Standard 2 – The clinical experience supports the development of the registrar

Rationale

This standard relates to the experiential learning that occurs through supervised practice at clinical sites. Standard 3 describes the requirements of the formal educational program that augments this experiential learning.

General practice training is fundamentally work-based learning, with supervised clinical practice being the core learning activity for registrars. Supervisors and practices that are committed to the registrar's learning journey have a pivotal role in enabling registrar learning in the workplace.

Learning is valued where it is prioritised in the practice, and all involved are supported and respected. The GP Clinical Learning Environment Framework[1] provides a structure for the implementation of a high-quality learning environment in general practice. High-quality training sites:

- are welcoming
- focus on the learner
- value learning
- optimise learning opportunities
- build secure and caring relationships
- involve the whole practice team in the learning and teaching
- adjust support and supervision to the developing competency of the registrar
- support the registrar in reflection and by providing quality feedback.[2]

Good clinical supervision and support is important for registrar professional satisfaction.[3] Central to this is the relationship between registrar and supervisor.[4] The quality of this relationship has a significant effect on the effectiveness of supervision[5] and on the development of the registrar's professional identity.[6]

The integral role of the supervisor needs to be supported within the practice and within the training program. This support can take many forms, including adequate remuneration; the provision of supervisor professional development; respect for the position; sufficient time to devote to supervision; advocacy; and resources that enable supervisors to perform their role.[7] Suitability for the supervisory role and initial training is important, as well as the opportunity to participate in ongoing professional development. Professional development provides a chance to develop skills related to the supervisory role and peer support. Supervisors who participate in professional development are less likely to experience burnout.[8] Practice staff also need to be involved and supported because they are an essential part of the team training the registrar in the practice.

Providing a clinical environment that is safe and supported is essential in ensuring the safety of the patient, the registrar and the practice. A key concept of this involves matching the supervision and learning to the competence of the registrar. As competency develops and the registrar has increasing responsibility for patient care, the level of supervision and the type of educational opportunities should reflect this. There always needs to be access to advice. For registrars to be confident in asking for assistance, the supervisor needs to be both available and approachable,[5] and this needs to be facilitated by the practice.

A dedicated registrar orientation at the training site that is matched to the context and the learner serves to establish a welcoming and supportive environment for the registrar. It is an opportunity to establish good relationships between the practice and/or supervisor and the registrar, and to commence planning for the training experience. Orientation checklists provide guidance about what should be discussed during this onboarding period. The RACGP provides a sample checklist for orientation.[9]

Working conditions and working culture are important to how registrars learn and engage with their training.[10] Working conditions and culture are supported by robust policies in relation to conflicts of interest, discrimination (including racism), bullying, harassment and sexual harassment, and through a whole-of-practice approach to cultural safety.

Accreditation and evaluation processes may provide feedback for quality improvement, as well as a means of quality assurance.

Outcome	Criteria
2.1 The registrar experiences the breadth and depth of Australian general practice	2.1.1 The registrar accesses a broad range of relevant experiences defined by the RACGP curriculum and syllabus for Australian general practice
	2.1.2 The registrar is exposed to a range of different practice models
	2.1.3 The registrar has fair and equitable access to training sites
	2.1.4 The registrar participates fully in the operations and scope of the practice in which they are located

Guidance

Registrars must have sufficient experience of working in comprehensive general practice. Comprehensive Australian general practice, as defined by the RACGP, is a practice that:

- prioritises holistic, clinical person-centred healthcare
- is ethical and socially responsible
- addresses the health needs of all people living in Australia in an equitable way
- meets the needs of underserved populations, including those living in rural and remote regions and Aboriginal and Torres Strait Islander peoples
- covers the full breadth of patient demographics, case presentations and the diverse settings where GPs work
- is evidence-based and is not limited to a specific interest or subset of general practice.

Training sites vary in terms of patients, populations and presentations, and the context in which the practice operates. There will also be variations in the GPs and staff working within a practice and the operating models. To provide a breadth of experience, registrars must be exposed to a diversity of practices, supervisors and training sites. The program must be able to demonstrate how this occurs.

Registrars should be supported in their decision making and in planning their practice selection to:

- experience a diversity of practice in terms of supervision, practice management and patient populations
- meet any program obligations in relation to training sites. This includes any minimum time in comprehensive general practice they require to meet Fellowship requirements
- develop specific skills relevant to comprehensive general practice or address any specific learning needs
- take into account personal circumstances.

