

Standard 7 – The training program provides pastoral support

Rationale

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

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

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

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

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

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

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

Rationale

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

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

International medical graduates

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

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

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

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

Rural registrars

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

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

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

ADF registrars

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

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

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

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

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

Guidance

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

- advice about program and career options, including information about RPLE, any hospital experience prior to commencing in general practice, practice options and extended skills opportunities, where relevant; registrars should be supported to access career advice and counselling
 - support for and advice about flexible training arrangements for individual circumstances
 - clear procedures and support for registrars when concerns about training arise. Depending on the concern, external bodies, such as General Practice Registrars Australia (GPRA), may be involved or there may be internal support, such as provided by Registrar Liaison Officers (RLOs) or medical educators. Where decisions have been made that impact progression, avenues for reconsideration and appeals must be available. The reconsideration and appeals process must follow best practice and demonstrate an approach that is fair and consistent.
 - support in the event of an adverse event (including critical incidents). There must be a clear process for the prevention, reporting and management of adverse events and critical incidents.
 - The triggers for potential events can be identified to allow for early intervention. For registrars, these triggers can be discussed at orientation, whereas for supervisors they can be discussed during supervisor professional development. Registrars and supervisors need to be aware of triggers for common problems and potential critical incidents to enable early intervention.
 - If incidents occur, these must be addressed by the involvement of all parties involved and notification as required. Review of management of the incident and its effectiveness is to be undertaken to evaluate processes.
 - wellbeing support. The program should include training to help registrars develop healthy self-care habits and work–life balance. Support and resources related to wellbeing must be available for registrars who experience issues in relation to their progress, performance, health or conduct.
 - the provision of safe working environments free of discrimination (including racism), bullying and harassment (refer to Criteria 2.3.7 and 3.3.1). The program must have clear policies and procedures for the identification and management of issues that relate to discrimination (including racism), bullying and harassment, and these must be clearly communicated to registrars, supervisors and practice staff.
 - specific supports for registrars who may need additional support because they face barriers in training; this may include (but is not limited to) IMGs, ADF registrars, LGBTQIA+ registrars, Aboriginal and Torres Strait Islander peoples, registrars at a socioeconomic disadvantage, those with disability or those working in rural or remote areas. Support may be in terms of financial, psychological or physical supports, the provision of cultural educators and mentors or support with assessments and learning strategies.
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Outcome	Criteria
7.2 Staff delivering the program are supported	7.2.1 Cultural safety for staff is maintained
	7.2.2 There are transparent and documented policies and procedures to ensure a safe working environment
	7.2.3 Equity and access are embedded in policies and procedures
	7.2.4 Staff roles and responsibilities are clearly defined
	7.2.5 Staff receive induction
	7.2.6 Staff have access to professional development to support their role
	7.2.7 Support services are available for staff under stress

Guidance

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

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

Related policies and resources

Policies

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

Resources

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

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