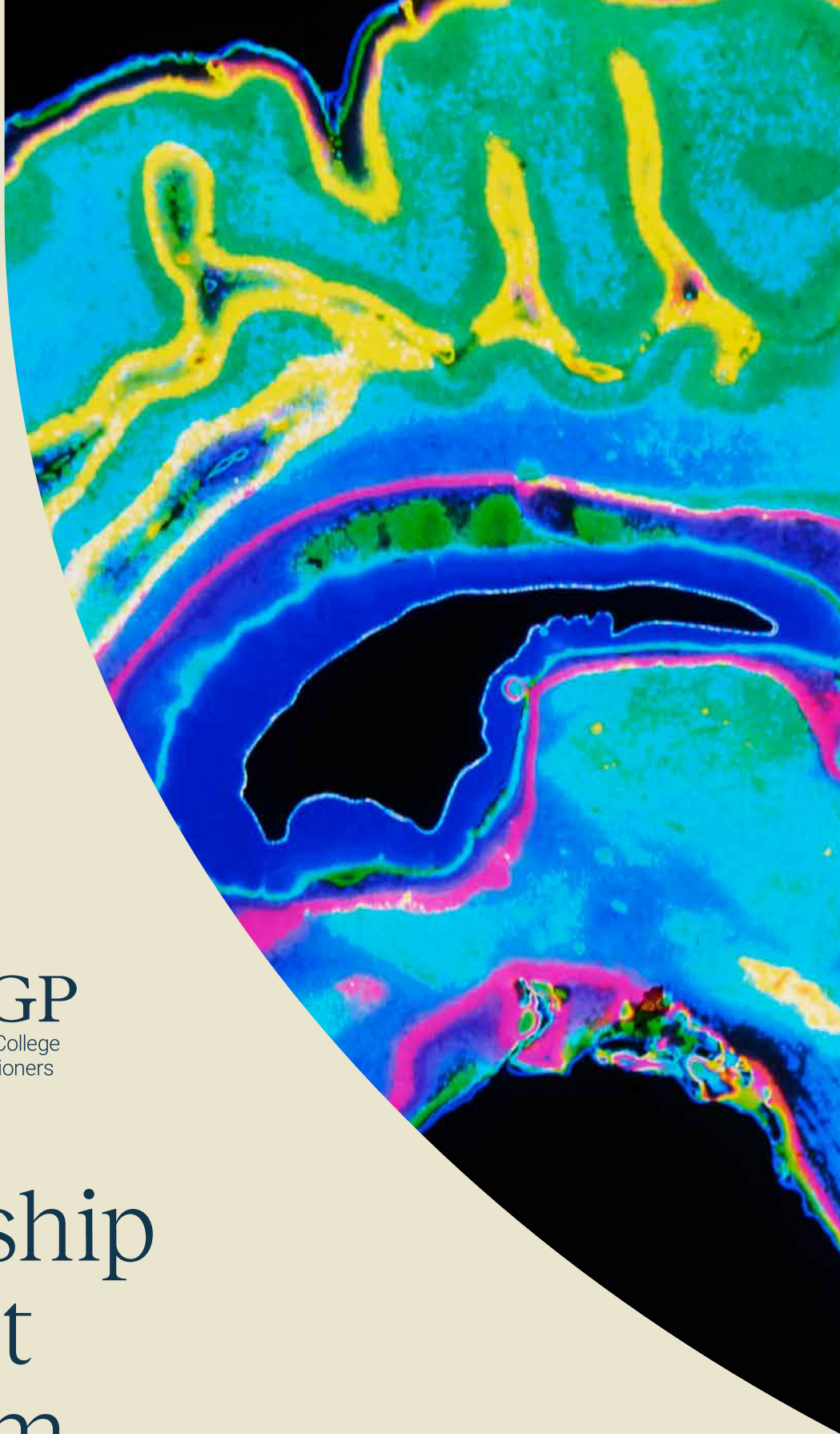




**RACGP**  
Royal Australian College  
of General Practitioners

# Fellowship Support Program

**Training site and supervisor handbook**



## Fellowship Support Program Training site and supervisor handbook

### Disclaimer

The information set out in this publication is current at the date of first publication and is intended for use as a guide of a general nature only and may or may not be relevant to particular patients or circumstances. Nor is this publication exhaustive of the subject matter. Persons implementing any recommendations contained in this publication must exercise their own independent skill or judgement or seek appropriate professional advice relevant to their own particular circumstances when so doing. Compliance with any recommendations cannot of itself guarantee discharge of the duty of care owed to patients and others coming into contact with the health professional and the premises from which the health professional operates.

Whilst the text is directed to health professionals possessing appropriate qualifications and skills in ascertaining and discharging their professional (including legal) duties, it is not to be regarded as clinical advice and, in particular, is no substitute for a full examination and consideration of medical history in reaching a diagnosis and treatment based on accepted clinical practices.

Accordingly, The Royal Australian College of General Practitioners Ltd (RACGP) and its employees and agents shall have no liability (including without limitation liability by reason of negligence) to any users of the information contained in this publication for any loss or damage (consequential or otherwise), cost or expense incurred or arising by reason of any person using or relying on the information contained in this publication and whether caused by reason of any error, negligent act, omission or misrepresentation in the information.

### Recommended citation

The Royal Australian College of General Practitioners. FSP training site and supervisor handbook  
East Melbourne, Vic: RACGP, 2022.

The Royal Australian College of General Practitioners Ltd  
100 Wellington Parade  
East Melbourne, Victoria 3002

Wurundjeri Country

Tel 03 8699 0414

Fax 03 8699 0400

[www.racgp.org.au](http://www.racgp.org.au)

ABN: 34 000 223 807

ISBN: 978-0-86906-610-2

Published May 2024, January 2026

© The Royal Australian College of General Practitioners 2022

This resource is provided under licence by the RACGP. Full terms are available at [www.racgp.org.au/usage/](http://www.racgp.org.au/usage/) licence. In summary, you must not edit or adapt it or use it for any commercial purposes.

