



AGPT Practice and Supervisor Handbook



RACGP AGPT

AGPT Practice and Supervisor Handbook**Disclaimer**

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How to use this handbook

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

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

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

Acronyms

ACRRM	Australian College of Rural and Remote Medicine
ADF	Australian Defence Force
AGPT	Australian General Practice Training program
AHPRA	Australian Health Practitioner Regulation Agency
AMA	Australian Medical Association
ARST	additional rural skills training
CPD	Continuing professional development
EASL	early assessment for safety and learning
FAQ	frequently asked question
FRACGP	Fellowship of the Royal Australian College of General Practitioners
FRACGP-RG	RACGP Rural Generalist Fellowship
FTE	full-time equivalent
GP	general practitioner
GPRA	General Practice Registrars Australia
GPSA	General Practice Supervision Australia
GPT	general practice term
MMM	Modified Monash Model
NTCER	National Terms and Conditions for the Employment of Registrars
PD	professional development
PMLO	practice manager liaison officer
PRODA	provider digital access
RACGP	Royal Australian College of General Practitioners
RCA	random case analysis
RPLE	recognition of prior learning and experience
SLO	supervisor liaison officer
TMS	Training management system
WBA	Workplace-based assessment

Introduction to the program

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

The RACGP AGPT program is a comprehensive education program grounded in the [RACGP educational framework](#) and its three guiding educational instruments:

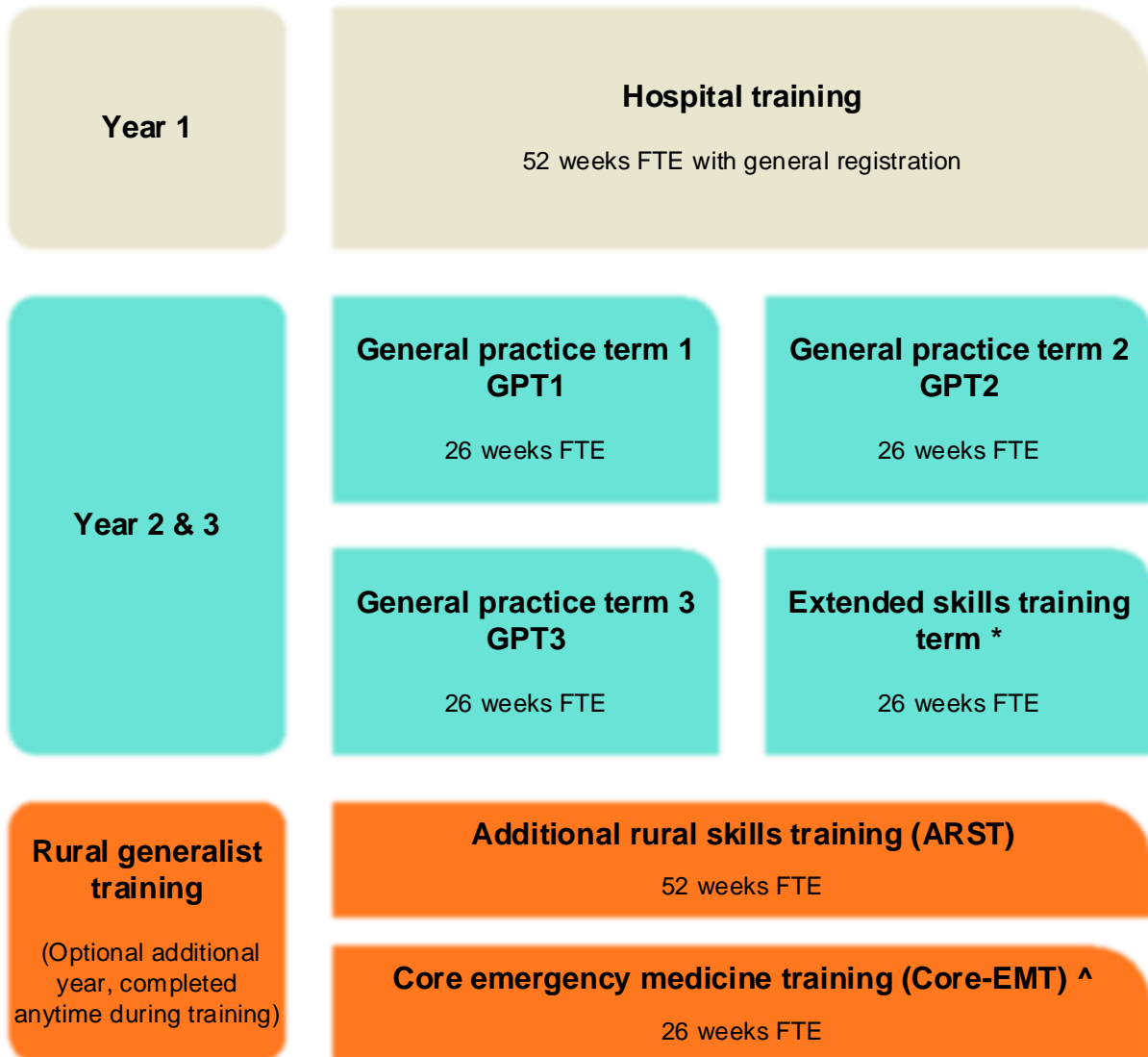
- The [2022 Curriculum and syllabus for Australian general practice](#) provides the scope of educational content (42 individual units) to be learnt throughout the AGPT program and details the educational competencies and learning outcomes. It's an indispensable tool for registrars and supervisors.
- The [Progressive capability profile of the general practitioner](#) is a public statement of the RACGP's view of the capabilities of an Australian GP from entry to general practice training through to post-Fellowship. By defining the capabilities and competencies required at four milestones of general practice training, it is a benchmark for professional behaviour.
- Our [education policies](#) and [standards](#) aim to ensure high-quality, effective education and safe clinical practice in workplace training.

