General Practice Prevocational Education and Training Standards for General Practices and General Practice Supervisors

September 2011, Version 3
Acknowledgments

CETI would like to acknowledge the following documents that influenced the development of these standards:

- ACRRM Standards for Regional Training Providers Recognition
- CETI Standards of Education, Training and Supervision for Prevocational Trainees and Post AMC Supervised Training (Version 4.3)
- CPMEC, Prevocational Medical Accreditation Framework 2009
- GPET, PGPPP (Practice) Guidelines for the Supervision and Training of Doctors in the Prevocational General Practice Placement Program, November 2010
- RACGP Companion for Standards for General Practice Education and Training Programs and Providers 2005
- RACGP Standards for General Practice Education and Training Programs and Providers 2005
- PMCQ, Accreditation Standards, June 2008
- SA IMET, Accreditation Standards, Version 1, June 2010
- RACE PGPPP Standards, 2011.

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Definitions

**Accreditation** A self-assessment and external peer review assessment method to assess performance against the Standards with the aim of continuously improving prevocational education and training.

**ACRRM** Australian College of Rural and Remote Medicine.

**Clinical Education and Training Institute (CETI)** CETI leads, facilitates and builds sustainable capacity to achieve better health through education, training and development of a clinical workforce in NSW. One of CETI’s core functions is to set standards and accredit institutions for prevocational education and supervision and coordinate clinical training networks.

**Criteria** Objectives that must be achieved by a Regional Training Provider in order to meet the Standards.

**Director of Prevocational Education and Training (DPET)** A medical practitioner nominated by a Regional Training Provider and approved by CETI. The DPET leads the clinical education and training of prevocational trainee and acts as an advocate for trainees.

**General Clinical Training Committee (GCTC)** Each feeder hospital has a GCTC that meets at least quarterly to exercise their advisory and operational functions. These functions include the development, implementation, monitoring and evaluation of a range of clinical education activities, such as orientation, training and education programs as well as reviewing the clinical terms, DPETs and supervisors.

**GP supervisor** The GP supervisor is a general practitioner with designated responsibility for orientation, supervision, clinical training and performance assessment of prevocational trainees in the clinical setting. The GP supervisor must meet the GP supervisor requirements of their respective College.

**Guidelines** Objectives and statements that may help a Regional Training Provider meet or understand the Standards.

**Network Committee Meeting** A regular meeting of the Network Committee, attended by trainee representatives, DPETs and JMO management and Director of Medical Service representatives. The purpose of the committee is to support the efficient running of training in a fair and transparent manner and to develop safe, high quality training of prevocational trainees through good governance and management of the training program based in the network.

**Prevocational education and training program (PETP)** The training program for prevocational trainees provided in partnership by the hospital and general practice. It provides experiential learning, clinical based training, a region wide training program and professional development opportunities.

**Prevocational trainee** A medical officer in the first or second postgraduate year (PGY1 or PGY2) of clinical general practice.

**RACGP** Royal Australian College of General Practitioners.

**Regional Training Provider (RTP)** An organisation that provides general practice education and training within a specific geographic region and funded by General Practice Education and Training LTD (GPET).

**Standards** Specific objectives for accreditation as a Regional Training Provider to provide education and training to prevocational trainees.

**Survey** Where a team of surveyors from CETI gathers to assess evidence relating to the standards. The team includes clinicians, medical administrators and junior medical officers. The survey process can involve a site visit and telephone interviews.

**Trainer** A recognised general practitioner with delegated responsibility from a GP supervisor to supervise and train a prevocational trainee.
Introduction

The education and training of prevocational trainees in a general practice setting is a collaborative program undertaken by Regional Training Providers, general practices and feeder hospitals. The role of the Clinical Education and Training Institute (CETI) is to set the standards for training in relation to both clinical experience and the leadership and governance of the education and training program. CETI recognises the significant experience of the parties involved in terms of registrar training, and seeks to build on this success.

This document sets out the standards for General Practices and General Practice Supervisors, which have been developed with reference to other accreditation standards. It also provides information that supports the standards and clearly sets out the expectations that CETI has in terms of how the standards will be met. These standards set the benchmark to ensure that a high quality Prevocational Education and Training Program is delivered in the general practice setting.

The Standards for General Practices and General Practice Supervisors should be read and understood in conjunction with the partner document that sets out the standards for Regional Training Providers (General Practice Prevocational Education and Training Standards for Regional Training Providers).