You must acknowledge the RACGP as the owner.

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

# Contents

1	How to use this handbook	22	Supervisor payments
2	Overview of the Fellowship	22	Required assessments and reports
	Support Program	23	Schedule of payments:
2	About the FSP	24	Accreditation
4	Training program contacts	24	Reaccreditation
4	Education program	25	Supplementary material
6	For training sites	25	Policies, guidance documents and handbooks
6	Training site eligibility	25	Evaluation of the Fellowship Support Program
6	Your role in hosting a registrar	25	Useful contacts
8	Training site employment	26	Acronyms
9	Orientation	27	Glossary
9	In-practice teaching		
10	Out-of-practice requirements		
10	Work health and safety and critical incidents		
12	Training management and learning management systems		
12	Support for training sites		
13	For supervisors		
13	Supervisor eligibility		
14	Foundations of GP supervision program modules		
14	Disclosure of restrictions		
15	Develop a supervision plan		
16	Provide daily supervision		
16	Develop a teaching plan		
17	Provide in-practice teaching		
19	Give feedback		
19	Contribute to assessment		
19	Coordinate the supervisory team		
20	Supporting your registrar		
20	Evaluate your teaching		
20	Engage in professional development		
21	Support for supervisors		

# How to use this handbook

The Training site and supervisor handbook has been developed for staff members and supervisors who work with a Fellowship Support Program (FSP) registrar at their approved training site.

You may need different information depending on the registrar's training term. This handbook is designed to give you the resources, tools and links to answer any queries.

# Overview of the Fellowship Support Program

## About the FSP

The FSP is a rural, self-funded education and training program to support doctors on their journey to Fellowship. It includes structured out of practice teaching in the form of small group learning and webinars, in-practice learning and workplace-based assessments (WBA) for feedback and progress monitoring. Registrars work in accredited training sites under the supervision of accredited supervisors.

The program has two phases (Figure 1):

1. Education and training

- 24 months (ie four six-month general practice terms: GPT1, 2, 3 and 4)

Registrars from the 2024.2 cohort (commencing July 2024) can apply for recognition of prior learning and experience (RPLE) if they have previously voluntarily withdrawn from the Australian General Practice Training (AGPT) Program or the Remote Vocational Training Scheme (RVTS). If a registrar is successful in their application for RPLE, this will reduce their education and training phase to 18 months.

2. Consolidation

- Up to 36 months
- Registrars move to consolidation upon completing the two years of program time in the education phase and it's requirements.
- Registrars are expected to commence or resume their exam candidacy and can attempt RACGP Fellowship exams upon being deemed exam eligible.

If the registrar had commenced their exam candidacy before starting the FSP, they will resume their candidacy period with the semesters they had remaining prior to FSP GPT1, their candidacy period doesn't restart.

- Application for RACGP Fellowship (after successful exam attempts within candidacy period).

Note: In addition to training in the FSP, your registrar can enrol for Rural Generalist training at any point in time during the FSP.

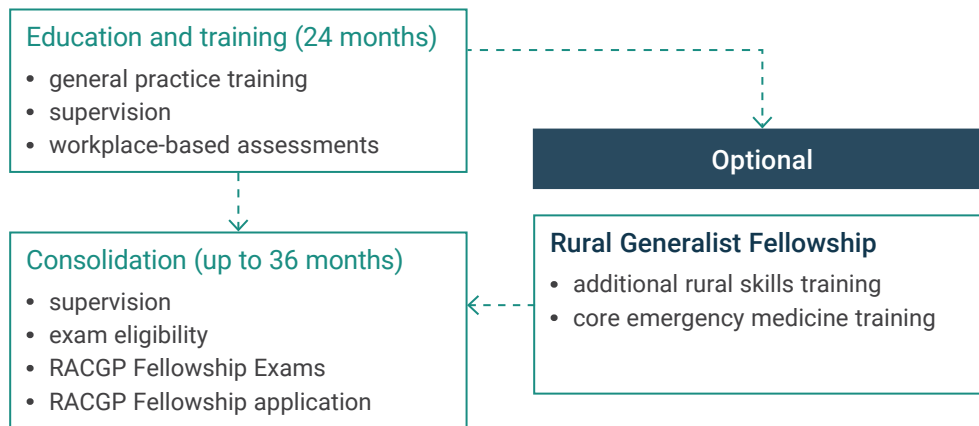


Figure 1. FSP components

Registrars can work full-time or part-time during the FSP in comprehensive general practice but must complete all education and training requirements on a full-time basis, meaning their program time remains unchanged. Completing rural generalist training does not extend the five-year FSP time-cap.

**Full-time** is defined as at least 38 hours over a minimum of four days per week. A minimum of 27 hours must be in face-to-face, rostered, patient consultation time undertaking general practice activities. Work periods of less than three consecutive hours, or of less than four calendar weeks in any one practice won't be considered. Hours worked beyond this full-time definition won't be considered and is not recommended. Please refer to [GPiT wellbeing policy](#).

**Part-time** is defined as at least 14.5 hours over a minimum of two days per week, of which at least 10.5 hours is face-to-face, rostered, patient consultation time, undertaking general practice activities. Work periods of less than three consecutive hours, or of less than four calendar weeks in any one practice won't be considered.

Registrars are required to work in the hours between 8.00 am to 6.00 pm during training and may provide after-hours services if suitable.

FSP training is done in non-metropolitan areas, and registrars are expected to live in the rural communities where they work (non-metropolitan areas are known as Modified Monash Model [MMM] categories - MMM 2 to MMM 7). Some FSP registrars will be permitted to work in MMM 1 locations in [extenuating and unforeseen circumstances](#).

FSP registrars are required to work in accredited training sites under accredited supervisors. For more information, refer to the [Guide to RACGP training site and supervisor accreditation](#).