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

To be eligible to work in a community general practice, registrars must have completed at least two years of hospital training after graduating as a medical practitioner. These two years need to include terms in medicine, surgery, emergency medicine and paediatrics to prepare them for the context of general practice.

Registrars may choose to train with either the general stream – and work in or near a city – or the rural stream – working mainly in rural or regional areas. Figure 1 shows the pathways to Fellowship with the RACGP.

The AGPT Program



* May be completed at any time during years 2 and 3

^ May be undertaken as the extended skills training term

Figure 1. The RACGP journey to Fellowship

Hospital training

To be eligible to start general practice terms, registrars must have completed a minimum amount of training time in mandatory rotations – medicine, surgery, emergency medicine and paediatrics – in accredited Australian or New Zealand hospitals to give them a foundation for general practice training and an understanding of the integration of primary and secondary levels of care.

They also need to have completed a minimum of two years of appropriate hospital terms in accredited Australian or New Zealand hospitals. Some registrars may apply for RPLE for hospital time previously completed and start their AGPT program in general practice or complete hospital time as part of the AGPT program and start their training in hospital.

General practice terms

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

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

- outer metropolitan, or non-capital city MMM1 location,
- regional, rural or remote location,
- Aboriginal and Torres Strait Islander health training post.

For those in the rural training stream, all training is done in non-metropolitan areas, and they're expected to live in the rural community where they work. (Non-metropolitan areas are known as Modified Monash Model [MMM] 2–7 locations).

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

Education program

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

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

In-practice teaching

Often teaching activities relate to the registrar's daily case load, such as one-on-one clinical case discussions and mentoring.

Other activities might include direct observation, case-based teaching, patient scenario discussions, joint consultations, formal teaching on specific topics, demonstration of and participation in clinical procedures, random case analyses, small group discussions and cultural education.

Out-of-practice education

Registrars participate in a minimum of 125 hours of out-of-practice education, including workshops, self-directed learning, peer learning and exam preparation (refer to Table 1 in [Out-of-practice time requirements](#)).

Fellowship

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

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

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

For practices

Your role in hosting a registrar

The role of the practice manager

As a practice manager, you're a valuable member of the supervision team, helping to ensure the registrar's training placement goes smoothly. You'll often be the first person they'll contact for assistance with a range of queries.

You can support your registrar by:

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

You also have an important role in providing feedback.

You'll receive feedback about the registrar from their patients and other practice staff and practitioners. This feedback is valuable in helping the registrar develop their skills, but it does need to be given sensitively. This feedback should also be shared with the relevant members of the supervision team, as appropriate. At the beginning of the training term, discuss and document the process for two-way feedback with the registrar and their supervisor.

If you're new to being the practice manager of an accredited practice, the local RACGP program team and your regional practice liaison officer will give you an orientation and provide ongoing support. GPSA can also provide support for orientation and ongoing support.

The role of the supervisory team

Supervisors are integral to the apprenticeship model of general practice training. As a supervisor and an experienced GP, you're a professional role model for your registrar, helping to lay the foundation for lifelong learning, professionalism and high-quality patient care. You'll provide advice and support, one-on-one teaching, supervision, feedback and assessment.

The supervisory team consists of a nominated accredited supervisor for each registrar, known as the primary supervisor who has overall responsibility for the registrar in the practice. Other accredited supervisors, known as secondary supervisors can contribute to the supervision of a registrar. Other professionals may also help registrars learn clinical skills and improve their local knowledge, and support them professionally, including:

- other health practitioners
- practice nurses

- cultural educators and mentors
- practice administrative staff.

General practices require enough accredited supervisors to ensure there is always a supervisor (primary or secondary) available for escalation of issues requiring supervisor advice or support.

The level of supervision is matched to the competence of the registrar. We recommend that a primary supervisor should have no more than two GPT1 registrars at a time.

You'll find more detailed information about the role of supervisors in [A supervisor's core tasks](#).

The role of other practice staff

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

- orientation
- explaining practice processes
- sharing local knowledge
- sharing your particular expert knowledge (eg immunisation schedules).

You may be asked to contribute to a registrar's supervision within your scope of practice. The primary supervisor will oversee your participation in supervision and document it in the supervision and teaching plan.

In Aboriginal Medical Services, a cultural mentor should be engaged to guide, teach and support the registrar.

Placement process and employment procedures

Placement process

General practice placements begin in the second year of training (GPT1). Registrars must complete three general practice training terms (18 months full-time equivalent [FTE]) in at least two different posts as part of their core vocational training requirements.

The placement of registrars in accredited general practices occurs every six months and is finalised before each training semester begins. Our aim is to match registrars to a practice that will give them the best learning experience.

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

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

Placement is subject to the availability of registrars, funding, equity of distribution and the suitability of the practice. Therefore, while every effort is made to ensure the needs of priority areas of workforce shortage are met, the RACGP doesn't guarantee that a registrar will be placed in a practice in each or any calendar year. Practices are expected to be ready to accept and train registrars at any stage of training, particularly those on their first placement. All practices are expected to participate in registrar training during each accreditation cycle and be willing to train the full range of registrars, including GPT1 and 2 registrars, unless the RACGP has applied conditions to the contrary.

For more information, please refer to the [Placement Policy](#).

Conflicts of interest

If a registrar has any type of close personal relationship with a staff member at a practice, we must be notified of this potential conflict of interest as detailed in the [Conflicts of Interest Guidance](#). Usually, registrars are not placed at a practice if there is a significant pre-existing relationship with the supervisor, practice owner or practice manager.

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

Employing a registrar

Completing an employment agreement

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

Before the registrar commences work at your practice, you'll need to finalise the agreement and terms and conditions of employment with them. This employment agreement is between the practice (the employer) and the registrar. We encourage registrars to contact the practice manager to start the process as soon as they receive their placement information.