Prevocational Education and Training Program

The goals of the prevocational education and training program are to:

- Provide trainees with the knowledge, skills and supervision to provide quality patient care
- Provide a wide range of educational and training opportunities that develops safe and competent trainees
- Promote trainees’ welfare and interests

The components of the prevocational education and training program are graphically represented below. General Practices and GP Supervisors are responsible for the experiential learning and clinical based training that occurs with the practice. The practice is supported by the Regional Training Provider who supports and coordinates the whole program within the general practice context and provides access to a region wide formal education program.
How to Use This Document

The basic structure of the document is outlined below.

**Standard**
This is a statement against which the Regional Training Provider must assess itself. During survey visits, the Regional Training Provider will be tested against this statement.

**Purpose**
This is a high level statement that explains the intent of the standard. This statement will help the Regional Training Providers and assessors to understand what the standard is seeking to achieve.

**Criteria**
The Criteria are actions that must be undertaken by the Regional Training Provider in order to meet the standard. Where the Regional Training Provider is judged not to have completed a criteria this will indicate that they have not met the Standard.

**Guidelines**
Guidelines are provided for two purposes. In the first instance, they will help to clarify the Standard and criteria.

Secondly, and equally importantly, they provide direction on how the Standards and Criteria can be met. For example, where a Standard contains the word ‘appropriate’, the guidelines have the function of explaining what ‘appropriate’ would mean. The guidelines allow for flexibility and Regional Training Providers can employ alternative methods to meet the Standard or criteria.

**Indictors**
The indicators sections set out how the standard will be assessed, including what feedback should be sought and what evidence should be sighted. The evidence and feedback listed in this section is indicative of the kind of information that should be supplied.

**Standard Mapping**
This section sets out the relationship with other relevant accreditation standards.

**Accreditation**
CETI ensures the standards are met by accrediting General Practices and GP supervisors, as well as Regional Training Providers. Accreditation ensures the standard of training is universally high with suitable role models, clinical experience, supervision, training, resources and facilities. The accreditation of general practice is collaborative and it involves working with all concerned to improve training for prevocational trainees.

The practice and placement within the practice must be provisionally accredited before a prevocational trainee commences. The process of provisional accreditation begins with the General Practice providing CETI with a self-assessment that sets out how they will meet the standards. Based on this information the Prevocational Accreditation Committee will make a decision about provisional accreditation.

Accreditation of three years can be granted after prevocational trainees have completed 3 placements in the practice within a two year period. Full accreditation will occur, where possible, at the same time as other general practices associated with a single Regional Training Provider.
The accreditation process has several key steps:

- Self-assessment against the standards
- Region wide visit by CETI appointed accreditation team
- Report on the application of standards within the region by General Practices and associated Regional Training Provider.

If all standards are met the practice is awarded with accreditation of up to three years. If standards are not met, CETI will prepare conditions (proviso) and award accreditation pending compliance with the condition’s.

The Clinical Education and Training Institute

CETI is recognised by the Medical Board of Australia, NSW Department of Health and ACT Health as responsible for maintaining training standards for prevocational trainees in NSW and the ACT. As part of its core function, CETI accredits training facilities, training providers and the placements within the facilities to ensure high standards of training, education and welfare for all prevocational trainees employed by NSW and ACT Health.
Standards

Standard 1

The GP supervisor provides quality teaching, feedback and support.

Purpose

The intention of this standard is to ensure that trainees receive quality teaching, feedback and support from the GP supervisor.

Criteria

- The GP supervisor meets the GP supervisor requirements of their respective College.
- The GP supervisor organises their clinical workload to be compatible with their training commitments.
- The GP supervisor is located at the same practice location as the trainee and is available for the majority of the hours worked by the trainee. The GP supervisor provides teaching, support and discussion for several hours each week.
- The GP supervisor monitors the trainee’s wellbeing and encourages them to take responsibility for their self-care.

Guidelines

- The GP supervisor should be familiar with a range of teaching methods and should use them selectively to support clinical training.
- The GP supervisor can delegate some of their clinical supervision and teaching responsibilities to other recognised general practitioners or specialists. A model of shared supervision between several supervisors within a practice is appropriate. There must be a key GP supervisor responsible and a clear roster for a shared model of supervision.