## Training program contacts

FSP Training site and supervisor support  
Email: [fspoperations@racgp.org.au](mailto:fspoperations@racgp.org.au)

FSP Registrar support  
Email: [fspadmin@racgp.org.au](mailto:fspadmin@racgp.org.au)

FSP Accreditation  
Email: [fspaccreditation@racgp.org.au](mailto:fspaccreditation@racgp.org.au)

RACGP National  
Telephone: 1800 472 247  
Email: [racgp@racgp.org.au](mailto:racgp@racgp.org.au)  
Website: [www.racgp.org.au](http://www.racgp.org.au)

## Education program

Workplace-based learning under supervision, known as the apprenticeship model, is the core of general practice training. A tailored teaching and supervision plan is developed for each registrar based on their learning needs and the context of the practice.

The education program is grounded in the **RACGP educational framework** using:

- The RACGP Curriculum and syllabus for Australian general practice which comprises of 42 contextual units.
- The Progressive capability profile of a general practitioner - defining the capabilities and competencies required at four milestones of general practice training.
- Education policies and standards - which aim to ensure high quality, effective education and safe clinical practice in workplace training.

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. Completion of a cultural awareness module is mandatory in the first training term.

### In-practice teaching

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

### Out-of-practice education

Registrars participate in out-of-practice education, including self-directed learning, peer learning and exam preparation.

### Fellowship

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

- meet training program requirements
- meet administrative requirements
- meet professional and ethical requirements
- pass the three RACGP Fellowship exams.

Registrars can only sit the three RACGP Fellowship exams after they have completed the education and training phase of the FSP and met other exam eligibility requirements. Once a registrar enrolls in and sits their first exam, they have a three-year candidacy period (six exam semesters) to attempt all three exams.

Registrars are expected to commence sitting their exams as soon as they reach the consolidation phase to demonstrate program progression.

If a registrar has attempted exams prior to joining the FSP, their exam candidacy may have commenced. If this has occurred, their candidacy will be paused while they complete the education phase.

Once they begin the consolidation phase, their candidacy will automatically resume; candidacy doesn't reset or start over.

Registrars are encouraged to ensure they meet all exam eligibility requirements at the beginning of their consolidation phase.

**TIP!** Speak with your registrar early about when they plan to sit their exams and assist them in preparing a study plan.



# For training sites

## Training site eligibility

You must meet the following criteria to employ an FSP registrar

- Your practice is in a [MMM 2-7 location](#).

**TIP!** MMM1 locations will only be considered in extenuating and unforeseen circumstances.

- Your training site is accredited against the [RACGP Standards for general practice \(5<sup>th</sup> edition\)](#) and [the Standards for general practice training \(4<sup>th</sup> edition\)](#)
- Your training site provides [comprehensive general practice as per the Comprehensive Australian general practice guidance document](#).

## Your role in hosting a registrar

### The role of a practice manager

As a practice manager, you're a valuable support for your registrar and supervisor, helping to ensure that training goes smoothly. You'll often be the first person the registrar will contact for assistance with a range of queries.

You can support your registrar by:

- providing an orientation to the training site (if they are new to that location)
- providing information on the training site and its systems and organising training
- 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
- helping to resolve issues and problems that may arise
- advising them on interpersonal skills, such as dealing with confrontation and conflict resolution
- being aware of when they have allocated teaching time with their supervisor, what their training and study requirements are, and when they are scheduled to sit an exam.

**TIP!** Practice managers play a crucial role in managing registrars bookings and ensuring there's protected teaching time for both supervisor and registrar in the appointment book.

Please note that your registrar should see no more than four patients per hour in any general practice term. We recommend that in GPT1 and GPT2 this is limited to two to three patients per hour to allow sufficient time for consultation with a supervisor if needed.

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.

At the beginning of the training term, discuss the process for two-way feedback with the registrar and their supervisor. You can also assist with aligning expectations from both the employment and training perspectives.

### 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 pastoral care, one-on-one teaching, supervision, feedback and assessment.

The supervisory team usually consists of the accredited supervisor, and other accredited supervisors, practice staff and other healthcare practitioners who may help registrars learn clinical skills, improve their local knowledge and develop professionally.

The level of supervision is matched to the competence of the registrar. We recommend that a supervisor has no more than two GPT1 registrars at a time and supervise no more than three registrars in total across multiple training programs. Training sites should have a call-to-action plan to ensure there's always a supervisor or senior staff member available for the escalation of issues requiring advice or support.

On-site supervision is the strongly recommended supervision model and remote supervision will only be considered in exceptional circumstances.

**Remote supervision** may be considered when on-site supervision is not available. Remote supervision is approved on a case by case basis at the discretion of the RACGP. Assessment of the site, supervisor and registrar to ensure the suitability of the model in the specific instance must occur prior to approval.

**Note: The registrar is required to be located on-site with other members of the practice, even if remote supervision is approved.**

You'll find more detailed information about the role of supervisors in the '[For supervisors](#)' section in this handbook. We encourage you to read the Medical Board's [Good medical practice: a code of conduct for doctors in Australia](#) so you're familiar with professional standards.

### 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 and systems
- sharing local knowledge
- sharing your expert knowledge ( eg immunisation schedules).

You may be asked to contribute to a registrar's supervision within your scope of practice. The accredited 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.

## Training site employment

General practice training begins on commencement of the FSP, however, some registrars will already be working in general practice before starting the program.

### FSP training site confirmation

Once the FSP training site is confirmed, we'll send the registrar, supervisor and practice manager an FSP training site confirmation via email. This includes important details about the training placement, including supervisor name and hours per week. Please review the details in this email and let us know if anything is incorrect.

While in the FSP, registrars are responsible for their employment arrangements and conditions at their approved training site. The RACGP has no jurisdiction over employment conditions for FSP registrars. Employment arrangements must be finalised with the FSP registrar before they begin their program if the registrar is not already working in your practice. The [National Terms and Conditions for Employment of Registrars \(NTCER\)](#) may be a useful reference when negotiating the contract and provide guidance on industry best-practice.

### Apply for a Medicare provider number

It's the responsibility of the registrar and training site to ensure that a RACGP issued Medicare provider number (MPN) is in place prior to starting work. Without this, registrars may need to start the program on a period of leave or may need to defer program commencement to the next term.

