

# Standard 3 – The education program maximises registrar learning

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## Rationale

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

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

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

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

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

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

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

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

## Guidance

This outcome relates to the content of the educational program.

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

The guiding principles of the [RACGP educational framework](#) serve as an anchor in defining the priority areas:

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

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

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

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

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## Guidance

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

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

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

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

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

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

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## Guidance

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

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

For patients, safety is maintained by:

- effective supervision that is matched to the competence of the registrar (see Outcome 2.3)
  - encouraging registrars to self-reflect and work within their capability; professional attitudes and behaviours, as well as clinical knowledge and skills are promoted; interpersonal skills, such as self-reflection, are important in identifying areas of learning need and creating awareness of limitations, enabling individuals to ask for assistance appropriately
  - the mandatory requirements of BLS and ALS ensure that registrars are current in their training to recognise and manage acute and life-threatening scenarios.
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Outcome	Criteria
<b>3.4 The registrar develops research literacy skills</b>	3.4.1 The program includes education about research relevant to general practice
	3.4.2 Registrars have opportunities to participate in research during training

### Guidance

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

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

### Related policies and resources

#### Policies

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

#### Resources

- *RACGP curriculum and syllabus for Australian general practice*
- *Basic life support and advanced life support guide*
- [RACGP research](#)

### Suggested evidence

Supporting documents

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

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## References

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  5. The Royal Australian College of General Practitioners (RACGP) Aboriginal and Torres Strait Islander health. In: 2022 RACGP curriculum and syllabus for Australian general practice. RACGP, 2022. Available at <https://www.racgp.org.au/education/education-providers/curriculum/curriculum-and-syllabus/units/aboriginal-and-torres-strait-islander-health> [Accessed 15 August 2023].
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	3.1.2 Priority areas are embedded in the education program
	3.1.3 Aboriginal and Torres Strait Islander educational imperatives are met
<b>3.2 The education program is current and based on educational best practice</b>	3.2.1 Registrar learning activities and the teaching strategies used are appropriate to registrar needs, stage of training and training context
	3.2.2 A variety of teaching, learning and assessment methods are used to achieve the intended educational outcomes
	3.2.3 The registrar has access to regular, structured and planned teaching time
	3.2.4 The educational program is planned, delivered, monitored and evaluated by an education team that is skilled, experienced and adequately supported
<b>3.3 The education program prioritises safety</b>	3.3.1 The learning environment protects the registrar's physical, psychological and cultural safety
	3.3.2 The learning environment protects patient safety
<b>3.4 The registrar develops research literacy skills</b>	3.4.1 The program includes education about research relevant to general practice
	3.4.2 Registrars have opportunities to participate in research during training

# Glossary

<b>Areas of need</b>	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.
<b>Career advice</b>	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.
<b>Continuing professional development</b>	The RACGP describes continuing professional development as the learning activities that GPs engage in to develop, maintain and enhance their professional skills.
<b>Cultural safety and competence</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>Direct supervision</b>	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.
<b>High-stakes decisions</b>	High-stakes decisions are those that have significant consequences in terms of progression towards and attainment of completion of a course.
<b>Indirect supervision</b>	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.
<b>In-practice education</b>	This refers to education that takes place in community general practice under supervision.
<b>Medical registration addenda</b>	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 <a href="#">Ahpra's website</a> for more information.
<b>Mentor/mentoring</b>	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.
<b>Out-of-practice education</b>	Education that occurs outside of regular clinical practice, including workshops, self-directed learning, peer learning and exam preparation.
<b>Pastoral care and support</b>	Care that assists an individual to maintain their intellectual, emotional, physical, social and psychological wellbeing. Such care respects individuality, diversity and dignity.

<b>Priority placements</b>	Placements that prioritise certain cohorts of registrars based on predetermined criteria.
<b>Random case analysis</b>	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.
<b>Remote supervision</b>	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.
<b>Special training environments</b>	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.
<b>Stakeholders</b>	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.
<b>Training sites</b>	A health service accredited by the RACGP where the registrar may undertake their general practice training.
<b>Underserved populations</b>	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.
<b>Workplace-based assessment</b>	Observation and assessment of a registrar's practice to track progression through training.



# Acronyms

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