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

General Practice Supervision Australia (GPSA) has useful resources for supervisors and practices about the [NTCER](#), including an employment contract template.

Completing the RACGP placement agreement

Before each general practice training term, you and your registrar will complete the RACGP placement agreement. We'll send this to you before the placement starts.

The placement agreement includes details of the placement, employment, supervision, education and training. Both you and the registrar must agree to and sign this agreement before the term begins.

If the registrar needs any help with this process, their training coordinator can support them. If you require help to complete the agreement, you can contact your practice manager liaison officer. [GPSA](#) also has helpful information on their website or you can contact them for support on 03 9607 8590.

Applying for a Medicare provider number

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

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

What if a registrar works in multiple placements?

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

How long does it take to get a Medicare provider number?

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

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

What happens if a registrar doesn't receive a Medicare provider number in time for a placement?

If they don't have a provider number it may mean they can't start work as they won't be able to bill Medicare and their patients won't be able to claim the Medicare rebate.

What if a registrar changes training sites?

If a registrar moves training sites, they must apply for a new provider number.

Will the practice be notified of the registrar's Medicare provider number?

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

For how long is a Medicare provider number valid?

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

Registrars training with the ADF

Registrars who are training with the Australian Defence Force (ADF) must meet the same general practice training standards as civilian registrars. Therefore, the RACGP requires all ADF registrars to undertake at least 12 months in an accredited comprehensive Australian general practice. The registrar will normally do this in GPT1 and 2.

If you take on an ADF registrar, there are some minor differences we want to make you aware of. You can also reach out to your training coordinator for more information on hosting an ADF registrar. You may also find the [ADF guide](#) useful for yourself and your Registrars.

Employing an ADF registrar

ADF registrars are paid directly by the ADF. How this is managed with Medicare rebates and your payment process varies between the Army, RAAF and Navy and can vary year to year. The ADF registrar should provide written advice to you regarding the arrangements.

Officer training during term

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

The ADF training coordinator for your region will work with you and the registrar should this occur.

Orientation

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

Other benefits of orientation include:

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

Orientation is particularly important for registrars starting their first practice placement. These registrars will need to be attentively transitioned from the hospital environment. They will be unfamiliar with most of the systems and processes of general practice. They need to learn about billing, prescribing, medical software and referrals. For registrars in their first general practice placement, orientation activities should be scheduled for at least the first two days, and they shouldn't have patient consultations for at least the first day. Registrars in later terms should have a minimum of half a day of orientation but should be tailored to their individual needs.

A recommended [orientation checklist](#) will help to guide your orientation activities.

In-practice teaching

Most teaching activities are conducted by the supervisory team and relate to the registrar's daily case load; for example, one-on-one clinical case discussions and mentoring.

Other activities might include direct observation, case-based teaching, patient scenario discussions, joint consultations, formal teaching on specific topics, demonstration of and participation in clinical procedures, random case analyses, small group discussions and cultural education.

Teaching time requirements

Teaching time includes both formal and informal teaching activities, and the amount of time required depends on the registrar's stage of training:

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

For part-time registrars, the expected teaching times will be reduced pro rata according to their training time. In part-time GPT1 placements, the one hour scheduled and uninterrupted teaching time should be preserved, even though the expected minimum three hours of teaching will be reduced.

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

Out-of-practice time requirements

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

Out of practice education hours are part of a registrars' total work hours, therefore registrars will need to be released from practice to attend education activities.

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

Table 1. Minimum out-of-practice education hours

Training semester/term	Minimum out-of-practice education hours
January/February – June/July (GPT1 or 2)	54 hours
July/August – December/January (GPT1 or 2)	48 hours
GPT3	24 hours

Practice reporting requirements

Throughout a registrar's placement, reporting by the practice allows us to monitor the requirements of the practice and supervisors, as well as confirm that the registrar is achieving their training outcomes.

Any issues that are identified will be promptly managed by the local RACGP team. This may take the form of a discussion with the supervisor and/or practice manager or the provision of additional support or remediation. Any issues will be documented and, if necessary, escalated to the Regional Accreditation Panel.

Regular reporting through communications with the registrar and practice means that formal monthly reports, with their associated administrative burden, are not required.

Work health and safety and critical incidents

Work health and safety

Each practice has work health and safety obligations that are governed by federal and state/territory legislation. Staff should be familiar with the practice's policies on managing hazards, adverse events, near misses and critical incidents.

All staff, including supervisors and registrars, have a duty to take reasonable care of their own and others' health and safety. This includes managing fatigue and ensuring their actions and omissions don't adversely affect others. Refer to [Safe Work Australia](#) for more information.

Stress and fatigue in general practice

We encourage all practice staff to read our policy position statement on [stress and fatigue in general practice](#). It discusses some of the causes of stress and fatigue in general practice and some potential solutions.

We also encourage you to look out for warning signs of fatigue and burnout in yourself, registrars and colleagues. Signs of burnout include:

- mental and physical exhaustion
- making mistakes
- preoccupation with work
- feeling negative or cynical about work
- emotional numbing or detachment.

If these signs are not addressed, they can lead to further physical and mental health problems, an increased risk of clinical errors and conflict in relationships.

Maintaining appropriate boundaries

The RACGP recommends that registrars not provide medical treatment to staff at their practice. Please don't ask the registrar for medical care or prescriptions for yourself (or your family) if there is a realistic alternative available.

Helpful resources

The RACGP White Book has a helpful chapter on [Keeping the health professional safe and healthy: Clinician support and self-care](#).

You can find other self-care resources and support services on the RACGP [GP wellbeing webpage](#) and in the [Support for practices section](#).

Critical incidents and adverse events

Reporting critical incidents and adverse events is important. Reporting enables prompt assistance and support to be given which can help to reduce the impact on the registrar's training. It also enables the RACGP to monitor issues on a national basis and reduce risks, promote safe learning environments and continue to make improvements.