If a registrar is working at more than one training site as part of their training time, they must complete paperwork for each location. There is a restriction of up to two independent practices, and three branch practices per registrar and the sites must meet the training site requirements. Applications for a MPN must be completed via the RACGP process; applications can't be made directly to Services Australia or via Provider Digital Access (PRODA). The registrar will be sent the FSP provider number application form when the FSP training site and supervisor are confirmed. This will be sent via email.

The form needs to be completed by the registrar. We recommend they liaise with the training site to ensure all questions are answered correctly. There will be strict timelines to follow to ensure the provider number is issued in time for program start (or remains current).

### How long does it take to get a MPN?

We recommend allowing at least six to eight weeks from applying for the MPN to receiving the new MPN from Medicare. During peak periods this may extend past the eight-week mark. Medicare will send the finalised paperwork via Australia Post to the registrar.

**TIP!** Services Australia cannot backdate applications received after the registrar has commenced work (if it is a new training site location).

## Orientation

If the registrar is new to your practice, a well-planned, comprehensive orientation to the training site 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:

- registrars feel a sense of inclusion and improved confidence
- the risk of misunderstandings is minimised when clear expectations are communicated
- basic questions are covered during orientation, avoiding the need for staff to provide fragmented information throughout the working day
- mistakes or omissions in billing and administrative tasks are reduced.

Orientation is particularly important for registrars beginning their training who 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 these registrars, 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.

The orientation checklist supplied in the [early assessment for safety and learning \(EASL\) pack](#) will help guide your orientation activities. Time needs to be set aside for supervisor teaching of one hour per day for the first two weeks of the first FSP term as part of the EASL. Some of this time can be used for orientation activities.

If the registrar has been working at your practice prior to commencing the FSP, it's important to discuss and renew the registrar's knowledge of patient numbers, protected teaching time, and supervision overlap.

## In-practice teaching

Most teaching activities are conducted by the supervisory team and informed by the individual learning needs of the registrar.

Teaching activities include case-based discussions, mini-clinical evaluation exercises, random case analysis, joint consultations, formal teaching on specific topics, review of recorded consultations and employee inbox, demonstration of and participation in clinical procedures, 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:

- Year one (GPT1 and 2) – minimum one hour per fortnight of scheduled and uninterrupted time.
- Year two (GPT3 and 4) – minimum one hour per month of scheduled and uninterrupted time.

Some scheduled teaching sessions should be one-on-one to address the registrar's individual learning needs. For example, observation of consultations, review of medical records, feedback, assessment and critical incident review.

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 the end of the day should be avoided as these times are prone to interruptions or participants running late.

## Out-of-practice requirements

Registrars are expected to participate in mandatory small group learning sessions of 1–1.5 hours with their medical educator. Small group learning sessions are generally conducted during working hours, and it's the registrar's responsibility to negotiate with their training site any scheduling arrangements or leave required.

## Work health and safety and critical incidents

### Work health and safety

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

All staff, including supervisors and registrars, must 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 training site 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.

FSP registrars can take 20 days of annual leave and 10 days of sick or carers leave every 12 months in GP training. If they exceed this, their program time is affected.

FSP registrars are required to notify the training program team of all leave taken. If you notice any excessive leave being taken, please notify us at [fspoperations@racgp.org.au](mailto:fspoperations@racgp.org.au).

### Maintaining appropriate boundaries

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

### Conflict of interest

A pre-existing personal relationship between a registrar and staff member at their training site could create a **conflict of interest**, particularly if that person were a supervisor, practice manager or practice owner.

If anyone at your practice has any type of close personal or dependent relationship with your FSP registrar, you must disclose this to us as a potential conflict of interest by emailing [fspoperations@racgp.org.au](mailto:fspoperations@racgp.org.au). Examples include spousal/partner relationships and visa sponsorship arrangements.

### 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 Support for practices.

### Adverse events (including critical incidents)

Reporting adverse events (including critical incidents) is important. Reporting enables prompt assistance 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.

Training sites are required to have processes to manage critical incidents and adverse events, whether they involve registrars, supervisors and/or the training site 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. An adverse event (including critical incidents) 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, GP supervisors, training site 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, training site staff, training program staff, the RACGP and/or its staff, the reputation of the FSP or any combination of these.

### Reporting an incident or event

It is everyone's responsibility to report adverse events as soon as possible. The privacy of all involved will be protected, and the report will only be accessible to essential RACGP staff.

Practice managers and supervisors should be familiar with **Adverse Event (including critical incident) reporting** 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](mailto:criticalincidents@racgp.org.au)

## Training management and learning management systems

The FSP portal is used for training management, including recording the progress of registrars and accessing the learning management system. It also contains templates for assessments. Supervisors will have access to their registrar's training records via the FSP portal.

If the supervisor has trouble accessing the FSP portal, they can contact [fsponlinesupport@racgp.org.au](mailto:fsponlinesupport@racgp.org.au)

## Support for training sites

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

### **RACGP teams**

Training sites are supported by their program officer, medical educator and the accreditation team.

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

- Information sessions in the first term to help answer any questions
- Emails with pertinent reminders/updates
- Quarterly Newsletters
- Training site resources page

### **General Practice Supervision Australia**

General Practice Supervision Australia (GPSA) has many resources to support training sites, such as information on how to prepare your site for hosting a registrar, along with checklists, fact sheets and links to useful resources. Visit the *Supporting practices* pages on their [website](#).

# For supervisors

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:

- orientating a registrar to the training site
- supervising the registrar's initial consultations
- developing and monitoring a clinical supervision plan
- providing 'as needed' supervision
- developing an in-practice teaching plan
- providing regular uninterrupted teaching sessions
- giving regular feedback
- completing required assessments
- coordinating the supervisory team
- supporting and advocating for the registrar with the training site and the RACGP
- evaluating the education and supervision provided.