The process by which registrars select a training site must be clearly documented for both registrars and practices. It must be consistent, fair and free from discrimination, including racism and bias, which may negatively affect registrars with specific needs, those of different cultural backgrounds and those who may require flexible working arrangements, such as for part-time work or leave. Priority placements may be used to address imperatives arising from areas of need, but these must be clearly documented and transparent.

For registrars to be fully integrated into their training site, it is expected that they will be involved in the range of services offered by that site (eg aged care or home visits, hospital work or telehealth), where appropriate and matched to their level of skills and training in a general practice. Participation in such services is a valuable learning opportunity and there is some evidence that participating in after-hours care during training increases the likelihood of registrars continuing to provide this type of care into independent practice.[11] Such workload must be balanced and equitable, not exceeding that of other doctors within the practice or putting the experience of comprehensive care or safety at risk.

Practices that focus on a providing specific types of dedicated services such as, but not limited to, urgent care, immunisation, skin medicine, travel medicine, HIV medicine, addiction medicine or gender-specific care may not meet the RACGP definition of comprehensive Australian general practice. These clinics can provide valuable learning opportunities for registrars, but time dedicated to these areas must not be at the expense of the provision of comprehensive care in the practice. Australian Defence Force (ADF) registrars may work in ADF training sites that have a specific case mix, but they must also have sufficient experience in comprehensive general practice care during their training.

Outcome	Criteria
2.2 The registrar undertakes supervised clinical practice in accredited training sites that provide a high-quality training environment	2.2.1 Training sites are accredited clinically and for training by the appropriate agency
	2.2.2 Supervisors are suitably qualified for their role
	2.2.3 Training sites and supervisors adhere to the RACGP training standards
	2.2.4 Training sites value learners, supervisors and educators
	2.2.5 Training sites are adequately resourced
	2.2.6 Training sites and supervisors provide best practice clinical care
	2.2.7 Supervisors undertake professional development relevant to their role
	2.2.8 The needs of various learners within the training site are appropriately managed

Guidance

Accreditation of a training site provides some assurance of the provision of quality care. In the case of general practices, this is accreditation as a general practice against the RACGP Practice Standards. Extended skills sites or Additional Rural Skills Training (ARST) must be accredited by the appropriate body for that specific skill in addition to accreditation as a training site by the RACGP.

The additional requirement to be accredited to the training standards is to ensure the provision of a quality learning environment. For training sites that are in a hospital and/or accredited for training by another agency or college, training accreditation is required to ensure it is relevant to general practice and meets the needs of GP registrars. In this case, accreditation looks at areas such as:

- plans for orientation to the training site
- supervision plans and the supervisor's qualifications
- learning outcomes and teaching and learning opportunities relevant to general practice
- workload
- registrar support and resources.

Supervisors must have unconditional registration with the Australian Health Practitioner Regulation Agency (Ahpra) and qualifications relevant to the training site. For supervisors in general practice, the latter is met by registration as a specialist GP, although general practice Fellowship is recommended. In addition, a supervisor's registration must be without any addenda. This includes, but is not limited to, restrictions, conditions, limitations, reprimands, supervision requirements, tribunal outcomes, suspensions, undertakings and/or any other remarks or changes on medical registration. Supervisors must promptly disclose any:

- addenda on their Ahpra medical registration, and
- regulatory authority activity, whether in Australia or otherwise, that:
    - has led or may lead to addenda on their Ahpra medical registration, or
    - has led to an adverse finding for the supervisor, or
    - forms part of an ongoing investigation
- other notifiable conduct.

As part of the initial accreditation process, practices must be inspected, and general practice supervisors must complete introductory training relevant to the role of supervision. Supervisors will have varying levels of experience in supervision, but motivation and engagement with the training program are important to assess during accreditation.

Practices must demonstrate what resources they have allocated to training.

This can be in the form of:

- **time:** ensuring adequate time is allocated for both registrars and supervisors so appropriate teaching and safe supervision occurs
- **people:** detailing how all practice staff are integrated into the learning environment; this may include having clearly articulated roles and responsibilities
- **physical resources:** such as adequate space for teaching sessions, fully equipped consultation rooms, adequate IT, online resources and references.