Practices are required to have processes to manage critical incidents and adverse events, whether they involve registrars, supervisors and/or the practice itself. It is important that all staff are familiar with and understand these processes.

Under Australian Medical Council requirements, the RACGP is responsible for ensuring the safety of registrars and patients. A critical incident or adverse event must be reported to us if it involves a registrar or impacts their training.

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

A **critical incident** is any adverse event that results in a serious negative outcome for patients, registrars, supervisors, practice staff, training program staff, the RACGP and/or its staff, the reputation of the AGPT program or any combination of these.

Reporting an incident or event

It is everyone's responsibility to ensure incidents and events are reported as soon as possible. The privacy of all involved will be protected, and the report will be accessible only to RACGP staff who require access.

Practice managers and supervisors should be familiar with the [Critical incident and adverse event management and reporting guidance document](#) and promptly notify the RACGP of any event. For further information about reporting a critical incident or adverse event, contact the RACGP at criticalincidents@racgp.org.au

Support for practices

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

RACGP teams

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

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

Networking and professional development

Practice managers will have the opportunity to engage with their local and regional teams during training site visits, regular check-ins, peer networking sessions and professional development workshops. You can expect to hear more about these opportunities from your local and regional teams.

General Practice Supervision Australia

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

They also have many resources to support practices, such as information on how to prepare your practice for hosting a registrar, along with checklists, fact sheets and links to useful resources. Visit the *Supporting practices* pages on their [website](#).

Training management system

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

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

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

For supervisors

A supervisor's core tasks

A supervisor is pivotal to the workplace-based education of general practice registrars. Fundamental to a supervisor's work is ensuring the registrar's patients are being safely managed. Beyond this, a supervisor provides education and support to the registrar. A supervisor's core tasks include:

- coordinating the supervisory team (primary supervisor)
- orientating a registrar to the practice
- developing and monitoring a clinical supervision plan
- providing daily supervision
- developing an in-practice teaching plan
- providing regular uninterrupted teaching sessions
- giving regular feedback
- completing required assessments
- supporting and advocating for the registrar with the training site and the RACGP
- evaluating the education and supervision provided.

Primary and secondary supervisors

A supervisor who has full responsibility for a registrar and the practice supervisory team is known as the 'primary supervisor'. Other supervisors who assist the primary supervisor in some tasks or act as deputies when the primary supervisor is absent are known as 'secondary supervisors'. Each registrar must have a primary supervisor.

This approach ensures there's adequate supervision coverage whenever a registrar is consulting and exposes the registrar to a range of approaches to general practice. It also allows larger practices with multiple registrars to have more than one primary supervisor. A supervisor may be a primary supervisor for one registrar and a secondary supervisor for another. The primary supervisor is the RACGP's main point of contact regarding the registrar.

The positions of primary and secondary supervisor aren't hierarchical, rather, there's a choice in the level of responsibility taken by a supervisor for a registrar. A primary supervisor has overall responsibility for a registrar, for ensuring patient safety, and for ensuring that educational requirements are met. Secondary supervisors don't have this degree of responsibility. In recognition of this different level of responsibility, the minimum training requirements to be a secondary supervisor are less than those of a primary supervisor

The definitions of primary and secondary supervisor are the same for supervisors who provide remote supervision.

Coordinate the supervisory team

Supervision of a registrar is commonly shared by at least one other supervisor. Other members of the practice team, such as reception and administrative staff, cultural educators, nurses and other allied health workers, may also contribute to teaching and supervision. Therefore, we refer to the 'supervisory team'.

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

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

In larger practices, the supervisory team may need to meet to clarify roles. Some practices maintain a shared log of teaching activities and assessments.

The practice should prepare for a new registrar well in advance of the start of term. GPSA has a guide including checklists and timelines available on their [website](#) to support you with preparing for a registrar in your practice.

Provide orientation and initial supervision

A well-planned, comprehensive orientation to the practice and the local environment is an essential task for the supervisory team to undertake together with the practice manager and other practice staff.

Use this recommended [orientation checklist](#) to guide your orientation activities. Registrars starting their first term in general practice should receive an extensive orientation. It is recommended they don't start seeing patients on their first day in practice.

Registrars come to your practice with varying levels of experience and clinical competency. Particularly for registrars in their first general practice term (GPT1), close monitoring and providing support in the first few weeks in the practice is essential. From 2023.2 onwards, GPT1 registrars must undergo an Early Assessment for Safety and Learning (EASL) in the first four weeks. For more information about EASL, refer to [Contribute to assessment](#).

Monitoring may include:

- sitting in and observing their consultations
- attending or having a phone call at the end of consultations
- scheduling time to discuss consultations at the end of the session or day.

Once you are confident that the registrar will call for help when they should, give your registrar some guidance about when they are expected to call for supervision. To help inform this discussion, your registrar will have received the '[call for help](#)' list – a list of clinical problems that past registrars and supervisors have considered warrant a call for help. Your registrar has also been asked to complete a self-assessment of their confidence to manage these clinical problems. This self-assessment, combined with the EASL for GPT1 registrars, and your knowledge of your registrar's previous experience should inform a conversation about when they should call for help. The answer to the question 'When should the registrar call for help?' is one of the three questions to be answered to create your registrar's clinical supervision plan.

Develop a clinical supervision plan

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

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

A clinical supervision plan is created by answering three questions:

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

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

- a plan for escalating issues to an accredited supervisor if required
- a risk management plan to address difficulty in accessing supervision
- a statement of commitment by each supervisory team member to their contribution to supervision
- detail on cover available if the designated supervisor goes on leave.

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

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

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

TIP! To help you develop a clinical supervision plan with your registrar, refer to [this guide](#), which includes a supervision plan template.

Provide daily supervision

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

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

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

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

The provision of daily supervision is a topic frequently covered in supervisor professional development.