## Supervisor eligibility

You need to meet the following criteria to be able to supervise a registrar on the FSP:

- You are recognised as a specialist GP by Ahpra.
- You appear on the Ahpra register of practitioners with a status of 'registered' (without any restrictions, conditions, undertaking or suspensions that limit your scope of practice).
- You can accommodate your registrar, based on your daily workload, and supervise on-site. This includes meeting the needs of your registrar with regard to their level of competency.
- You have four years of experience in comprehensive general practice, with two of those years as a Specialist GP (ie after achieving Fellowship and/or after achieving specialist registration).
- You are currently working in comprehensive general practice.
- You are an accredited supervisor under the [RACGP Standards for general practice training](#)

To note:

- RACGP supervisors are limited to supervising a maximum of three GPs in training across all training pathways.
- If you're an approved supervisor for a registrar under their medical registration, you're required to supervise that registrar while they're in the FSP.
- The approval of remote supervision is at the RACGP's discretion and is only granted in exceptional circumstances. You'll be required to submit a remote supervision application either at the time of application to the program or at least three months prior to the requested start date.



### How to become an accredited supervisor

As part of the eligibility criteria, you're required to be accredited.

To receive accreditation, you need to:

- complete the accreditation interview with an ME
- complete the Foundation of GP supervision program modules..

The accreditation panel must also endorse the accreditation.

## Foundations of GP supervision program modules

GPs wishing to become supervisors need to complete the *Foundations of GP supervision* program modules before being fully accredited as a supervisor.

These are delivered through a combination of online learning, webinars, or face-to-face workshop attendance. The first seven modules are completed prior to being fully accredited. Module eight is optional and aims to further skills explored in the initial seven modules.

If you're an Ahpra-approved supervisor but not accredited as an RACGP supervisor, you'll be required to complete the *Foundation of GP supervision program modules* prior to the registrar's program commencement.

All new supervisors are also required to have recently completed cultural awareness training available through [gplearning](#).

## Disclosure of restrictions

At the time of application, and/or throughout your registrar's training time on the program, please disclose to the RACGP, any restrictions you may have, or have had, on your ability to provide a full GP training experience to a registrar, including:

- court undertakings
- current or past investigations by any regulatory body such as Ahpra, ASIC, any police service, the AMC, or other body irrespective of the outcome.

## 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 to help you maintain accreditation standards and facilitate the reaccreditation process.

Monitoring may be done through informal discussions, professional development activities, registrar and supervisor feedback, external clinical teaching visits and adverse event reports.

## Provide orientation and initial supervision

When a registrar commences the FSP, they're required to participate in the EASL activity over the first two weeks. The EASL involves a multi-choice questionnaire, self-assessment, workplace-based assessment, orientation and initial supervision activities with the supervisor. The supervisor is expected to commit one hour per day for the first two weeks (a total of 10 hours) to conduct these activities. This supervision time will be remunerated.

The first activity is orientation. 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.

The provided orientation checklist list, found within the EASL pack will guide your orientation activities. Registrars start training with varying levels of experience and clinical competency. Until you're aware of your registrar's abilities and are confident that they will call for help when they should, it is likely that all their consultations will need review. If your registrar has already been working in the practice, you may already be aware of their competency level. Early assessment of competency may be achieved by:

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

Once you're confident that routine review of all consultations is no longer necessary, 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 any other available assessments and your knowledge of your registrar's previous experience should inform a conversation about when they should call for help.

### **Leave cover**

It's common to have planned and unplanned leave throughout your registrar's training program.

As a supervisor, you're required to have adequate leave cover to ensure your registrar is supported in times where you are not present and/or available.

You must inform the training program team of any periods of leave longer than two weeks by submitting a Request Leave form on the FSP portal.

## **Develop a supervision plan**

A supervision plan describes how the training site supports registrars to manage patients they're not yet competent to manage alone. The 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?

The clinical supervision plan includes:

- when the registrar needs to seek supervision
- who is providing supervision and when
- how supervision is accessed
- a plan for escalating issues to an accredited 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.

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

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 a 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.

**TIP!** Refer to the [EASL pack](#) for a clinical 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 visit the registrar's consultation room to interact with them and their patient. It's important 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 calling you is a burden, they may not call for help when they should. This can jeopardise patient safety. Clarifying your expectations for the registrar early can often 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. This isn't the time to quiz your registrar about their knowledge. Much can 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 ad hoc supervision is a topic frequently covered in supervisor professional development.

- In GPT1 and GPT2, we expect you're with your registrar at the training site a minimum of 80% of the time.
- In GPT3, GPT4, and consolidation, we expect you're with your registrar at the training site for a minimum of 50% of the time.

## Develop a teaching plan

The registrar's supervisor is responsible for ensuring the registrar receives their mandated teaching time (educational supervision), whether from them or another member of the supervisory team. Educational supervision time is remunerated for the supervisor.

The mandated teaching time for each level of registrar is:

- Year one (GPT1 and 2) – minimum one hour per fortnight of scheduled and uninterrupted time
- Year two (GPT3 and 4) – minimum one hour per month of scheduled and uninterrupted time.

Activities may include:

- 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.

Some 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, 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 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 accredited supervisor. For example, a registrar with learning needs in the initial management of diabetes might sit in with a diabetes educator for a 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 identified learning needs.

**TIP!** To help you develop a teaching plan with your registrar, refer to the [EASL pack](#) which includes a teaching plan template.

## 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 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 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's no better way 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 and is a highly regarded learning experience for registrars. 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. A 'random' selection method allows identification and exploration of areas the registrar either doesn't recognise they have a clinical knowledge gap ('unconscious incompetence') or doesn't wish to reveal they have a knowledge gap ('conscious incompetence'). 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.

### **Results 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. Results review is valuable for exploring how a registrar is managing uncertainty and their understanding of the appropriate use of screening tests.

### **Teaching topics**

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

- The [2022 RACGP curriculum and syllabus for Australian general practice](#) is designed for registrars and educators. It's a useful resource for a supervisor's teaching. 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 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 topic teaching, teaching a procedure, role play and critical incident review.