Indicators

Feedback

- Discussion with GP supervisor about how clinical workload and training commitments are managed
- Discussion with GP supervisor about the approach taken to monitor trainee wellbeing
- Discussion with trainees about the teaching, feedback and support that they receive
- Discussion with trainee about how they perceive their welfare is being monitored and supported

Evidence

- Documentation that shows the GP supervisor is an accredited supervisor of their respective college
- Evidence that the GP supervisor participated in ongoing professional development in relation to clinical teaching and supervision
- Evidence of an education and training program that demonstrates how structured learning will be integrated with clinical activities

Standard Mapping

ACRRM Training Post and Teacher Standards: Criterion 1.1: Must have sufficient qualifications and experience to act as an appropriate supervisor and mentor. (Point 1 to 5)
ACRRM Training Post and Teacher Standards: Criterion 1.2: A demonstrated commitment as a teacher. (Point 1, 7, 8, 9)
ACRRM Training Post and Teacher Standards: Criterion 1.3: Demonstrated abilities as a teacher. (Point 1, 7, 8, 9)
RACGP Training Post Standards: T1 to T6, Quality T7, T10 –T12
Prevocational Medical Accreditation Framework Training and Education: Standards 4, 8
RACE PGPPP Standards: 1.1, 1.2, 2.1, 2.2, 4.2
Standard 2

The GP Supervisor provides a written term description and a comprehensive orientation to prevocational trainees at the start of each term.

Purpose
The intention of this standard is to ensure the trainee is well prepared to undertake a term.

Criteria
• The prevocational trainee receives a term description on a CETI template immediately before the term begins.
• The term’s teaching objectives align to the Australian Curriculum Framework for Junior Doctors.
• The orientation prepares trainees to practice effectively and safely.
• The GP supervisor has responsibility for the accuracy of the description, which is reviewed at least annually.

Guidelines
• The GP supervisor can delegate the orientation to other staff (e.g. registrar or other GPs in their absence) provided they are appropriately trained. The GP supervisor is responsible for ensuring that the orientation is provided.
• The orientation would include:
  • introduction to staff members at the practice
  • the role, accountabilities and responsibilities of the trainee, GP supervisor and the Regional Training Provider
  • the placement’s structure and its activities
  • trainee supervision, assessment and evaluation; encouragement of trainee feedback
  • administrative arrangements, billing, computer and recall systems
  • location of all resources including reference materials, medications and equipment
  • practice procedures for referral, hospital admissions, patient follow up, sterilisation, Section 8 medications and waste disposal
  • how the practice provides extended continuity of care arrangements, including work at the small rural hospital, nursing home visits, rostering and after hours arrangements and how the practice is involved with the community and other health care providers
  • introduction to the practice policies regarding medical emergencies and how to deal with urgent medical situations, including where relevant equipment is stored and how to access it

Indicators

Feedback
• GP supervisor and staff can clearly describe orientation processes
• Discussion with trainees about the orientation they received and the extent to which it encompassed the elements set out in the guidelines.

Evidence
• Outline of practice face to face orientation and term description
• Documentation demonstrating trainees participate in an orientation program
• Documentation providing evidence of satisfaction with placement orientation

Standard Mapping
RACGP Training Post Standard: T-19
ACRRM Teaching Posts and Teachers Criterion: 2.3 – Documented Teaching Plan (Point 1-6)
ACRRM Regional Training Provider Recognition Education and Training Criterion: 5.1 - Orientation
ACRRM Regional Training Provider Recognition Education and Training Criterion: 7.1 – Register well being
Prevocational Medical Accreditation Framework Training and Education: Standards 2, 3
RACE PGPPP: Standard 9.2, 9.7, 10.1
CETI Criterion: 1.1.1, 1.2.1, 1.2.2, 2.5.1
Standard 3

At the start of each placement, the GP supervisor assesses the trainee’s ability to practice safely in general practice.

Purpose
The intention of this standard is to ensure that a trainee’s skills are assessed and that they can work safely at the practice.

Criteria
- The GP supervisor’s assessment considers the supervision provided, stage of training and type of post.
- When necessary, the GP supervisor provides additional supervision and training until the trainee can practice safely.

Guidelines
- The assessment process can include:
  - discussions between the GP supervisor and the trainee about their training, experiences and specific skills
  - observation
  - patient case reviews with or without the patient present
  - use of tools such as mini CEX, DOT or SNAPPS
  - review of logbooks, assessments and clinical notes
  - Audit of documentation such as referrals, medical records, pathology and radiology requests

Indicators
Feedback
- Discussion with GP supervisor about assessment process
- Discussion with trainees about the assessment process

Standard Mapping
RACGP Training Post: Standard T-17
ACRRM Training Post and Teacher Standards: Criterion 1.2: Supervisor has demonstrated commitment as a teacher (Point 11)
ACRRM Training Post and Teacher Standards: Criterion 2.7: Clear and Adequate Organisational management arrangements (Point 1)
RACGP Standards for General Practice: Criterion 1.1.1 Scheduling care in opening hours, Criterion 1.4.4 Evidence based medicine, Criterion 1.5.3 Consistent approach
Prevocational Medical Accreditation Framework Governance Standards: 4, 9
RACE PGPPP: Standard 12.1
CETI Criterion: 1.1.2, 1.3.5
Standard 4

The GP supervisor assesses the prevocational trainee’s learning objectives and provides a wide range of practice-based clinical experiences and training.

