history and culture into all educational programs, assessments and resources
- facilitating access to cultural training for registrars, supervisors, practice staff, medical educators and other program staff to increase cultural responsiveness
- providing opportunities for registrars to identify as being Aboriginal or Torres Strait Islander
- providing registrars, supervisors and medical educators access to cultural educators and mentors
- involving appropriate and relevant Aboriginal and Torres Strait Islander organisations and stakeholders in program development, program governance and program delivery
- demonstrating an approach to the support of doctors who identify as Aboriginal and Torres Strait Islander to enable them to train as GPs; some of these measures may be covered by other outcomes, specifically:
    - selection – Criterion 1.2.4
    - educational – Criteria 3.1.3 and 6.2.1
    - exam support – Criterion 4.3.4
    - stakeholder involvement – Outcome 5.2
    - support for Aboriginal and Torres Strait Islander registrars – Criterion 7.1.8

Related policies and resources

Policies

- *RACGP Placement policy*
- *RACGP Training program requirements policy*

Resources

- *Aboriginal and Torres Strait Islander Cultural and Health Training Framework*
- *The RACGP reconciliation action plan*

Suggested evidence

- Expression of interest forms, processes and policies in relation to practice
- Details of cultural safety training
- Governance structure
- Program content and mapping

References

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Standard 7 – The training program provides pastoral support

Rationale

Pastoral care is care that assists an individual in maintaining their intellectual, emotional, physical, social, and psychological well-being. Such care respects individuality, diversity and dignity. Supervisors are expected to provide pastoral care to registrars within the clinical environment (refer to Outcomes 2.2 and 2.3). Pastoral care is also the responsibility of the training program and should be extended to all involved in the program including registrars, supervisors, medical educators, cultural mentors and administrative staff. Pastoral support refers to the institutional supports and services that are put in place to provide that care.

Maintaining wellbeing is not the sole responsibility of the individual, and organisations need to acknowledge their responsibility in promoting wellbeing. Although stress management resources can be provided, there are further areas that can be provided, such as ensuring reasonable workloads, supportive organisational culture, flexibility, and resources and specific supports for individuals that assist in achieving work-life balance.[1]

Registrars will need support and advice in navigating their program options based on preferences, previous experience and performance assessments. As well as program advice, career advice should also be accessible to registrars in relation to their future after completing training. Registrars should be supported in developing skills in career planning as a fellowed GP. On occasions where a registrar is unable to complete the program satisfactorily, career advice about alternative options will be needed.

Training arrangements need to be flexible to allow for individual circumstances. Some registrars will have specific needs for leave including sick leave and carer's leave, parental leave and other types of leave, for example, Aboriginal and Torres Strait Islander additional cultural leave, or they may choose to work part-time. Allowances need to be made to reasonably accommodate these while also recognising the importance of continuity in training.

It is important to support those involved in training disputes including reconsideration and appeals processes. Support is also required for those involved in an adverse event or a critical incident. Adverse events are defined as any disruptive event that causes, or risks causing, significant harm to patients, registrars, GP supervisors, training site staff or associated stakeholders.[2] A critical incident is a serious adverse event in that it has resulted in serious negative outcomes. Adverse events and critical incidents may relate to clinical care or training issues, for example those related to supervision or training sites.

Personal, social, health, financial or cultural factors can all impact well-being. At all stages in the GP journey, developing strategies for maintaining work-life balance, and for self-care is essential, as is being able to access additional support if necessary. Embedding wellbeing in the program can have a positive effect by encouraging registrars to engage with activities that promote their wellbeing.[3,4]

Safe working environments free of discrimination (including racism), bullying and harassment must be provided (refer to Criteria 2.3.7 and 3.3.1). Where incidents occur, these are not always reported; the reasons for not reporting including fear of repercussions, concerns that reports will not be acted upon, and lack of processes, support or knowledge of how to report.[5] Overall, reports of tolerance for bullying, harassment and/or discrimination are lower in general practice training than national averages as are reports of negative experiences in reporting incidents.[5] Safe working environments must however remain a focus of the training program.