Develop a teaching plan

The registrar's primary supervisor is responsible for ensuring that the registrar receives their mandated teaching time, whether from them or another member of the supervisory team.

The mandated teaching time for each level of registrar is:

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

For part-time registrars, the expected teaching times will be reduced pro rata according to their training time. In part-time GPT1 placements, the one hour scheduled and uninterrupted teaching time should be preserved, even though the expected minimum three hours of teaching will be reduced.

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

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

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

Teaching sessions should ideally be scheduled in the first hour of a consulting session or before consulting starts in the morning. Scheduling teaching sessions at lunchtime or at the end of the day should be avoided as these times are prone to interruptions or participants running late.

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

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

Provide in-practice teaching

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

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

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

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

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

Direct observation

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

Problem case discussion

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

Random case analysis

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

Inbox review

Reviewing test results by going through a registrar's email inbox is an effective way of monitoring rational test ordering, and provides a lead-in to a broader case discussion. Inbox review is valuable for exploring how a registrar is managing uncertainty and their understanding of the appropriate use of screening tests.

Teaching topics

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

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

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

Exam support

Registrars should be preparing for exams while training in a practice with a supervisor. Fellowship exams don't just assess knowledge from books; they aim to assess how knowledge is applied to everyday situations in Australian general

practice. The actual processes of patient care and a doctor's attitudes are also important. Therefore, performing well in practice will help them demonstrate these behaviours in the exam environment.

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

Regional exam support activities will be scheduled, and [online resources](#) are also available.

Give feedback

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

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

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

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

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

Contribute to assessment

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

Early assessment for safety and learning (EASL)

The Early Assessment for Safety and Learning (EASL) has been designed to assist you develop a safe clinical environment for your registrar's patients. It will also help you understand your registrar's learning needs and in developing the registrar's 'Clinical Supervision Plan'.

The EASL has three components:

- MCQ
- daily case reviews; and
- direct observation of consultations.

EASL is completed within the first four weeks of GPT1. For more information about the EASL, refer to the [Early Assessment for Safety and Learning Supervisor – A guide for supervisors](#).

Mid-term and end-of-term appraisals

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

The multiple opportunities for feedback are also opportunities to assess your registrar. When you provide feedback, you should also reflect on how the registrar's performance relates to the expected standard at this stage of training. These multiple assessment points can be used to inform mid- and end-of-term appraisals.

For more information about mid-term and end-of-term appraisals, refer to the [Mid-term and end-of-term appraisals: a guide for GP Supervisors](#).

External clinical teaching visits

External clinical teaching visits (ECTVs) are formative assessment processes and each registrar must take part in at least five during training. We aim to conduct these assessments twice in GPT1 and 2 and once in GPT3, although this may vary due to unforeseen circumstances. ECTVs may also be used as an educational tool to support registrars if required.

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

Support your registrar

Supporting your registrar's wellbeing

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

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

You may be able to help prevent burnout by encouraging the registrar to develop and maintain healthy work and life habits. However, supervisors should not enter into a formal therapeutic relationship with their registrar. Contact the local RACGP team if you have concerns about the wellbeing of your registrar.

For helpful information and a list of resources for registrars, refer to the [Registrar safety and support](#) section of the AGPT registrar handbook.

Supporting a registrar who isn't progressing as expected

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

For some registrars this adjustment is more difficult. As a supervisor, you're an important member of the education team and uniquely situated to identify these registrars at an early stage, through your close working relationship in the practice.

Important sources of information about the registrar's progress will come from patients, practice staff and colleagues as well as from your own monitoring of the registrar through formal teaching, corridor consultations, direct observation, and review of the registrar's notes, prescribing and test ordering.

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

GPISA has useful information and resources about performance management; refer to the [GPISA website](#) for more information.

Evaluate your teaching

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

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

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

Engage in professional development

Through an education research grant in 2020 and 2021 the RACGP supported the development of a national curriculum for general practice supervisors. The curriculum is suitable for supervisors across all general practice training and workforce programs, including those managed by the Medical Board of Australia. It supports supervisors to undertake professional development (PD) in the core knowledge and skills relevant to supervising a medical practitioner who doesn't have Fellowship of either the RACGP or ACRRM.

A task-based syllabus is the foundation for the *Foundations of GP Supervision course*. Professional development requirements

For current supervisors, the focus of professional development (PD) in 2023 will be to familiarise supervisors with the RACGP approach to GP training. Resources and education will assist supervisors with in-practice teaching, undertake registrar assessments, and complete reporting requirements. It's just as important RACGP staff learn about you and your practice as it is that you become familiar with RACGP approaches and systems. Where possible, RACGP staff will visit your practice. Local supervisor 'communities of practice' meetings will be set up to allow supervisors to learn with and from their peers.

The RACGP will continue to offer and support a range of supervisor PD activities similar to those offered by RTOs. These will include online learning modules, webinars, and regional workshops. All currently accredited supervisors will have their previously completed PD recognised by RACGP. There will be no mandated minimum requirement of supervisor PD in 2023.

Foundations of GP Supervision course

From 2023, GPs wishing to become accredited supervisors will be required to complete the *Foundations of GP Supervision* course.

The *Foundations of GP Supervision* course consists of eight modules, delivered as a blend of face-to-face workshops and online modules. In some circumstances, it may be completed entirely online. The course takes nine - 12 hours to complete and there is payment for the time spent. Prospective primary supervisors must complete the first seven modules before their registrar commences. The final module is designed to reinforce the learning of earlier modules and is completed six to 12 months after the registrar commences.

Prospective secondary supervisors will be required to complete three modules (modules 4, 6 and 7) prior to commencing their supervisory work.

All new supervisors will be required to have recently completed cultural awareness training, such as that available through [gplearning](#).

Foundations of supervision course modules

1. Introduction to being a GP supervisor
2. The start of the supervision placement
3. Consultation observation
4. Day-to-day supervision
5. Random case analysis
6. In-practice teaching session summary
7. Problem case discussion
8. Consolidating initial learning

RACGP Continuing professional development (CPD) requirements.