Purpose

The intention of this standard is to ensure the training structure provides a range of clinical experiences and incorporates aspects of the Australian Curriculum Framework for Junior Doctors that are relevant to the trainees’ learning needs.

Criteria

• The GP supervisor supports the trainee to develop a learning plan with realistic learning goals. The plan is informed by the GP supervisor’s assessment of the trainee and the Australian Curriculum Framework for Junior Doctors and is supported by relevant clinical experiences and training.
• The GP supervisor ensures that the trainee participates in a range of clinical experiences and responsibilities encountered in general practice and provides opportunities to take on continuity of care responsibilities and be a member of a primary care team.
• The general practice manages the trainee’s workload to ensure they see patients with a wide variety of presentations and who are not disproportionately representative of a particular group (age/gender).
• The GP supervisor provides opportunities to become familiar with quality assurance processes including clinical audit and peer review.
• The GP supervisor supports access by the Regional Training Provider to undertake direct observation sessions and ensures the trainee has access to educational activities outlined by the Regional Training Provider.

Guidelines

• The learning plan may be discussed with the Regional Training Provider.
• To support clinical training the GP supervisor may use:
  • mentoring
  • informal discussions
  • case discussion / review
  • feedback on observed consultations

Indicators

Feedback

• Discussion with the GP supervisor about the development and effectiveness of the learning plan and about the types and effectiveness of the clinical experiences provided
• Discussion with trainees about the development of their learning plan and the assessment of their learning objectives and how these have been met.

Evidence

• Examples of learning plans
• Documentation of an education and training program that demonstrates how structured learning components that are relevant to the Australian Curriculum Framework for Junior Doctors will be integrated with clinical activities, for example, the term description.
• Documentation providing evidence of satisfaction with clinical experiences and teaching program.

Standard Mapping

RACGP Training Post Standard: T-14 and T-17
ACRRM Training Post and Teacher Standards: Criterion 1.2: Demonstrated commitment as teacher (Point 2)
ACRRM Training Post and Teacher Standards: Criterion 1.3: Committed to supporting registrars (Point 1, 3)
ACRRM Training Post and Teacher Standards: Criterion 1.4: Committed to supporting registrars (Point 3)
ACRRM Training Post and Teacher Standards: Criterion 2.5: Practice provides range of clinical experiences
ACRRM Training Post and Teacher Standards: Criterion 2.6: Structured dedicated teaching time (Point 2)
RACGP Training Post Standards: Quality Standard T-12, T-14
Prevocational Medical Accreditation Framework Governance: Standards 4, 9
Prevocational Medical Accreditation Framework Training and Education: Standard 2
RACE PGPPP: Standards 4.1, 7.1, 7.2, 7.3, 7.4, 12.2, 12.3
CETI Criterion: 2.1.1, 2.4.3
Standard 5

The GP supervisor ensures there is effective clinical supervision of trainees at all times.

Purpose
The intention of this standard is to ensure GP supervisor provides, monitors and adjusts the required level of supervision to ensure the trainee practices safely.

Criteria
- The supervision provided complies with CETI’s current supervision policy.
- The GP supervisor ensures that the trainee is aware of the current CETI supervision policy.

Indicators

Feedback
- Trainees can describe the supervision framework and their scope of practice.
- Discussion with trainees about the effectiveness of the supervision
- GP supervisor can describe the supervision framework
- Discussion with GP supervisor about the level of supervision provided to trainees

Standard Mapping
RACGP Training Post Standards: T21, T22, T24 quality standard T25
ACRRM Training Post and Teacher Standards: Criterion 1.2: Supervisor has demonstrated commitment as a teacher (Point 2, 4)
ACRRM Training Post and Teacher Standards: Criterion 2.3: Documented Teaching Plan (Point 1)
ACRRM Training Post and Teacher Standards: Criterion 2.7: Training Post must have clear and adequate organisational management arrangements (Points 3 & 5)
Prevocational Medical Accreditation Framework Training and Education: Standard 4
RACE PGPPP: Standard 6.1
CETI Criterion: 1.3.2, 1.3.3
Standard 6

The GP supervisor monitors the trainee’s performance and provides ongoing constructive feedback and assessment to ensure the learning objectives are met.

Purpose
The intention of this standard is to ensure there is a process in place that continually assesses the safe and effective clinical practice of the trainee.