Rationale

Some registrars may face additional challenges and it is incumbent on the program to support them. This may include (but is not limited to) registrars from culturally and linguistically diverse backgrounds, ADF registrars, LGBTQIA+ registrars, Aboriginal and Torres Strait Islander peoples, registrars at a socioeconomic disadvantage, those with disability or neurodiversity (eg specific learning disorders) or those working in rural or remote areas. Support may be in terms of financial, psychological or physical supports, the provision of cultural educators and mentors or support with assessments and learning strategies.

Support for Aboriginal and Torres strait Islander registrars is addressed in Outcome 6.2.

International medical graduates

IMGs come from a variety of backgrounds in terms of healthcare and previous training. As such, they bring varied experience in their communication and consulting skills, knowledge and attitudes. Some of the potential issues for which IMGs need extra support are:[6]

- cultural differences, including the different medical culture and the Australian healthcare system, as well as language and communication barriers
- clinical issues related to knowledge, managing a consultation and clinical reasoning, because these reflect different cultural expectations of patients and different training and experiences
- professional and medico-legal challenges.

Although individual support may be needed, there should be some focus on prevention by providing additional support before or at entry, which includes information such as:[7,8]

- introduction to the Australian healthcare system
- orientation to Good medical practice: a code of conduct for doctors in Australia
- communication and consultation skills training.

Rural registrars

Registrars working in rural and remote areas can face challenges that include:

- the need for additional skills that may be required to work within a local community
- large geographical territories with limited infrastructure
- geographical isolation, including isolation from their peers
- impact on family life
- increased workload with after-hours care provision
- the need to maintain appropriate boundaries, especially in small communities.[9]

Whole-person care is particularly valuable for registrars working in rural and remote locations who face challenges not encountered by their colleagues in urban settings.[10] Support may be in the form of financial help, assistance with relocation, the provision of medical educator and mentoring support or access to peer groups. Support may also be offered through case management to foster interest and capability to work in areas of workforce need.

ADF registrars

ADF registrars will have specific challenges relating to ADF requirements that may affect their ability to complete the clinical training time. Tailored support from medical educators with specific knowledge in the ADF field is important. Medical educators may provide advice about and assistance with transfers between practices and regions, special training environments, deployments, leave, education requirements or extended skills training sites.

As well as support for registrars, individuals who deliver the program need support in relation to:

- their work role – they need clearly defined roles and responsibilities, the provision of adequate orientation and access to professional development relevant to their role
- wellbeing support in relation to personal or workplace related issues
- the provision of safe working environments free of discrimination (including racism), bullying and harassment.

Robust policies and procedures need to be in place and to be clearly communicated to all individuals in the program.

Outcome	Criteria
7.1 The program supports the registrar and problems are effectively addressed	7.1.1 The registrar is able to ask for and receive timely assistance about their training program
	7.1.2 Registrar concerns regarding their program are appropriately addressed
	7.1.3 There are documented dispute, reconsideration and appeals policies and processes in place that are transparent, accessible and follow best practice guidelines
	7.1.4 Discrimination (including racism), bullying and harassment is addressed in policies of the training program and within the training site, with processes for reporting and addressing issues clearly available
	7.1.5 Registrars are treated equitably with policies and processes related to diversity, equity and inclusion
	7.1.6 Adverse events (including critical incidents) are appropriately managed and resolved
	7.1.7 Support is in place to ensure registrar wellbeing
	7.1.8 Registrars from vulnerable populations are supported
	7.1.9 Registrars are supported to access career advice
	7.1.10 The training program structure accommodates flexible working and study arrangements
Guidance	

The program must have a well-documented approach to the support of registrars that includes policies and procedures and the provision of appropriate staff who can provide support. This must be clearly communicated to registrars, including at initial orientation, and relates specifically to:

- advice about program and career options, including information about RPLE, any hospital experience prior to commencing in general practice, practice options and extended skills opportunities, where relevant; registrars should be supported to access career advice and counselling
- support for and advice about flexible training arrangements for individual circumstances
- clear procedures and support for registrars when concerns about training arise. Depending on the concern, external bodies, such as General Practice Registrars Australia (GPRA), may be involved or there may be internal support, such as provided by Registrar Liaison Officers (RLOs) or medical educators. Where decisions have been made that impact progression, avenues for reconsideration and appeals must be available. The reconsideration and appeals process must follow best practice and demonstrate an approach that is fair and consistent.
- support in the event of an adverse event (including critical incidents). There must be a clear process for the prevention, reporting and management of adverse events and critical incidents.
    - The triggers for potential events can be identified to allow for early intervention. For registrars, these triggers can be discussed at orientation, whereas for supervisors they can be discussed during supervisor professional development. Registrars and supervisors need to be aware of triggers for common problems and potential critical incidents to enable early intervention.
    - If incidents occur, these must be addressed by the involvement of all parties involved and notification as required. Review of management of the incident and its effectiveness is to be undertaken to evaluate processes.
- wellbeing support. The program should include training to help registrars develop healthy self-care habits and work–life balance. Support and resources related to wellbeing must be available for registrars who experience issues in relation to their progress, performance, health or conduct.
- the provision of safe working environments free of discrimination (including racism), bullying and harassment (refer to Criteria 2.3.7 and 3.3.1). The program must have clear policies and procedures for the identification and management of issues that relate to discrimination (including racism), bullying and harassment, and these must be clearly communicated to registrars, supervisors and practice staff.
- specific supports for registrars who may need additional support because they face barriers in training; this may include (but is not limited to) IMGs, ADF registrars, LGBTQIA+ registrars, Aboriginal and Torres Strait Islander peoples, registrars at a socioeconomic disadvantage, those with disability or those working in rural or remote areas. Support may be in terms of financial, psychological or physical supports, the provision of cultural educators and mentors or support with assessments and learning strategies.

Outcome	Criteria
7.2 Staff delivering the program are supported	7.2.1 Cultural safety for staff is maintained
	7.2.2 There are transparent and documented policies and procedures to ensure a safe working environment
	7.2.3 Equity and access are embedded in policies and procedures
	7.2.4 Staff roles and responsibilities are clearly defined
	7.2.5 Staff receive induction
	7.2.6 Staff have access to professional development to support their role
	7.2.7 Support services are available for staff under stress

Guidance

The program must support the staff who deliver the program by providing a safe working environment. Support for supervisors and practices is included in Outcome 2.4. Other program staff can be supported through the provision of:

- cultural safety training for all staff
- a clear approach, including policies that demonstrate zero tolerance for discrimination (including racism), bullying and harassment
- procedures to manage conflicts of interest
- safety for staff who report issues in the workplace (including whistleblower policies)
- support for staff wellbeing
- opportunities to provide feedback (see Outcome 5.4)
- orientation for new staff that includes information about workplace health and safety
- a clear definition of staff roles and responsibilities
- ongoing professional development and performance reviews that afford staff members with the opportunity to improve their skills and develop their careers.

Related policies and resources

Policies

- *RACGP Registrar support and remediation policy*
- *RACGP GP in training diversity, equity and inclusion policy*
- *RACGP GP in training safety and wellbeing policy*
- *RACGP Leave policy*
- *RACGP Dispute, reconsideration and appeals policy*
- *RACGP Training programs entry policy*
- *RACGP Whistleblower policy*
- *RACGP Complaints policy*

Resources

- *RACGP policy position statement Stress and fatigue in general practice*
- *RACGP Aboriginal and Torres Strait Islander GP in training Fellowship exam support*
- *RACGP guidance on reporting of critical incidents and adverse events*
- *RACGP Conflicts of interest guidance*

Suggested evidence

- Registrar support processes, including those identified at risk
- Critical incident reporting guidelines and processes
- Registrar and staff wellbeing guidelines and processes
- Support systems incorporating Aboriginal and Torres Strait Islander people
- Leave policies
- Dispute, reconsideration and appeals policies and processes
- Policies and processes related to diversity, equity and inclusion
- Approach to program and career advice
- Organisational approach to discrimination (including racism), bullying and harassment
- Position descriptions and professional development plans for individual staff members
- Conflict of interest policy and management procedures
- Credentials of those developing and delivering the educational program
- Examples of performance review and feedback for staff
- Professional development opportunities for staff
- Orientation processes for new staff
- Evidence of the completion of cultural safety training by staff

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Standard 8 – The registrar completes the training program and is eligible to apply for Fellowship

Rationale

The end point of training is to be admitted to Fellowship. At this point, the registrar is certified as competent to work unsupervised in comprehensive general practice anywhere in Australia and is eligible for Ahpra registration as a specialist GP. Registrars completing the program will have the required clinical skills, professional attitudes and behaviours expected of a competent Australian GP. The competency expected at the point of Fellowship is defined by the Statement of Fellowship Outcomes in the Progressive capability profile of the general practitioner.