Once accredited, practices and supervisors must maintain the training standards. Where the standards are not being met, the accreditation status will be reviewed. Accreditation of practice and supervisor/s must always be maintained while a registrar is in the training site in order for the experience to be considered part of the registrar's training time. A process must be in place to monitor and manage training site and supervisor accreditation (see Outcome 2.4).

Supervisors must develop and maintain their skills in supervision through participation in professional development relevant to their supervisory role. As well as having supervisory and interpersonal skills, supervisors must be clinically competent. It is expected that training sites provide quality clinical care to patients that is current and based on best practice, and can demonstrate this. This could include having access to current evidence-based guidelines and records of staff involvement in quality improvement activities and CPD opportunities, such as small group learning. Where a supervisor practises in a subspeciality but is responsible for a registrar working in comprehensive general practice, the supervisor must maintain their skills in comprehensive general practice, for example through their CPD.

High-quality supportive training sites value learning. In addition to other areas in this outcome and Outcome 2.3, a practice must demonstrate:

- how registrars are welcomed and integrated into the practice (eg how they are orientated, included in practice activities, their role in the practice team and how they are introduced to patients)
- how specific learning needs are catered for (eg registrars' may have differences in culture, language, health systems, previous clinical and educational experience or working arrangements, such as part-time, that influence their learning needs;[12] they may require additional support in terms of teaching, supervision and orientation)
- how registrar wellbeing is supported and promoted (see Criterion 2.3.9)
- how supervisors are supported by the practice through the allocation of adequate protected time for teaching and supervision
- how others within the practice are involved in the teaching and learning
- how interactions with external training program educators are prioritised
- how feedback is given and received, and how conflicts of interest in the provision of feedback are managed (see Criterion 2.3.10)
- how professional behaviour is demonstrated within and external to the practice, such as in interactions with the training organisation. This includes monitoring and upkeep of cultural safety practices and identifying and acting on stereotyping, prejudice or discrimination. This may be blatant, or more subtle, and occur through role modelling of embedded or learned attitudes.

Within a general practice, there may be many learners at various stages of training and multiple health disciplines. For example, there may be medical or allied health students, prevocational doctors or registrars from different training programs or at different stages of training within the one program. Although there can be benefits from group teaching, there must be opportunities for individuals to have their learning needs met.

If there are multiple learners in a practice, the practice and supervisor must be able to accommodate the range of different teaching and supervision requirements of all learners and demonstrate how individual learner's needs are met. The training program may limit the number of registrars who can work at a practice based on the total number of learners in the practice and the capacity of the training site to cater for them. This may require communication across programs to avoid disadvantage for any cohort of learners.

Outcome	Criteria
2.3 The training needs of the registrar are supported by their training sites	2.3.1 The registrar receives orientation to the training site
	2.3.2 An assessment of competence occurs at commencement in each training site
	2.3.3 The registrar is always supervised during training using a model of supervision that is developed and matched to the registrar's assessed competency
	2.3.4 There is a process for developing, reviewing and adjusting the model of supervision appropriate to the needs of the registrar in the context of the practice
	2.3.5 The registrar is able to ask for and receive timely assistance in all clinical situations
	2.3.6 Workload is appropriate to stage of training, the context and the competency of the registrar
	2.3.7 Policies and procedures are in place that address patient and registrar safety in the practice
	2.3.8 Practices meet their legislative requirements for the employment of the registrar
	2.3.9 Registrar stress and fatigue is identified, acknowledged and addressed
	2.3.10 Actual and potential conflicts of interest are identified and managed
	2.3.11 Adverse events (including critical incidents) are identified and managed

Guidance

Orientation

A thorough orientation must be provided whenever a registrar commences in a training site. The content and time taken for orientation may vary according to the level of training of the registrar. For a registrar new to general practice, the orientation process may take place over the first week or more.

Assessment of competence

An essential activity at the start of a term is to perform an assessment of competency. This may be through the use of, but not limited to:

- consultation observation – this must be performed early when starting at a training site, either in-person or via live stream with the appropriate permissions
- case discussion, including the use of tools such as random case analysis
- discussion with the registrar of past experiences, self-assessment of skills and knowledge and any areas identified for learning
- a review of any previous training site feedback or assessment
- feedback from patients, staff, other practitioners or supervisors

- other methods, such as clinical audits, role plays or how questions are asked or answered by registrars, which can provide information about registrar confidence and skills.

