# Standard 6 – The training program is accountable to the Australian community

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**Rationale**

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General practice education is largely experience based and occurs in the context of providing healthcare to the Australian community. The training program has responsibilities to the community, including:

- registrars are trained to the level of providing competent healthcare to the Australian population (see Standard 8)

- registrars are suitably supervised and provide safe healthcare during their training (see Standard 2)

- registrar training includes a consideration of the healthcare needs of the Australian community and how to reduce health disparities in the community

- registrars have the opportunity to work in and develop the skills to provide quality healthcare in various communities, particularly communities where there is inequitable access to primary healthcare

- registrars demonstrate a level of cultural competence to be expected of any medical practitioner as described by the Medical Board of Australia's Good medical practice: A code of conduct for doctors in Australia.[1]

The training model addresses community health needs with its curriculum, and through selection and processes for training site selection.[2] Building training capacity in areas of need will be influenced by workforce need, as well as other considerations, such as registrar wellbeing, interests and opportunities. Meeting the needs of rural and remote communities is a particular challenge that could be addressed by having appropriate training sites, as well as opportunities to develop the skills required to work in rural and remote areas.

The program has a responsibility to train registrars to be skilled GPs and to address health inequities. As a skilled GP, it is important to respect, to incorporate Aboriginal and Torres Strait Islander cultures and to provide culturally safe practice.[3] For registrar training, this may be through ensuring the program is culturally safe and that appropriate training is provided. In addition, there should be consideration of opportunities for Aboriginal and Torres Strait Islander doctors to train as GPs and to be supported in their training.

| Outcome | Criteria |
|---|---|
| **6.1 The context and needs of communities are addressed** | 6.1.1 Training design and delivery is appropriate to the context in which it is delivered |
| | 6.1.2 Areas of need are identified and addressed |
| | 6.1.3 A clearly stated approach to the recruitment of suitable training sites is communicated |

**Guidance**

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The training program must provide evidence of how context influences program delivery and design.

There must be an approach outlining how areas of need are identified and addressed. For example, there could be a focus on health inequity in educational content.

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It may be that workforce drivers influence training site availability and recruitment, as well as practice demographics; or specific sites that provide targeted learning opportunities for registrars (eg ARST, extended skills, AMS or ACCHOs) are chosen.

The approach to practice recruitment that includes a reflection of fairness, accountability and how training and social/workforce priorities are addressed must be described. This includes a consideration of how the approach to practice recruitment is communicated to supervisors, practices and registrars.

| Outcome | Criteria |
|---|---|
| **6.2 The program works collaboratively with Aboriginal and Torres Strait Islander peoples to support the health of their people and communities** | 6.2.1 Aboriginal and Torres Strait Islander peoples are involved in the design, delivery, assessment and evaluation of education related to holistic, person-centred healthcare for Aboriginal and Torres Strait Islander peoples |
| | 6.2.2 Registrars, supervisors and practice staff participate in cultural safety training |
| | 6.2.3 Registrars have access to Aboriginal and Torres Strait Islander cultural educators and mentors |
| | 6.2.4 The program has measures in place to increase the number of Aboriginal and Torres Strait Islander GPs |

**Guidance**

The RACGP is committed to improving the health of Aboriginal and Torres Strait Islander peoples. Part of this is to prioritise working collaboratively and effectively with Aboriginal and Torres Strait Islander peoples to support the health of their people and communities in a way that is culturally safe and optimises their health outcomes.[3] There is also a commitment to growing the Aboriginal and Torres Strait Islander GP workforce.[4]

The training program could do this by:

- embedding considerations of Aboriginal and Torres Strait Islander health, history and culture into all educational programs, assessments and resources

- facilitating access to cultural training for registrars, supervisors, practice staff, medical educators and other program staff to increase cultural responsiveness

- providing opportunities for registrars to identify as being Aboriginal or Torres Strait Islander

- providing registrars, supervisors and medical educators access to cultural educators and mentors

- involving appropriate and relevant Aboriginal and Torres Strait Islander organisations and stakeholders in program development, program governance and program delivery

- demonstrating an approach to the support of doctors who identify as Aboriginal and Torres Strait Islander to enable them to train as GPs; some of these measures may be covered by other outcomes, specifically:

  - selection – Criterion 1.2.4

  - educational – Criteria 3.1.3 and 6.2.1

  - exam support – Criterion 4.3.4

  - stakeholder involvement – Outcome 5.2

  - support for Aboriginal and Torres Strait Islander registrars – Criterion 7.1.8

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## Related policies and resources

### Policies

- *RACGP Placement policy*

- *RACGP Training program requirements policy*

### Resources

- *Aboriginal and Torres Strait Islander Cultural and Health Training Framework*

- *The RACGP reconciliation action plan*

## Suggested evidence

- Expression of interest forms, processes and policies in relation to practice

- Details of cultural safety training

- Governance structure

- Program content and mapping

## References

1. Australian Health Practitioner Regulation Agency (Ahpra). Good medical practice: A code of conduct for doctors in Australia. Ahpra, 2020. Available at https://www.medicalboard.gov.au/codes-guidelines-policies/code-of-conduct.aspx [Accessed 18 September 2023].

2. Gupta TS, Reeve C, Larkins S, Hays R. Producing a general practice workforce: Let's count what counts. Aust J Gen Pract 2018;47(8):514–17. doi: 10.31128/AJGP-02-18-4488.

3. The Royal Australian College of General Practitioners (RACGP). Aboriginal and Torres Strait Islander health. In: 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 16 August 2023].

4. The Royal Australian College of General Practitioners (RACGP). RACGP GPs in training. RACGP, n.d. Available at https://www.racgp.org.au/the-racgp/faculties/gp-in-training [Accessed 28 May 2024].

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# Glossary

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| **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. |

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| **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

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| **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 |