Outcome	Criteria
8.1 The registrar is competent to commence working as an unsupervised specialist GP in Australia having met RACGP requirements for Fellowship	8.1.1 The registrar has demonstrated satisfactory completion of the educational and training requirements of the training program
	8.1.2 The registrar has successfully completed all assessments
	8.1.3 The registrar has demonstrated the professional behaviour expected by the RACGP and the public of a GP practising in Australia

Guidance

To be admitted to Fellowship, it is expected that the registrar must have completed:

1. The requirements for Fellowship as defined in policy and detailed in the relevant handbooks. This will require satisfactory completion of all components of the training program and the RACGP summative assessments.
2. Sufficient experience in comprehensive general practice.
3. A standard of professionalism as expected by the profession, professional colleagues and the community and defined by the Good medical practice: a code of conduct for doctors in Australia from the Medical Board.

Registrars are expected to hold medical registration without addenda at the time of applying for Fellowship. In instances where there are addenda, the application for Fellowship will be considered by the Council of Censors in line with the *Fellowship policy*.

Relevant policies and resources

Policies

- *Requirements for Fellowship policy*
- *Fellowship policy*
- *Fellowship exams policy*

Resources

- RACGP Constitution
- RACGP membership code of conduct
- *Good medical practice: A code of conduct for doctors in Australia*

Suggested evidence

- Completion of training processes

Table of standards, outcomes and criteria

A downloadable version of the table of standards, outcomes and criteria will be available on the webpages.

Standard 1 – The registrar is suitable and ready to commence in a general practice training program

Outcome	Criteria
1.1 Training program details are clear, transparent, and accessible	1.1.1 Details about the training program are publicly available
	1.1.2 Requirements for eligibility into the training program, including any exemptions, are clearly communicated to the candidate prior to selection
1.2 The process for selection ensures that selected candidates are supported, eligible and have the competencies required to commence training	1.2.1 The selection process is in accordance with national and international standards for postgraduate training
	1.2.2 The selection process is clear, transparent and accessible
	1.2.3 Selection is based on the expected RACGP competencies at the point of commencement, including the professional attributes expected of a doctor entering general practice training
	1.2.4 Selection supports access for Aboriginal and Torres Strait Islander doctors to train in general practice
	1.2.5 Selection supports access for candidates to train in areas of workforce need
1.3 The registrar is ready to commence training	1.3.1 The registrar demonstrates eligibility to commence training
	1.3.2 The registrar demonstrates achievement of the required competencies, including the essential safety requirements, before commencing at a general practice training site
	1.3.3 Assessment of the registrar's competence and suitability for commencing training informs the selected registrar's training plans

Standard 2 – The clinical experience supports the development of the registrar

Outcome	Criteria
2.1 The registrar experiences the breadth and depth of Australian general practice	2.1.1 The registrar accesses a broad range of relevant experiences defined by the RACGP curriculum and syllabus for Australian general practice
	2.1.2 The registrar is exposed to a range of different practice models
	2.1.3 The registrar has fair and equitable access to training sites
	2.1.4 The registrar participates fully in the operations and scope of the practice in which they are located
2.2 The registrar undertakes supervised clinical practice in accredited training sites that provide a high-quality training environment	2.2.1 Training sites are accredited clinically and for training by the appropriate agency
	2.2.2 Supervisors are suitably qualified for their role
	2.2.3 Training sites and supervisors adhere to the RACGP training standards
	2.2.4 Training sites value learners, supervisors and educators
	2.2.5 Training sites are adequately resourced
	2.2.6 Training sites and supervisors provide best practice clinical care
	2.2.7 Supervisors undertake professional development relevant to their role
	2.2.8 The needs of various learners within the training site are appropriately managed