When assessing registrar competence, an assessment of confidence and ability to self-reflect is also important. Supervisors should explore their registrar's ability to self-assess their competency and their level of confidence. A registrar who demonstrates the ability to match their competence with an appropriate level of confidence is more likely to ask for assistance appropriately. Overconfidence in abilities may lead to not asking for assistance when this is needed, which can impact patient safety. Alternatively, a lack of confidence in the context of assessed competency may be an indication that a registrar requires additional support and assistance.

There must be one designated supervisor who has oversight of the registrar while at the training site and the responsibility for ensuring assessments occur. This also provides the basis for the development of a plan for learning for the registrar. However, supervision may be undertaken by a team under the oversight of the designated supervisor.

Some registrars may have extensive previous experience that differs from that of their designated supervisor. They may have previously performed procedures that their supervisor is not trained for or is not comfortable doing. The designated supervisor and their supervisory team have responsibility for the registrar's actions and, as such, an assessment of the registrar's competency in performing such procedures must be made before the registrar undertakes the activity.

Within the practice, where a procedure or skill requires specific credentialing and the assessment of it is outside the designated supervisor's competency, it may be assessed and overseen by another supervisor who has the appropriate level of skill. The registrar must not perform the procedure if the skill cannot be assessed and there is no supervisor with skills in that procedure available to oversee and take responsibility for the registrar.

A discussion about who, how and when to contact the supervisor must be included in orientation. This may vary according to the context of the practice and the stage of training, but must include details about when, and for what, the supervisor should be called. In practices with more than one supervisor, the supervisor of first contact should be made clear. Arrangements for supervision during supervisor leave and for after-hours or related hospital work must also be clarified at orientation.

There are certain situations that represent higher risk in practice, especially for registrars new to general practice. Leaving the registrar to identify high-risk situations has the potential to affect patient safety.[13,14] For registrars new to practice, the use of high-risk area checklists can be useful because they remove the onus on the registrar to decide when to call and allows the supervisor to assess these high-risk areas early in the term. Even for those who have previously worked in general practice, the supervisor should conduct some initial assessment of competency. It is not adequate to assume a level of competency based on stage of training alone because there can be significant variations in competence, confidence, behaviours, skills and past experience between registrars at the same stage of training.

Supervision teams, models, onsite requirements

A model of supervision refers to the way in which supervision is delivered. The model can vary according to:

- level of training of the registrar
- documented competence of the registrar
- context of the training site, including demographics and situation.

Various models have been described, including one-on-one with a single supervisor, team supervision (more than one supervisor), remote supervision (where the supervisor spends some or all of the time offsite) and blended supervision (a combination of any of the other models of supervision).

The model selected must be by agreement of all involved. It must address the factors above in such a way that registrar and patient safety are protected and to make sure that registrars always have access to a supervisor.

In matching competency to the model of supervision, the *Progressive capability profile of the general practitioner* describes four milestones in the training journey towards Fellowship. These are matched to the type of supervision.

- **Entry:** commencement of training in general practice under direct supervision
- **Foundation**: competency sufficient to transition to indirect supervision with reliable access to supervisory support and close oversight of practice
- **Consolidation:** competency level allowing the registrar to work largely independently in general practice; still requires some supervisory support and mentorship
- **Fellowship:** marks the competency to work as an independent GP without supervision

Therefore, as registrars progress towards the competency expected at Fellowship, the level of direct supervision and oversight reduces. Registrars will still require access to a supervisor, but this may be via remote means. How quickly this occurs will depend on the registrar and their assessed rate of progression.

Some registrars may have supervisory requirements related to their registration with the Medical Board. Often, the Medical Board level of supervision will align with that of the training program, but where this does not occur, the level of supervision required is the greater level required by either the Medical Board or the RACGP. Because supervisors are responsible for their registrar in practice, they must be able to justify how they have assessed the competency of their registrar, how the model has been selected to ensure safety and how the model is evaluated during the term.

Of note are registrars when they first commence in general practice. Registrars commencing general practice are best supervised onsite to ensure patient safety. There may be circumstances in which an alternative model of supervision is required, but supervisors must ensure that there is time allocated to assess safety and competence and to build the educational alliance with the registrar.

