

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

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- 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*
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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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References

1. Governance Institute of Australia. What is governance?. Governance Institute of Australia, 2023. Available at <https://www.governanceinstitute.com.au/resources/what-is-governance/#:~:text=Governance%20encompasses%20the%20system%20by,are%20all%20elements%20of%20governance> [Accessed 16 August 2023].
 2. Bedoll D, van Zanten M, McKinley D. Global trends in medical education accreditation. *Hum Resour Health* 2021;19:70. doi: 10.1186/s12960-021-00588-x.
 3. Ramani S, Könings KD, Ginsburg S, van der Vleuten CPM. Twelve tips to promote a feedback culture with a growth mind-set: Swinging the feedback pendulum from recipes to relationships. *Med Teach* 2019;41(6):625–31. doi: 10.1080/0142159X.2018.1432850.
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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