2.3 The training needs of the registrar are supported by their training sites	2.3.1 The registrar receives orientation to the training site
	2.3.2 An assessment of competence occurs at commencement in each training site
	2.3.3 The registrar is always supervised during training using a model of supervision that is developed and matched to the registrar's assessed competency
	2.3.4 There is a process for developing, reviewing and adjusting the model of supervision appropriate to the needs of the registrar in the context of the practice
	2.3.5 The registrar is able to ask for and receive timely assistance in all clinical situations
	2.3.6 Workload is appropriate to stage of training, the context and the competency of the registrar
	2.3.7 Policies and procedures are in place that address patient and registrar safety in the practice
	2.3.8 Practices meet their legislative requirements for the employment of the registrar
	2.3.9 Registrar stress and fatigue is identified, acknowledged and addressed
	2.3.10 Actual and potential conflicts of interest are identified and managed
	2.3.11 Adverse events (including critical incidents) are identified and managed
2.4 Practices and supervisors are supported to deliver quality training	2.4.1 Supervisors are provided professional development opportunities relevant to their role
	2.4.2 Supervisors and the practice receive regular feedback about the training site
	2.4.3 Monitoring and accreditation processes ensure quality assurance and are fair, transparent and consistent
	2.4.4. Accreditation processes encourage quality improvement
	2.4.5 Aboriginal and Torres Strait Islander cultural advisors and/or medical educators are involved in accreditation processes where relevant
	2.4.6 Practices and supervisors are supported when concerns arise
	2.4.7 Processes for the placing of conditions on practices and/or supervisors or for deaccreditation are clear and transparent
	2.4.8 There are documented reconsideration and appeals processes available for practices and supervisors

Standard 3 – The education program maximises registrar learning

Outcome	Criteria
3.1 An education program relevant to Australian general practice is delivered	3.1.1 The education program is clearly mapped against the RACGP curriculum and syllabus for Australian general practice
	3.1.2 Priority areas are embedded in the education program
	3.1.3 Aboriginal and Torres Strait Islander educational imperatives are met
3.2 The education program is current and based on educational best practice	3.2.1 Registrar learning activities and the teaching strategies used are appropriate to registrar needs, stage of training and training context
	3.2.2 A variety of teaching, learning and assessment methods are used to achieve the intended educational outcomes
	3.2.3 The registrar has access to regular, structured and planned teaching time
	3.2.4 The educational program is planned, delivered, monitored and evaluated by an education team that is skilled, experienced and adequately supported
3.3 The education program prioritises safety	3.3.1 The learning environment protects the registrar's physical, psychological and cultural safety
	3.3.2 The learning environment protects patient safety
3.4 The registrar develops research literacy skills	3.4.1 The program includes education about research relevant to general practice
	3.4.2 Registrars have opportunities to participate in research during training

Standard 4 – A program of assessment promotes, records and informs registrar performance

Outcome	Criteria
4.1 The approach to assessment is clearly defined	4.1.1 Assessment policies and procedures are readily available
	4.1.2 Registrars are informed of the assessment and progression requirements of the program
	4.1.3 Assessors are competent in assessment
	4.1.4 Assessors identify and manage conflicts of interest
4.2 Assessment methods are fit for purpose	4.2.1 The program of assessment is blueprinted to the RACGP curriculum and syllabus for Australian general practice and the Progressive capability profile of the general practitioner
	4.2.2 The assessment methods are appropriate to the stage and context of the training
	4.2.3 Assessment must focus on performance in practice
	4.2.4 Criteria against which the registrar is assessed are clear, measurable, equitable and transparent
	4.2.5 The program is regularly reviewed
4.3 The program of assessment is used to improve performance	4.3.1 The registrar's progress is documented, monitored, regularly assessed and readily available to the registrar and the training program
	4.3.2 Self-reflection is promoted, and assessment of progress is used to plan the registrar's ongoing training
	4.3.3 Registrars receive timely, constructive feedback which is used to improve performance
	4.3.4 The registrar has access to exam support
4.4 Underperforming registrars are identified, supported and managed	4.4.1 Underperformance or other concerns are identified and managed early
	4.4.2 Processes are in place to support registrars in remediating underperformance
	4.4.3 Educational interventions to improve performance are clear
	4.4.4 The outcomes of educational interventions are reviewed regularly
	4.4.5 Relevant regulators, the RACGP and other relevant organisations and individuals are advised where safety is of concern