Practices and supervisors should complete a clinical supervision plan. A clinical supervision plan outlines the supervisory model and clearly defines:

- when the registrar needs to seek supervision
- access to supervision, which includes who and how to contact
- a risk management plan to address difficulty in accessing supervision
- the roles and responsibilities of all those involved in supervision
- leave arrangements (ie plans to ensure continuous supervision for when the supervisor is absent as either planned or unplanned leave).

Where a practice has a branch or where a registrar works at more than one practice, each site must be accredited and have a suitable model of supervision and a clinical supervision plan.

Training sites with remote supervision must provide a plan outlining how supervision is matched to the registrar's competency and experience and the context of the training site. The plan must also include how support and registrar and patient safety are maintained, including risks and mitigation strategies. The plan must be monitored and regularly reviewed.

Registrars must always have access to clinical support. Usually, this support comes from the supervisor, with the detail about how this support is obtained being determined early in the term and documented in a clinical supervision plan. Advice may, at times, be appropriately obtained from other members of the practice team (eg asking the practice manager about billing or a practice nurse about appropriate selection of wound dressings). Registrars will also seek support from their existing professional networks and from evidence-based clinical support guidelines. However, the supervisor is ultimately responsible for ensuring that the sources of advice are appropriate. For clinical advice, this should be from a GP with specialist general practice registration.

Workload

Workload relates to both numbers of patients and the breadth of presentations seen. The workload of the registrar must be sufficient for a quality training experience, but not so onerous that there is no opportunity for learning through reflection on clinical experiences or opportunities for further exploration of identified learning needs.

Appropriate patient numbers that balance the registrar's need to gain experience with the time and opportunity to reflect on and learn from that experience will vary depending on the stage of training and context of the training site.

In the first six months of general practice, registrars should start with fewer patient numbers and not be expected to see the same number of patients as experienced GPs. The rate of increase will depend on the patient demographics and the confidence and competence of the registrars, and must occur through discussion and agreement in advance between supervisor and registrar. The practice manager may also be consulted and provide feedback. Where there are concerns about registrar progression, others (eg medical educators) may provide additional input into patient numbers.

Some training sites have greater numbers of patients who require longer appointments. Some examples include, but are not limited to:

- age
- cultural and linguistic diversity and/or the need for interpreters
- chronic complex disease
- specific cultural expectations, such as in community health, Aboriginal Medical Service (AMS) or Aboriginal Community Controlled Health Organisations (ACCHOs).

In this case, it is expected that registrars will have fewer patient numbers throughout the term.

Registrars must not see more than four patients per hour, unless in exceptional circumstances. In some situations, such as when working in vaccination clinics, these numbers may be exceeded, but work in such limited scope of practice must only be a small proportion of the registrar's practice time.

Rostering must be fair and take into consideration individual needs, such as cultural and religious commitments. Hours and days worked must be fair and equitable with other GPs in the practice and the practice must be able to function without the registrar where time is required for attendance at educational events.

As well as ensuring patient numbers are appropriate to meet training needs, registrars need to see a range of patient ages and conditions. Registrars tend to see younger patients or more acute presentations and have less exposure to some population groups, such as antenatal patients, older patients with chronic disease or those requiring palliative care. Supervisors should consider how to increase opportunities for registrars to see older patients or those with chronic disease and to be involved in the continuity of their care.[15] Some ways this could occur are through:

- encouraging patients to book appointments with the registrar for times when the patient's regular GP is not available
- arranging appointments together
- setting up arrangements where a patient's care is shared between the supervisor and registrar
- building the registrar's confidence in managing complex chronic disease.

Trust and communication between supervisor, registrar and patient are important, as is including all three in building a shared-care arrangement.

The supervisor and practice manager should monitor the range and number of patients seen.

Safe and supported working environments

Practices must have policies and procedures that relate to the prevention and management of:

- discrimination (including racism and disability access), bullying, harassment and sexual harassment
- conflicts of interest
- stress and fatigue
- adverse events (including critical incidents).

There must also be policies and procedures regarding the management of workload that address issues such as patient numbers, flexibility in working hours and leave options, among other.

Supervisors have many roles. Tension between the different roles of the supervisor can be a barrier to the effective supervision and assessment of registrars (eg where a supervisor is also the employer of the registrar, their visa sponsor or Ahpra-appointed supervisor). This power imbalance can affect training, especially if the registrar perceives concerns about providing feedback to a practice and supervisor.