Like all doctors, supervisors have an annual AHPRA requirement to complete 50 hours of CPD. The RACGP has developed packages which award up to 30 hours of CPD for supervisors who currently have registrars. This is in recognition that the role of supervisors involves reflection on performance and measuring outcomes. It also accounts for any professional development activities done as a supervisor. For more details see the [CPD for General Practice Supervisors 2023](#) guide.

Maintain your accreditation

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

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

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

Resources for supervisors

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

A document you may find useful is the [AGPT supervision requirements at a glance](#) which details the key tasks with a timeline for each GP term and contains relevant important links.

GPSA hosts a large collection of educational guides and teaching plans designed for the GP supervisor. You can find these on their [website](#).

Support for supervisors

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

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

Medical educators

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

Training coordinators

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

Supervisor liaison officer

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

Peer support

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

Other support

The GP Support Program

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

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

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

DRS4DRS

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

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

www.drs4drs.com.au

CRANApplus Bush Support Services

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

www.crana.org.au/mental-health-wellbeing

T: 1800 805 391

Pandemic Kindness Movement

The Pandemic Kindness Movement was created by clinicians across Australia to provide health workers with easy access to curated, evidence-informed wellbeing resources and services.

<https://aci.health.nsw.gov.au/covid-19/kindness/home>

Hand-n-Hand Peer Support

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

www.handnhand.org.au

TEN – The Essential Network for Health Professionals

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

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

General Practice Supervision Australia

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

gpsa.org.au

Support for registrars

Refer to the [AGPT Registrar handbook: Registrar safety and support](#).

Payments to practices and supervisors

AGPT-accredited training practices and supervisors who have a registrar training in their practice in 2023 will be supported by the following Nationally Consistent Payments administered by Services Australia from 1 February 2023.

The nationally consistent payment program has been developed through negotiations with the Department of Health, GPSA, AMA, Rural Doctors Association of Australia, ACRRM and the regional training organisations.

To receive these payments your practice must:

- be an accredited AGPT training practice
- have a general practice registrar employed in your training practice
- have a [PRODA organisation account set up](#)

Payment amounts are set by the Department of Health and Aged Care and paid according to the MMM classification of the accredited training practice as set out in Tables 1 and 2.

Teaching payments

Teaching payments will be paid monthly (in arrears)* per registrar, per term from 1 February 2023.

Table 1. Teaching payments per term

Term	MMM 1–2	MMM 3–4	MMM 5	MMM 6–7
GPT1	\$11,700	\$13,700	\$14,700	\$15,700
GPT2	\$6,750	\$8,750	\$9,750	\$10,750
GPT3	\$2,800	\$4,800	\$5,800	\$6,800

*Payments are typically paid to the practice and then distributed to the supervisor(s), unless alternative arrangements are identified.

Practice payments

Practice payments will be paid to the practice quarterly in advance per registrar, per term from 1 February 2023.

Table 2. Practice payments per term

Term	MMM 1–2	MMM 3–4	MMM 5	MMM 6–7
GPT1	\$15,000	\$17,000	\$18,000	\$20,000
GPT2	\$7,500	\$9,500	\$10,500	\$12,500

Failure to meet the requirements set out in the [Codes and principles for training sites and supervisors](#) may delay payment to practices.

More information about payments can be found on the [Training Site and supervisor payments webpage](#) and [GPSA website](#).

Accreditation

The RACGP [Accreditation standards for training sites and supervisors: Guide to implementation](#) outlines the accreditation requirements for supervisors and training sites. All sites where registrars are placed must be accredited and each registrar must be allocated an accredited supervisor.

Accreditation ensures a uniformly high standard of general practice training throughout Australia, providing registrars with suitable role models, experience, supervision and teaching and access to resources and facilities.

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

For information about the full accreditation process, please refer to the [AGPT Accreditation application handbook - Training sites and supervisors](#).

New training practices and supervisors

The initial accreditation provided to a new practice or supervisor is provisional. During this period we provide close support to the new practice and supervisor through regular contact, review and feedback. The aim is to promote practices and supervisors from provisional to full accreditation after they've completed 12 months of hosting registrars.

Reaccreditation

The reaccreditation cycle is generally three years; however, this period may be adjusted to align with the practice's general practice accreditation cycle. If a practice is accredited by both the RACGP and ACRRM, both colleges will align their reaccreditation dates.

The reaccreditation process is informed by ongoing monitoring of practices and supervisors. We monitor adherence to accreditation standards through the many points of contact with the practice and supervisor, including:

- informal liaison
- professional development activities
- registrar feedback
- supervisor feedback
- external clinical teaching visits
- the registrar placement process.

We also consider any critical incidents relating to the performance of practices and supervisors and relevant information shared by practice accreditation agencies (with the practice's consent).

We encourage you to view reaccreditation as an opportunity to review your practice's learning environment and plan future enhancements, and to verify that all components of supervision requirements continue to be met.

Supplementary material

Policies

[Aboriginal and Torres Strait Islander GP in Training Fellowship Exam Support Policy](#)

This policy aims to support Aboriginal and Torres Strait Islander Fellowship exam candidates ('candidates') by detailing the individual support available to them.

[Academic Misconduct Policy](#)

The purpose of this policy is to define what constitutes Academic Misconduct, and when investigations will occur as a result of that misconduct, to explain the process the RACGP follows and the decisions it may make when responding to allegations of Academic Misconduct, and to maintain the highest standards of conduct for any academic activities which the RACGP engages.

[Academic Posts Policy](#)

The purpose of this policy is to outline the principles and requirements of the application and selection process for completing an Academic Post.

[Accreditation Policy](#)

The purpose of this policy is to outline the principles and requirements for accreditation of Training Sites and Supervisors.