Standard 5 – The training program is supported by robust governance

Outcome	Criteria
5.1 The governance structure is effective, transparent and accessible	5.1.1 There is a documented model of training that provides direction for the program
	5.1.2 The training model is reviewed and updated in relation to evolving needs and best practice
	5.1.3 The governance structure ensures there are mechanisms in place for managing program authority, accountability and responsibility for decision making
5.2 Stakeholders are engaged in the development and delivery of the training program	5.2.1 Stakeholders participate in the planning process
	5.2.2 Stakeholders contribute to the delivery of the training program
	5.2.3 Effective communication occurs to facilitate effective program delivery
5.3 Systems and processes support the training program and the registrar	5.3.1 The systems and processes used to keep records, deliver training and monitor the progress of the registrar are up to date and secure
	5.3.2 There are policies and procedures for the identification, mitigation and management of risks
	5.3.3 The quality management system enhances stakeholder satisfaction and is regularly reviewed
	5.3.4 Reporting requirements are complied with
5.4 A program of evaluation is embedded and informs program improvement	5.4.1 There is a formal review and quality improvement process to which stakeholders contribute
	5.4.2 Data is collected and used to improve education program quality
	5.4.3 A culture of feedback is established
	5.4.4 Quality improvements are identified and implemented as a result of the review process
	5.4.5 Outcomes of evaluation are communicated to those involved in the program

Standard 6 – The training program is accountable to the Australian community

Outcome	Criteria
6.1 The context and needs of communities are addressed	6.1.1 Training design and delivery is appropriate to the context in which it is delivered
	6.1.2 Areas of need are identified and addressed
	6.1.3 A clearly stated approach to the recruitment of suitable training sites is communicated
6.2 The program works collaboratively with Aboriginal and Torres Strait Islander peoples to support the health of their people and communities	6.2.1 Aboriginal and Torres Strait Islander peoples are involved in the design, delivery, assessment and evaluation of education related to holistic, person-centred healthcare for Aboriginal and Torres Strait Islander peoples
	6.2.2 Registrars, supervisors and practice staff participate in cultural safety training
	6.2.3 Registrars have access to Aboriginal and Torres Strait Islander cultural educators and mentors
	6.2.4 The program has measures in place to increase the number of Aboriginal and Torres Strait Islander GPs

Standard 7 – The training program provides pastoral support

Outcome	Criteria
7.1 The program supports the registrar and problems are effectively addressed	7.1.1 The registrar is able to ask for and receive timely assistance about their training program
	7.1.2 Registrar concerns regarding their program are appropriately addressed
	7.1.3 There are documented dispute, reconsideration and appeals policies and processes in place that are transparent, accessible and follow best practice guidelines
	7.1.4 Discrimination (including racism), bullying and harassment is addressed in policies of the training program and within the training site, with processes for reporting and addressing issues clearly available
	7.1.5 Registrars are treated equitably with policies and processes related to diversity, equity and inclusion
	7.1.6 Adverse events (including critical incidents) are appropriately managed and resolved
	7.1.7 Support is in place to ensure registrar wellbeing
	7.1.8 Registrars from vulnerable populations are supported
	7.1.9 Registrars have access to career advice
	7.1.10 The training program structure accommodates flexible working and study arrangements
7.2 Staff delivering the program are supported	7.2.1 Cultural safety for staff is maintained
	7.2.2 There are transparent and documented policies and procedures to ensure a safe working environment
	7.2.3 Equity and access are embedded in policies and procedures
	7.2.4 Staff roles and responsibilities are clearly defined
	7.2.5 Staff receive induction
	7.2.6 Staff have access to professional development to support their role
	7.2.7 Support services are available for staff under stress

Standard 8 – The registrar completes the training program and is eligible to apply for Fellowship

Outcome	Criteria
8.1 The registrar is competent to commence working as an unsupervised specialist GP in Australia having met RACGP requirements for Fellowship	8.1.1 The registrar has demonstrated satisfactory completion of the educational and training requirements of the training program
	8.1.2 The registrar has successfully completed all assessments
	8.1.3 The registrar has demonstrated the professional behaviour expected by the RACGP and the public of a GP practising in Australia