### **Exam support**

General practice training largely takes place in the practice setting where registrars should also prepare for exams. Fellowship exams don't just assess knowledge from books, they assess how knowledge is applied to everyday situations in Australian general practice. The process of patient care and a doctor's attitude are also important. During the FSP, assistance with exam preparation will be coordinated by RACGP medical educators.

## 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 is conducive to feedback and 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 assessment of their performance and uncover the issues they have with their performance before giving feedback. Ensure your feedback is specific and about behaviour.

## Contribute to assessment

Supervisors contribute to several assessments of the registrar during training.

When giving feedback there are also opportunities to assess your registrar. When you provide feedback you should 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 end-of-term reports.

For more information about the RACGP workplace-based assessments (WBA) and the role of supervisors, refer to the [Assessor handbook](#).

## Coordinate the supervisory team

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

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

- orientating the registrar to the training site
- approaches to best support the registrar
- developing a supervision plan
- developing a teaching plan
- performing assessments.

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

## Supporting your registrar

### Supporting your registrar's wellbeing

It's appropriate for a supervisor or any member of the supervisory team to take an interest in the wellbeing of their registrar. The transition to general practice work can be stressful. For many registrars, this is the first time they've 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 advice about the professional and ethical challenges of working as a GP in the community.

Registrars can lack influence in the general practice environment and be excluded from making decisions on affairs that impact them. You should ensure your registrar is being treated equitably in the apportioning of in-hours and out-of-hours work. 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 RACGP Training Programs team at [fspadmin@racgp.org.au](mailto:fspadmin@racgp.org.au) 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 in the [FSP registrar handbook](#).

### Supporting a registrar who isn't progressing as expected

In general, registrars adapt and progress well through the training program. A supervisor has an important role in identifying a registrar who isn't progressing as expected and notifying the RACGP. This will enable RACGP medical educators to devise targeted educational support for the registrar.

The registrar's medical educator and/or program officer should also be notified about any concerns so that they can support both the registrar and you, monitor progress and provide additional learning support as needed.

The [GPSA website](#) has useful information and resources about performance management.

## Evaluate your teaching

Evaluation of the supervisory team involves reflecting on the teaching delivered and developing a plan to respond to identified issues. Evaluation helps to improve performance and the learning environment in your practice.

Registrars can be reluctant to provide honest feedback to training sites and supervisors, particularly if they feel it may impact their training and career progression. Obtaining honest feedback from your registrar is possible if the supervisory team show they're 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.

Supervisory team meetings can be used for evaluation. The team can 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.

GPSA has a [GP Clinical Learning Environment Framework](#) that guides continuous quality improvement of the practice learning environment.

## Engage in professional development

The RACGP has a national curriculum 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 supervisor professional development (SPD) in the core knowledge and skills relevant to supervising a registrar who doesn't have Fellowship of either the RACGP or ACRRM.

You can view our [supervisor professional development](#) webpage for more information.

### Professional development requirements

Accredited supervisors are required to maintain their accreditation and complete SPD. The RACGP offers a range of SPD activities through online modules and webinars. There are also external sources that provide this training, such as GPSA. There are mandated SPD requirements for initial accreditation and reaccreditation as a supervisor.

## Support for supervisors

Supervising a registrar can be an additional load for doctors working in an already complex environment. It's a core part of the supervisor's role to appraise and support their wellbeing as well as their registrars.

The support available for supervisors is summarised below. It's worth noting that many of these resources are also available to registrars.

### Medical educators

Medical educators provide pastoral care and education support to supervisors.

### Programs officer

You can contact the Programs officer – Supervisors & Practices for program and administrative support at [fspoperations@racgp.org.au](mailto:fspoperations@racgp.org.au).

### Peer support

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

You can also reach out to the FSP supervisor liaison officer (SLO) at [fpslo@racgp.org.au](mailto:fpslo@racgp.org.au) who acts as a conduit between supervisors and the RACGP, providing advice and support as needed.

### Other support

You can refer to our [self-care and mental health resources](#) webpage for further support options. This page is updated regularly with available support and services.

### Support for registrars

Refer to the registrar safety and support section in the [FSP Registrar handbook](#).



# Supervisor payments

Supervisors will be paid by the RACGP for assessments completed and reports submitted for their registrar in the FSP. You can refer to the below tables for supervisor requirements by term and the schedule of payments for these activities.

Payments are made directly from the RACGP to the supervisor's nominated account in their statement of works (SOW). There's no need to submit claims for supervision. If there are any issues with payment, please contact [fspoperations@racgp.org.au](mailto:fspoperations@racgp.org.au).

## Required assessments and reports

Term	Paid Supervisor activities		
<b>GPT1</b>	<b>EASL</b> To be completed in the first two weeks of a registrar's program: <ul style="list-style-type: none"> <li>• X4 Mini-CEXs</li> <li>• X2 Case-based discussions (CBD) and/or Random case analysis (RCA)</li> <li>• EASL pack – completion of orientation checklist, call for help list, clinical supervision plan &amp; teaching plan.</li> </ul>	<b>In-practice teaching</b> Minimum one hour per <b>fortnight</b> . This could involve any of the below: <ul style="list-style-type: none"> <li>• direct observation</li> <li>• a problem case discussion</li> <li>• random case analysis</li> <li>• results review</li> <li>• teaching topics.</li> </ul>	<b>End of term progress report</b> Submitted at the end of each term in the FSP portal: A progress report on your registrar's performance thus far.
<b>GPT2</b>		<b>In-practice teaching</b> Minimum one hour per <b>fortnight</b> .	<b>End of term progress report</b> Submitted at the end of each term in the FSP portal
<b>GPT3</b>		<b>In-practice teaching</b> Minimum one hour per <b>month</b> .	<b>End of term progress report</b> Submitted at the end of each term in the FSP portal
<b>GPT4</b>		<b>In-practice teaching</b> Minimum one hour per <b>month</b> .	<b>End of term progress report</b> Submitted at the end of each term in the FSP portal
<b>Consolidation</b>	Case-based discussion Recommended quarterly.	Six-monthly progress report	Submitted by early January and early July each year to align with education terms.