[Assessments Special Arrangements Policy](#)

The purpose of this policy is to define the principles and requirements for the granting of Special Arrangements for RACGP Assessments.

[Dispute, Reconsideration and Appeals Policy](#)

The purpose of this policy is to define the principles and circumstances under which the medical practitioner may require the resolution of a dispute, reconsideration or appeal of a decision made by the RACGP in relation to progression towards Fellowship.

[Extensions of Program Time Policy](#)

The purpose of this policy is to define the extensions of Program Time available to Registrars.

[Fellowship Policy](#)

This Policy outlines the circumstances under which Fellowship may be granted and what disciplinary action may be taken against Fellows and what those actions may comprise. This Policy sets out the standards of behaviour expected from Fellows in order to maintain confidence in the behaviour of Fellows and preserve the RACGP's good name, and the name of all members, and support it to achieve its strategic objectives. All Fellows must be aware of the expected standards of their conduct.

[Fellowship Exams Policy](#)

The purpose of this policy is to define the requirements for Registrars to sit the Fellowship Exams.

[GP in Training Safety and Wellbeing Policy](#)

The purpose of this policy is to define the principles and responsibilities of the RACGP, Training Sites and Supervisors that protect the Safety and Wellbeing of GPs in Training when they are in an education and training environment.

[Leave Policy](#)

The purpose of this policy is to define the leave entitlements available to Registrars.

[Placement Policy](#)

The purpose of this policy is to define the principles and requirements for the placement of Registrars in Training Sites.

[Member Code of Conduct](#)

This Code outlines the circumstances under which disciplinary action may be taken against Members and what those actions may comprise. This Code of Conduct ("Code") sets out the standards of behaviour expected from Members in order to maintain confidence in the behaviour of Members and preserve the RACGP's good name and the name of all Members, and support it to achieve its strategic objectives. All Members must be aware of the expected standards of their conduct.

[Recognition of Prior Learning and Experience Policy](#)

The purpose of this policy is to define the principles and requirements for the application and assessment of Recognition of Prior Learning and Experience (RPLE).

[Registrar Support and Remediation Policy](#)

The purpose of this policy is to define the principles underpinning the support available to enable Registrars to achieve their training outcomes and satisfy the requirements of Fellowship.

[Requirements for Fellowship Policy](#)

The purpose of this policy is to define the principles and requirements for Registrars to be admitted to Fellowship of the Royal Australian College of General Practitioners (FRACGP) or the RACGP Rural Generalist Fellowship (FRACGP-RG).

[Training Programs Entry Policy](#)

The purpose of this policy is to define the entry principles and requirements for RACGP Training Programs, including eligibility, selection, and enrolment.

[Training Program Requirements Policy](#)

The purpose of this policy is to define the principles and requirements for progression and completion of Training Programs and the Remote Vocational Training Scheme.

[Training Transfer Policy](#)

The purpose of this policy is to define the principles and requirements for transfer between Training Regions, Training Programs, Training Streams and General Practice Colleges.

[Withdrawal Policy](#)

The purpose of this policy is to define the principles and circumstances under which the Registrar may withdraw or be withdrawn from the Training Program.

Guidance documents and handbooks

[Comprehensive Australian general practice guide](#)

This guidance document provides the RACGP's principles of comprehensive Australian general practice and how these apply to registrars throughout training.

Academic post cohort guide

This guide provides information for registrars completing an academic post. To access the guide please email gpedresearch@racgp.org.au

[Assessment and examinations candidate handbook](#)

Part 2 of the handbook provides information on Fellowship exams, including eligibility, enrolment, sitting the exams and withdrawing.

[Basic life support and advanced life support guide](#)

This guidance document details RACGP's requirements for basic life support and advanced life support courses.

[Conflicts of Interest Guidance](#)

This guide details RACGP's requirements for the identification, disclosure and management of any actual, potential or perceived conflicts of interest in order to protect the integrity of the RACGP and manage risk.

[Australian Defence Force Guide](#)

This guide is designed for AGPT registrars who work in the Australian Defence Force (ADF) and is a companion document to the AGPT registrar training handbook.

[Rural Generalist Fellowship Guidelines](#)

This guideline provides specific information for the RACGP Rural Generalist Fellowship

[Dispute, reconsideration and appeals guide](#)

This guide provides further information on the dispute, reconsideration and appeals process.

Evaluation of the AGPT program

We invite you to help us evaluate the AGPT program.

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

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

From time to time we'll ask you to participate in evaluation activities, such as short surveys, focus groups and interviews.

Useful contacts

AHPRA

T: 1300 419 495

W: www.ahpra.gov.au

General Practice Supervision Australia (GPSA)

T: 03 9607 8590

E: admin@gpsa.org.au

W: www.gpsa.org.au

Services Australia

Medicare provider number information and applications:

Contact the local training coordinator

Section 19AB of the *Health Insurance Act 1973* (Cwlth):