Glossary

Areas of need	An area of need refers to a community or population group that has particular health needs that may be related to the population itself or to its access to health and other services.
Career advice	This refers to advice and information provided to an individual about their career, including a career in medicine and/or a career in general practice.
Continuing professional development	The RACGP describes continuing professional development as the learning activities that GPs engage in to develop, maintain and enhance their professional skills.
Cultural safety and competence	Cultural safety is determined by Aboriginal and Torres Strait Islander individuals, families and communities. Culturally safe practice is the delivery of safe, accessible and responsive healthcare free of racism through a health practitioner's ongoing critical reflection about knowledge, skills, attitudes, practising behaviours and power differentials.
Direct supervision	The supervisor has oversight of every case. Cases are reviewed by observing consultations, reviewing a consultation before the patient leaves, or reviewing consultation notes with the registrar.
High-stakes decisions	High-stakes decisions are those that have significant consequences in terms of progression towards and attainment of completion of a course.
Indirect supervision	The supervisor does not review every case. Cases are brought for supervisor review by the registrar according to an agreed clinical supervision plan. The adequacy of the supervision plan is monitored by periodically conducting a review of a selection of cases.
In-practice education	This refers to education that takes place in community general practice under supervision.
Medical registration addenda	Medical registration addenda include, but are not limited to, restrictions, conditions, limitations, reprimands, supervision requirements, tribunal outcomes, suspensions, undertakings and/or any other remarks or changes on a Registrar's medical registration. See Ahpra's website for more information.
Mentor/mentoring	A mentor is someone who can answer questions and give advice. They share what it means to be a GP and is someone who listens and stimulates reflection.
Out-of-practice education	Education that occurs outside of regular clinical practice, including workshops, self-directed learning, peer learning and exam preparation.
Pastoral care and support	Care that assists an individual to maintain their intellectual, emotional, physical, social and psychological wellbeing. Such care respects individuality, diversity and dignity.

Priority placements	Placements that prioritise certain cohorts of registrars based on predetermined criteria.
Random case analysis	Random case analysis (RCA) is the term used for the discussion of a recent registrar consultation selected by the supervisor. Importantly, the record is chosen by the supervisor (hence, 'random'), involves a discussion (hence, 'case' rather than 'record') and considers the decisions and outcomes of the consultation (hence, 'analysis'). RCA is a well-established tool for teaching and supervision in general practice training.
Remote supervision	Supervision is primarily provided by a supervisor who is offsite, using a model of supervision that provides comprehensive and robust support and training. Remote supervision may be considered when onsite supervision cannot be provided by an accredited supervisor.
Special training environments	Special training environments (STEs) are sites that offer training opportunities with a limited case mix and different operational arrangements. ADF bases are considered STEs because ADF registrars may train there for some training time, but the site does not offer the full range of patient ages and presentations expected of comprehensive general practice.
Stakeholders	A stakeholder is an individual or organisation that has an interest in the training program and can either affect or be affected by the program.
Training sites	A health service accredited by the RACGP where the registrar may undertake their general practice training.
Underserved populations	Groups within our population who experience disadvantages and higher rates of illness and death than the general population through inadequate access to medical care. Examples include, but are not limited to, people who live in rural and remote areas, the elderly, those with low literacy, people living in lower socioeconomic areas, Aboriginal and Torres Strait Islander peoples and people involved in the justice system.
Workplace-based assessment	Observation and assessment of a registrar's practice to track progression through training.

Acronyms

ADF	Australian Defence Force
AGPT	Australian General Practice Training
Ahpra	Australian Health Practitioner Regulation Agency
ALS/BLS	Advanced life support / basic life support
AMC	Australian Medical Council
AMS	Aboriginal Medical Service
ARST	Advanced rural skills training
CPD	Continuing professional development
FSP	Fellowship Support Program
IMG	International medical graduate
MBA	Medical Board of Australia
PEP	Practice Experience Program
QA	Quality assurance
QI	Quality improvement
RACGP	The Royal Australian College of General Practitioners
RG	Rural generalist
RVTS	Remote Vocational Training Scheme
WBA	Workplace-based assessment

RACGP