**Optional additional activities (unpaid):**

- Mini-CEXs
- Case-based discussion and random case analysis
- Extra teaching sessions according to learning needs

**Schedule of payments:**

Activity	Description	Fee	Occurrence
<b>EASL</b>	10 hours of educational supervision	\$1,500 + GST and super	At the end of the first month - when all assessments are submitted and finalised and the EASL pack is completed.
<b>In-practice teaching</b>	One hour of educational supervision per fortnight in GPT1 & GPT2, one hour per month in GPT3 & GPT4	GPT1 & GPT2: \$300 + GST and super  GPT3 & GPT4: \$150 + GST and super	Monthly in arrears
<b>End of term report</b>	Submission of end of term report on registrar's performance	\$150 + GST and super	At the end of each term

Activities completed outside of the timeframes stated below will result in no payment being made:

- EASL must be completed within the first three months of GPT1.
- End of term reports must be completed within six weeks of the end of term.

# Accreditation

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

FSP registrars who are approved to have a remote supervisor must work in an accredited training site. We recommend remote supervisors familiarise themselves with the [remote supervision guidelines](#).

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

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

Training sites are required to meet the RACGP [Standards for general practice training](#). If you're already accredited as a training site or supervisor for the AGPT program, you'll be offered information about the FSP and its requirements.

Similarly, if a supervisor is already accredited to supervise AGPT registrars, they will be accredited as an FSP supervisor.

## Reaccreditation

The reaccreditation cycle is three years. Ongoing monitoring of training sites and supervisors informs the reaccreditation process. We monitor accreditation standards through the many points of contact between the RACGP, training site and supervisor, including:

- informal liaison
- professional development activities
- registrar feedback
- supervisor feedback.

We also consider any adverse events relating to the performance of training sites and supervisors. Reaccreditation is an opportunity for training sites to review their learning environment, plan future enhancements and verify that all supervision requirements continue to be met.

# Supplementary material

## Policies, guidance documents and handbooks

Refer to our webpage [FSP education policy and supporting documents](#) for access to policies, handbooks, guides and forms.

## Evaluation of the Fellowship Support Program

We invite you to help us evaluate the FSP.

Ongoing evaluation of the FSP is critical to help us improve the training program. 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 registrars 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. We'll also ask registrars to provide feedback on their training site which will be used for accreditation compliance and quality assurance.

## Useful contacts

### Ahpra

T: 1300 419 495

W: [www.ahpra.gov.au](http://www.ahpra.gov.au)

### General Practice Supervision Australia (GPSA)

T: 03 9607 8590

E: [admin@gpsa.org.au](mailto:admin@gpsa.org.au)

W: <https://gpsa.org.au/>

# Acronyms

<b>ACRRM</b>	Australian College of Rural and Remote Medicine
<b>AGPT</b>	Australian General Practice Training
<b>Ahpra</b>	Australian Health Practitioner Regulation Agency
<b>ARST</b>	additional rural skills training
<b>CBD</b>	case-based discussion
<b>EASL</b>	early assessment for safety and learning
<b>FRACGP</b>	Fellowship of the Royal Australian College of General Practitioners
<b>FRACGP-RG</b>	RACGP Rural Generalist Fellowship
<b>FSP</b>	Fellowship Support Program
<b>FTE</b>	full-time equivalent
<b>GP</b>	general practitioner
<b>GPSA</b>	General Practice Supervision Australia
<b>GPT</b>	general practice term
<b>MMM</b>	Modified Monash Model
<b>PD</b>	professional development
<b>RACGP</b>	Royal Australian College of General Practitioners
<b>RCA</b>	random case analysis
<b>RPLE</b>	recognition of prior learning and experience
<b>VMO</b>	visiting medical officer
<b>WBA</b>	workplace-based assessment