E: 19AB@health.gov.au

Glossary

Term	Definition
Academic post	A 0.5 FTE research and medical education term undertaken as part of the AGPT program over 52 calendar weeks.
Addenda	Addenda on a registrar's medical registration may include restrictions, conditions, limitations, reprimands, supervision requirements, tribunal outcomes, suspensions, undertakings and/or any other remarks or changes. Refer to the AHPRA website for more information.
Accredited Australian or New Zealand hospital	Either: <ul style="list-style-type: none"> an Australian hospital accredited by a postgraduate medical council against the Australian Medical Council requirements, or a New Zealand hospital accredited by a postgraduate medical council against the Medical Council of New Zealand requirements.
Additional rural skills training (ARST)	A training term of 52 calendar weeks (FTE) in an accredited training post that provides the appropriate depth and breadth of experience necessary to meet the requirements of the particular ARST curriculum.
Remediation	An additional term of program time in which the registrar receives additional support in order to address performance concerns.
Candidacy	The three-year period, separate to training program time, during which a registrar can attempt Fellowship exams.
Candidate	The medical practitioner eligible to sit RACGP Fellowship exams.
Completion of training	The formal end point of the AGPT program, as assessed by an exit interview and completion of training report.
Comprehensive Australian general practice	Comprehensive Australian general practice: prioritises holistic clinical person-centred healthcare is founded on ethical and socially responsible practice addresses the health needs of all people living in Australia in an equitable way meets the particular needs of underserved populations, including those living in rural and remote regions and Aboriginal and Torres Strait Islander peoples. Refer to the Comprehensive Australian general practice guidance document .
Conflict of interest	A conflict of interest may arise in a situation where it could reasonably be concluded that a person's capacity to make a decision on a matter is influenced by the fact that they hold other interests. A conflict of interest may include: <ul style="list-style-type: none"> an actual conflict of interest a potential conflict of interest a perceived conflict of interest. Refer to the GP in Training Safety and Wellbeing Policy for more information.
Core vocational training	The mandatory components of the AGPT program: three terms of general practice placements (GPT 1,2,3) and an extended skills training term.
Cultural safety	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.
Education and training requirements	The mandatory components of the AGPT.
Extended skills training	A 26-calendar week (FTE) term that gives a registrar the opportunity to extend their skills in community general practice or pursue an area of interest relevant to general practice.
Fellowship	Admittance to either: <ol style="list-style-type: none"> i. Fellowship of the RACGP (FRACGP), or ii. FRACGP and Rural Generalist Fellowship (FRACGP-RG).
Fellowship exams	The exams run by the RACGP that assess competency for unsupervised general practice anywhere in Australia including: <ol style="list-style-type: none"> i. Applied Knowledge Test (AKT) ii. Key Feature Problem (KFP), and iii. Clinical Competency Exam (CCE).
Full-time equivalent (FTE)	For the AGPT program, the RACGP determines FTE to mean 38 hours per week spent in training, which includes all practice time, and education and training program activities.
General practice training terms	In the AGPT program, referred to as GPT1, GPT2 and GPT3. The extended skills term is sometimes referred to as GPT4.
Hospital rotations	The time medical practitioners spend working in different medical disciplines in an accredited Australian or New Zealand hospital.
In-practice education	Education that takes place in community general practice under supervision.
Local RACGP team	RACGP staff with local knowledge and relationships who support registrars from the time they enter the AGPT program through to Fellowship. The team includes a training coordinator, medical educator, cultural mentor and an administrator.
Modified Monash Model	The Modified Monash Model (MMM) defines whether a location is a city, rural, remote or very remote. MMM 1 is a major city and MMM 7 is very remote. Overseas doctors (international medical graduates and foreign graduates of an accredited medical school) who are subject to section 19AB of the <i>Health Insurance Act 1973</i> (Cwlth) must train on the rural pathway in MMM 2–7 areas. More information on MMM areas can be found on the Department of Health website .
National team	RACGP staff with oversight of the overall AGPT program, providing high-level educational leadership. They may provide guidance and decision-making in particular circumstances, such as educational support and remediation, application for extended leave and managing critical incidents.
Out-of-practice education	Education that occurs outside of regular clinical practice, including workshops, self-directed learning, peer learning and exam preparation.
Primary supervisor	The medical practitioner who has ultimate responsibility for a registrar and manages their supervision by the supervisory team to ensure safe patient care. A primary supervisor provides formal and informal teaching, feedback and assessment.
PRODA	A Services Australia online identity verification and authentication system.
Program team	The training coordinator and medical educator assigned to a registrar.
Program time	The length of time required to complete the AGPT.
Provider number	A Medicare provider number is given to eligible health professionals who are recognised for Medicare services, and

	allows them to claim, bill, refer or request Medicare services, A registrar must apply for a unique provider number prior to starting in a general practice placement.
RACGP Rural Generalist Fellowship	The award of Rural Generalist Fellowship (FRACGP-RG).
Regional team	The team that manages a training region and provides support to the local team with specialised resources and expertise. Includes a registrar liaison officer, practice manager liaison officer, supervisor liaison officer and cultural educator. They may be involved in accreditation of training sites and educational workshops.
Registrar	A medical practitioner enrolled in the AGPT program.
Remediation	The process by which a registrar receives additional support in order to address performance concerns.
Remote supervision	Supervision is primarily provided by a supervisor who is offsite, using a model of supervision that provides comprehensive and robust support and training. Remote supervision may be considered when onsite supervision cannot be provided by an accredited supervisor.
Safety	The condition of being protected from or unlikely to cause danger, risk or injury. Educational safety is defined as a learning environment that values support, respectful communication, bidirectional feedback, reflection and the acquisition of new skills. It meets the learner's current level of competency and learning needs and facilitates growth and learning.
Secondary supervisor	The medical practitioner contributing to a registrar's supervision and education under the guidance of the primary supervisor. They may temporarily take on the duties and responsibilities of the primary supervisor when they are absent.
Supervisor	An accredited GP who works in an accredited training practice and takes responsibility for the education and training needs of the registrar while in the practice.
Training region	An area in which the RACGP delivers general practice training.
Training site	A health service accredited by the RACGP where the registrar may undertake their general practice training. For AGPT registrars, this excludes the mandatory hospital training time.
Training stream	Subdivisions of the AGPT program. These are: <ol style="list-style-type: none"> i. the general stream, and ii. the rural stream.
Wellbeing	The state of being comfortable, healthy or happy. Educational wellbeing is ensured when the registrar feels engaged, safe and supported in the learning environment.
Workplace-based assessments	Observation and assessment of a registrar's practice to track progression through training. Types of assessment include: <ul style="list-style-type: none"> • early assessment for safety and learning (EASL) • clinical case analysis • multi-source feedback • mini-clinical evaluation exercise • clinical audit • external clinical teaching visit • mid and end-term appraisals.

