

Standard 3. Education program

Standard 3 | The education program maximises registrar learning

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 be working in various settings and geographical locations. Delivery of the training program therefore 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 while 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.¹

Educational program content in training must be within the scope of general practice. The [RACGP curriculum and syllabus \(https://www.racgp.org.au/education/education-providers/curriculum/curriculum-and-syllabus/home\)](https://www.racgp.org.au/education/education-providers/curriculum/curriculum-and-syllabus/home) 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 \(https://www.racgp.org.au/education/registrars/fellowship-pathways/racgp-educational-framework/executive-summary\)](https://www.racgp.org.au/education/registrars/fellowship-pathways/racgp-educational-framework/executive-summary).

The health of Australia's First Peoples 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.

Additionally, the program should promote self-reflection, encourage self-directed learning and a growth mindset². These transferable skills are essential for continuing professional development 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.² It also encompasses the ability of a GP to clearly communicate findings from research to patients as part of informed decision-making.³ GP registrars report less access to research opportunities than their counterparts in other specialist medical training programs.⁴ Registrars should be enabled to improve their research literacy skills and provided with opportunities to participate in programs of research.

Outcome 3.1

Outcome 3.1 An education program relevant to Australian general practice is delivered

Criteria

3.1.1 The education program is clearly mapped against the RACGP Curriculum and syllabus for Australian general practice

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 \(https://www.racgp.org.au/education/education-providers/curriculum/curriculum-and-syllabus/home\)](https://www.racgp.org.au/education/education-providers/curriculum/curriculum-and-syllabus/home). 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 \(https://www.racgp.org.au/education/registrars/fellowship-pathways/racgp-educational-framework/executive-summary\)](https://www.racgp.org.au/education/registrars/fellowship-pathways/racgp-educational-framework/executive-summary) serve as an anchor in defining the priority areas:

- Holistic person-centred health care
- Healthcare for populations that are disadvantaged
- Population health

- Ethical practice
- Evidence based practice
- On-going 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 3.2

Outcome 3.2 The education program is current and based on educational best practice

Criteria

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

Guidance

This outcome relates to the process of teaching. This may include teaching methods that employ 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 of 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 6.2.

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, 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 \(https://gplearning.racgp.org.au/Content/2022/SupPD/In%20practice%20teaching%20and%20teaching%20plan_Full.dotx\)](https://gplearning.racgp.org.au/Content/2022/SupPD/In%20practice%20teaching%20and%20teaching%20plan_Full.dotx) is available.

Outcome 3.3

Outcome 3.3 The education program prioritises safety

Criteria

3.3.1 The learning environment protects the registrar's physical, psychological and cultural safety

3.3.2 The learning environment protects patient safety

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 Basic Life Support (BLS) and Advanced Life Support (ALS) ensure that registrars are current in their training to recognise and manage acute and life-threatening scenarios.

Outcome 3.4

Outcome 3.4 The registrar develops research literacy skills

Criteria

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 for example 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 Indigenous research methods and support for the AIATSIS Code of Ethics for Aboriginal and Torres Strait Islander Research⁵

Related policies and resources

[RACGP curriculum and syllabus \(https://www.racgp.org.au/education/education-providers/curriculum/curriculum-and-syllabus/home\)](https://www.racgp.org.au/education/education-providers/curriculum/curriculum-and-syllabus/home)

[GP in Training Diversity, Equity and inclusion Policy \(https://www.racgp.org.au/education/registrars/fellowship-pathways/policy-framework/training-program-policies/gp-in-training-diversity-equity-and-inclusion-poli\)](https://www.racgp.org.au/education/registrars/fellowship-pathways/policy-framework/training-program-policies/gp-in-training-diversity-equity-and-inclusion-poli)

[GP in Training Safety and Wellbeing Policy \(https://www.racgp.org.au/education/registrars/fellowship-pathways/policy-framework/training-program-policies/gp-in-training-safety-and-wellbeing-policy\)](https://www.racgp.org.au/education/registrars/fellowship-pathways/policy-framework/training-program-policies/gp-in-training-safety-and-wellbeing-policy)

[Basic Life Support and Advanced Life Support Guide \(https://www.racgp.org.au/education/registrars/fellowship-pathways/policy-framework/handbooks-and-guides/guides/basic-life-support-and-advanced-life-support-guide\)](https://www.racgp.org.au/education/registrars/fellowship-pathways/policy-framework/handbooks-and-guides/guides/basic-life-support-and-advanced-life-support-guide)

[RACGP - RACGP Research \(https://www.racgp.org.au/education/research-grants-and-programs/research-grants-and-programs/racgp-research\)](https://www.racgp.org.au/education/research-grants-and-programs/research-grants-and-programs/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

Program specific guidelines

This information is currently under development and will be made available for each training program ahead of implementation in 2025.

References

1. Brown J, Kirby C, Wearne S, Snadden D. Remodelling general practice training: Tension and innovation. *Aust J Gen Pract* 2019; Nov;48(11):773-778. doi: 10.31128/AJGP-05-19-4929.
2. Richardson D, Kinnear B, Hauer KE, Turner TL, Warm EJ, Hall AK, et al. Growth mindset in competency-based medical education. *Medical Teacher* 2021; 43(7); (<http://doi.org/10.1080/0142159X.2021.1928036>).
3. The Royal College of General Practitioners. [Research in general practice. RACGP curriculum and syllabus for Australian General Practice. 2022 \(https://www.racgp.org.au/education/education-providers/curriculum/curriculum-and-syllabus/units/research-in-general-practice\)](https://www.racgp.org.au/education/education-providers/curriculum/curriculum-and-syllabus/units/research-in-general-practice)
4. Medical Board of Australia, Australian Health Practitioner Regulation Agency (Ahpra). [Medical Training Survey 2023 \(https://www.medicaltraining.gov.au/Results/Reports-and-results\)](https://www.medicaltraining.gov.au/Results/Reports-and-results)

5. [5. The Royal College of General Practitioners. Aboriginal and Torres Strait Islander health. RACGP curriculum and syllabus for Australian General Practice. 2022 \(https://www.racgp.org.au/education/education-providers/curriculum/curriculum-and-syllabus/units/aboriginal-and-torres-strait-islander-health\)](https://www.racgp.org.au/education/education-providers/curriculum/curriculum-and-syllabus/units/aboriginal-and-torres-strait-islander-health)