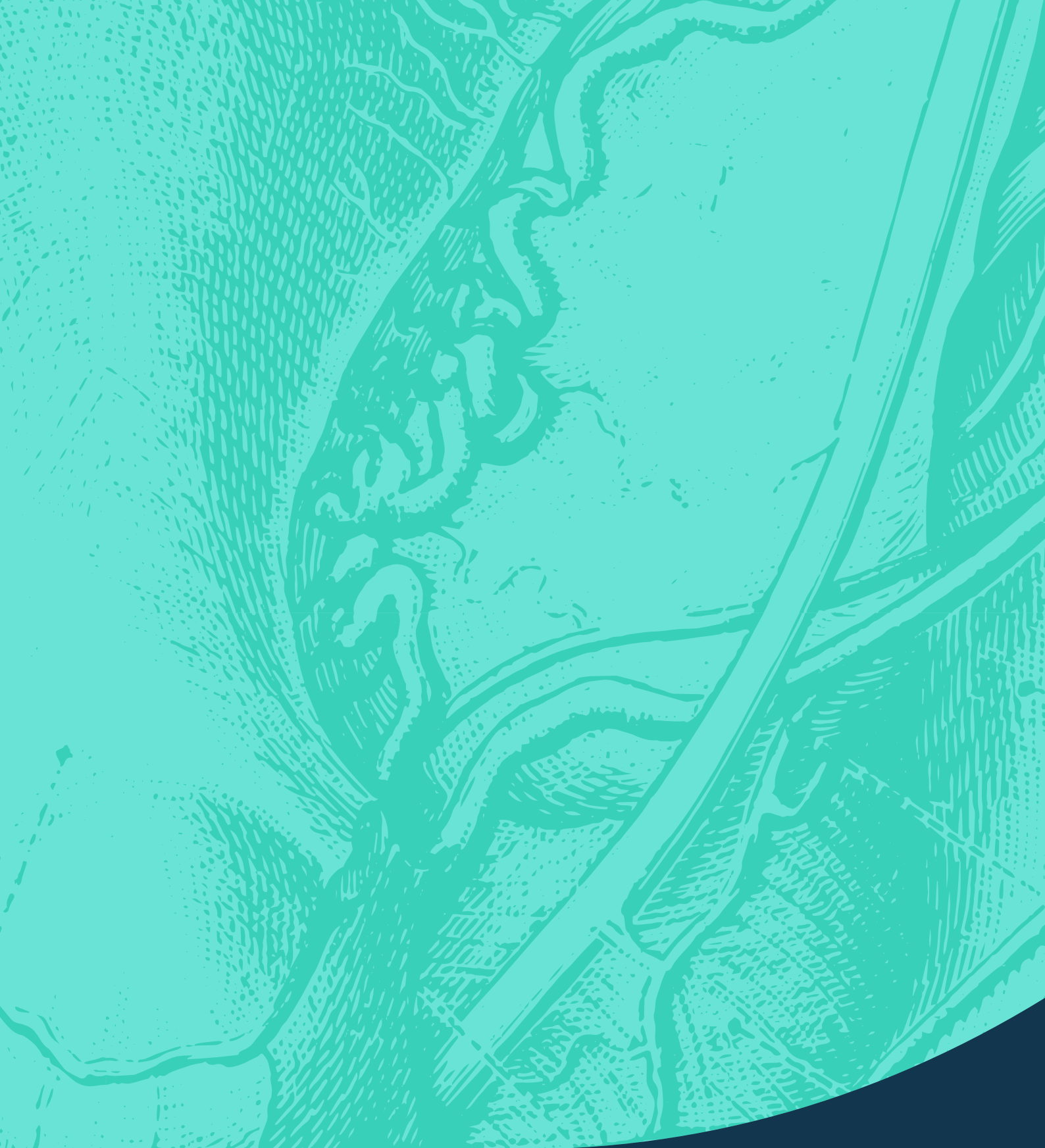
# Glossary

Term	Definition
<b>Addenda</b>	Includes, but is 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. Refer to the <a href="#">Ahpra website</a> for more information.
<b>Additional rural skills training (ARST)</b>	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.
<b>Candidacy</b>	The three-year period, separate to training program time, during which a registrar can attempt Fellowship exams.
<b>Candidate</b>	The medical practitioner eligible to sit RACGP Fellowship exams.
<b>Completion of training</b>	The point at which the RACGP deems that the registrar has completed their training program requirements, as per the <a href="#">Training program requirements policy</a> .
<b>Comprehensive Australian general practice</b>	As defined by the <a href="#">Comprehensive Australian general practice guidance document</a> .
<b>Conflict of interest</b>	<p>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:</p> <ul style="list-style-type: none"> <li>• an actual conflict of interest</li> <li>• a potential conflict of interest</li> <li>• a perceived conflict of interest.</li> </ul> <p>Refer to the <a href="#">Conflict of Interest and Related Party Transactions Policy</a> for more information.</p>
<b>Cultural safety</b>	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.
<b>Education and training requirements</b>	The mandatory components of the FSP.
<b>Fellowship</b>	<p>Admittance to either:</p> <ul style="list-style-type: none"> <li>• Fellowship of the RACGP (FRACGP)</li> <li>• FRACGP and Rural Generalist Fellowship (FRACGP-RG).</li> </ul>

<b>Fellowship exams</b>	<p>The exams run by the RACGP that assess competency for unsupervised general practice anywhere in Australia. They include:</p> <ul style="list-style-type: none"> <li>• Applied Knowledge Test (AKT)</li> <li>• Key Feature Problem (KFP) test</li> <li>• Clinical Competency Exam (CCE).</li> </ul>
<b>Full-time equivalent (FTE)</b>	For the FSP, the RACGP determines FTE to mean 38 hours per week and includes practice time, education, and training program activities – the composition of which will vary depending upon the GPiT's stage of training.
<b>General practice training terms</b>	In the FSP, referred to as GPT1, GPT2, GPT3 and GPT4.
<b>In-practice education</b>	Education that takes place in community general practice under supervision.
<b>Modified Monash Model</b>	<p>The Modified Monash Model (MMM) (2019) is a classification system that categorises metropolitan, regional, rural and remote areas according to both geographical remoteness and town size.</p> <p>The MMM classification for any given area can be found by using the locator tool on the <a href="#">DoctorConnect website</a></p>
<b>Out-of-practice education</b>	Education that occurs outside of regular clinical practice, including self-directed learning, peer learning and exam preparation.
<b>Program team</b>	<p>The program officer and medical educator assigned to a registrar.</p> <p>They provide support with specialised resources and expertise. Activities include larger group educational workshops requiring special resourcing, coordination of workplace-based assessment and small group learning activities, oversight of key stakeholder support and engagement and regional advocacy.</p>
<b>Program time</b>	The length of time required to complete the FSP.
<b>Provider number</b>	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.
<b>RACGP Rural Generalist Fellowship</b>	The award of Rural Generalist Fellowship FSP.
<b>Registrar</b>	A medical practitioner enrolled in the FSP.
<b>Remediation</b>	The process by which the registrar receives additional support requiring funding and suspension of program time in order to address performance concerns.
<b>Remote supervision</b>	Supervision and teaching is provided by a supervisor who is primarily remote from the registrar, using a model of supervision that provides comprehensive and robust support and training.

<b>Safety</b>	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.
<b>Supervisor</b>	An accredited GP who has four years' experience in comprehensive general practice, with two of those years as a Specialist GP (ie. after achieving Fellowship and/or specialist registration), and takes responsibility for the education and training needs of the registrar while in the training site.
<b>Supervisor liaison officer</b>	An FSP administrator who assists supervisors with queries and tasks.
<b>Training site</b>	A health service accredited by the RACGP where the registrar may undertake their general practice training.
<b>Wellbeing</b>	The state of being comfortable, healthy or happy. Educational wellbeing is ensured when the registrar feels engaged, safe and supported in the learning environment.





**RACGP**  
Royal Australian College  
of General Practitioners

Healthy Profession.  
Healthy Australia.