Supervisors must not provide or request medical advice or services from their registrar, and registrars should not be requested to provide consultations for other practice staff, unless under exceptional circumstances. In addition, supervisors must not supervise a registrar to whom they are directly related (eg their son, daughter, sibling or partner). In rural areas, such conflicts of interest are more likely to occur, but these should be identified, discussed and escalated when necessary. Significant actual and potential conflicts of interest not already reported must be notified to the training program in order to agree on a management strategy.

Preventing undue work-related stress and fatigue must be a priority for all employees of the practice, and especially so for registrars who have the additional factors of studying and assessment that may affect their wellbeing. Confidence in managing their allocated clinical tasks can be a major source of distress for registrars.[5] It is important to make sure they are supervised and working to their level of competency. Registrar wellbeing needs to be monitored and actively managed, with support available as required.

Where specific employment terms and conditions exist, these must be adhered to. Relevant work health and safety legislation must be met.

Adverse events (including critical incidents) must be managed according to the documented program approach to the management of these (see Outcome 7.1.6). Australian-based training programs report these to the RACGP. Practices must have their own approach to clinical risk management, which includes an open disclosure process.[16] In the training environment, an essential part of this is to establish a safe environment where mistakes are shared and viewed as an opportunity to analyse and learn.

Outcome	Criteria
2.4 Practices and supervisors are supported to deliver quality training	2.4.1 Supervisors are provided professional development opportunities relevant to their role
	2.4.2 Supervisors and the practice receive regular feedback about the training site
	2.4.3 Monitoring and accreditation processes ensure quality assurance and are fair, transparent and consistent
	2.4.4. Accreditation processes encourage quality improvement
	2.4.5 Aboriginal and Torres Strait Islander cultural advisors and/or medical educators are involved in accreditation processes where relevant
	2.4.6 Practices and supervisors are supported when concerns arise
	2.4.7 Processes for the placing of conditions on practices and/or supervisors or for deaccreditation are clear and transparent
	2.4.8 There are documented reconsideration and appeals processes available for practices and supervisors

Guidance

Registrar training requires support from the entire practice team so support should be afforded to all practice members, including the supervisor. Support may be in the form of professional development opportunities, cultural safety training or supportive resources such as liaison officers, and is particularly important when concerns arise.

The program must provide the supervisor with professional development that enables them to perform the roles and tasks of a GP supervisor,[17,18] including initial training for new supervisors. Professional development should be mapped to the National GP supervisor professional development curriculum and cater for the variable levels of experience as a supervisor or educator in providing supervision.[19] Higher-order qualities of experienced supervisors will be developed through participation in ongoing training and relevant professional development.

Feedback about the training site should be collected from registrars. A quality practice will establish a culture of feedback whereby feedback is encouraged, welcomed and shared. Although it is encouraged for feedback to be provided and discussed directly with the practice and supervisor, at times registrars will be reluctant for this to occur and they must have the opportunity to provide confidential feedback, while being informed about the limitations in managing issues in these circumstances.

The accreditation and reaccreditation process must be fair, transparent and equitable. Policies and processes must be publicly available. Practices and supervisors must be informed of:

- accreditation criteria and processes
- the accreditation and ongoing monitoring process
- the criteria for conditions and/or deaccreditation and the processes for managing these
- remediation processes for practices and supervisors
- opportunities for reconsiderations and appeals of decisions made in relation to accreditation.

Accreditation of training sites that are specific to Aboriginal and Torres Strait Islander health must involve cultural educators and/or Aboriginal and Torres Strait Islander medical educators. They must be involved where such a service is part of any dispute related to conditions, remediation or deaccreditation of training sites and/or supervisors. They should also be involved where there is an issue or concern about any training site that relates to Aboriginal and Torres Strait Islander cultural safety.

As well as ensuring quality assurance, accreditation and reaccreditation processes afford the opportunity for quality improvement. Practices and supervisors should be encouraged to reflect on each registrar placement. Practice meetings are one way to evaluate and improve the teaching, supervision and assessment of registrars and to discuss how improvements can be instituted using feedback from registrars, medical educators and the accreditation process.

Related policies and resources

Policies

- Accreditation policy
- Dispute, reconsideration and appeals policy
- Flexible funds policy
- GP in training diversity, equity and inclusion policy
- GP in training safety and wellbeing policy
- Placement policy
- Academic misconduct policy

Resources

- Comprehensive Australian general practice guide
- Progressive capability profile of the general practitioner
- GP clinical learning environment (GPCLE) framework
- RACGP orientation checklist
- High-risk area checklist
- RACGP remote supervision program
- Adverse event and critical incident management and reporting guidance
- National GP supervisor professional development curriculum

Suggested evidence

- Competency assessments
- Orientation checklists
- Clinical supervision plans
- Supervision arrangements in a range of settings
- Support mechanisms for the registrars – type and frequency
- Models of supervision that cover a range of context, abilities and situations
- Applications to the censor and/or RACGP to vary a model of supervision
- Processes for inspecting/accrediting practices

- Processes for reaccreditation for practices and supervisors
- Processes for deaccreditation for practices and supervisors
- Processes for selecting and supporting supervisors
- Competency assessments that focus on safety
- Use of high-risk area checklists
- Processes for managing patient safety concerns
- Patient, registrar, supervisor feedback mechanisms
- A risk assessment process
- Collaboration with local agencies and stakeholders
- Analyses of local need
- Extended and advanced skills training sites to address local needs
- Reviews and evaluations of the effectiveness of addressing local needs
- Placement policies and processes
- Supervisor professional development program and/or curriculum
- Procedural skills checklists
- Details of selection process that demonstrate fairness
- Process for reporting and managing bias (eg system of remediation or practice deaccreditation)
- Provide information demonstrating compliance with policies supporting a registrar's workload and training demands, including, but not limited to, fatigue management policy, bullying and harassment policy and the implementation of these policies
- Critical incidents and adverse event management process

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Standard 2 – The clinical experience supports the development of the registrar

Outcome	Criteria
2.1 The registrar experiences the breadth and depth of Australian general practice	2.1.1 The registrar accesses a broad range of relevant experiences defined by the RACGP curriculum and syllabus for Australian general practice
	2.1.2 The registrar is exposed to a range of different practice models
	2.1.3 The registrar has fair and equitable access to training sites
	2.1.4 The registrar participates fully in the operations and scope of the practice in which they are located
2.2 The registrar undertakes supervised clinical practice in accredited training sites that provide a high-quality training environment	2.2.1 Training sites are accredited clinically and for training by the appropriate agency
	2.2.2 Supervisors are suitably qualified for their role
	2.2.3 Training sites and supervisors adhere to the RACGP training standards
	2.2.4 Training sites value learners, supervisors and educators
	2.2.5 Training sites are adequately resourced
	2.2.6 Training sites and supervisors provide best practice clinical care
	2.2.7 Supervisors undertake professional development relevant to their role
	2.2.8 The needs of various learners within the training site are appropriately managed

2.3 The training needs of the registrar are supported by their training sites	2.3.1 The registrar receives orientation to the training site
	2.3.2 An assessment of competence occurs at commencement in each training site
	2.3.3 The registrar is always supervised during training using a model of supervision that is developed and matched to the registrar's assessed competency
	2.3.4 There is a process for developing, reviewing and adjusting the model of supervision appropriate to the needs of the registrar in the context of the practice
	2.3.5 The registrar is able to ask for and receive timely assistance in all clinical situations
	2.3.6 Workload is appropriate to stage of training, the context and the competency of the registrar
	2.3.7 Policies and procedures are in place that address patient and registrar safety in the practice
	2.3.8 Practices meet their legislative requirements for the employment of the registrar
	2.3.9 Registrar stress and fatigue is identified, acknowledged and addressed
	2.3.10 Actual and potential conflicts of interest are identified and managed
	2.3.11 Adverse events (including critical incidents) are identified and managed
2.4 Practices and supervisors are supported to deliver quality training	2.4.1 Supervisors are provided professional development opportunities relevant to their role
	2.4.2 Supervisors and the practice receive regular feedback about the training site
	2.4.3 Monitoring and accreditation processes ensure quality assurance and are fair, transparent and consistent
	2.4.4. Accreditation processes encourage quality improvement
	2.4.5 Aboriginal and Torres Strait Islander cultural advisors and/or medical educators are involved in accreditation processes where relevant
	2.4.6 Practices and supervisors are supported when concerns arise
	2.4.7 Processes for the placing of conditions on practices and/or supervisors or for deaccreditation are clear and transparent
	2.4.8 There are documented reconsideration and appeals processes available for practices and supervisors

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