Criteria

Performance Assessment
- At orientation, the GP supervisor explains the criteria, process and timing of the feedback and assessment.
- There is a process for gathering information about trainee performance.
- The GP supervisor conducts a formative midterm and summative end of term assessment with the trainee using a CETI Progress Review Form. The completed form is given to the Regional Training Provider and a copy is provided to the trainee.

Management of the trainee in difficulty
- The Trainee is informed when a concern exists.
- The GP supervisor communicates the issues to the Regional Training Provider’s DPET.
- The GP supervisor adheres to the Regional Training Provider’s documented processes for identifying and managing trainees in difficulty.
- The GP supervisor is responsive to trainees with performance issues and supports and implements the Regional Training Provider and feeder hospital’s structured support and remediation program.

Guidelines
- The information that informs assessment can include:
  - direct observation
  - reports from supervisors
  - consultation with patients and other team members (registrars, nurses, allied health, reception staff, other professional staff)
  - audit of documentation such as referrals, medical records, pathology and radiology requests
- The GP supervisor encourages trainees to:
  - reflect on and critically appraise their clinical experiences
  - seek feedback from their supervisors
  - take responsibility for their own performance

Indicators

Feedback
- GP supervisor can describe the process for assessment.
- GP supervisor can describe the process for managing the trainee in difficulty
- Discussion with trainees about feedback and formal assessment
- Discussion with trainees about the effectiveness of assessment tools, including whether they receive a copy of the CETI Progress Review Form
- Regional Training Providers report receiving CETI Progress Review forms

Evidence
- Documentation of assessment process including schedule, timing and feedback methods
- Records of formative and summative assessment completion
- Documentation of policy and process for informing trainees and employers when concern exists and managing trainees in difficulty
Standard Mapping
RACGP Training Post Standards: T45.
RACGP Programs and Providers Standard: P31
ACRRM Training Post and Teacher Standards: Criterion 1.2: Demonstrated Commitment as a Teacher Point (6)
ACRRM Training Post and Teacher Standards: Criterion 1.2: Has demonstrated abilities as a teacher Point (2,3)
ACRRM Training Post and Teacher Standards: Criterion 1.4: The supervisor and/or mentor is committed to supporting registrars.
ACRRM Training Post and Teacher Standards: Criterion 2.3: Training post has a documented teaching plan. Point (4)
ACRRM Training Post and Teacher Standards: Criterion 2.8: Training post has a structured process to evaluate the training within the post (Point 1)
ACCRM RTP Recognition: Criteria 7.1: Teaching, Supervision and Mentoring
Prevocational Medical Accreditation Framework Training and Education: Standard 5
Prevocational Medical Accreditation Framework Governance: Standard 9
RACE PGPPP: Standard 2.2, 2.3, 9.8, 12.4, 12.5
CETI Criterion: 2.5.1, 2.5.2, 2.5.3
Standard 7

The General Practice acts in partnership with and adheres to the policies of the Regional Training Provider to deliver the general practice prevocational education and training program.

Purpose
The intention of this standard is to ensure that the Regional Training Provider and the General Practice act cooperatively to deliver the Prevocational Education and Training Program.

Criteria
- The principal GP supervisor is accountable for the provision and quality of the practice based aspects of the prevocational education and training program
- The general practice facilitates the trainee’s attendance at training sessions and professional development opportunities
- The general practice enables the Regional Training Provider to collect feedback and data about key aspects of the program

Guidelines
- The general practice would actively participate in the planning of the general practice prevocational education and training program
- The general practice would implement improvements in response to recommendations from the Program’s evaluation process

Indicators
Feedback
- Discussion with the general practice management and staff about the state of the relationship between the general practice and the Regional Training Provider.
- Discussion with the Regional Training Provider about the state of the relationship between the general practice and the Regional Training Provider.
- General practice management and staff:
  - are aware of the policies of the Regional Training Provider
  - are aware that they are responsible for the practice based aspects of the Prevocational Education and Training Program
  - report active participation in the planning of the Prevocational Education and Training Program
  - can describe the process for collecting feedback and data about key aspects of the program
  - report implementing improvements recommended through the Program’s evaluation process
- Regional Training Provider management and staff report that the general practice:
  - adheres to the relevant policies
  - facilitates trainee attendance at training sessions and professional development opportunities
  - cooperates in the collection of feedback and data about key aspects of the program
  - implements improvements in response to recommendations from the Program’s evaluation process

Evidence
- Documentation of general practice participation in feedback and data collection process
- Documentation of formal relationship between Regional Training Provider and general practice, for example, memorandum of understanding

Standard Mapping
Prevocational Medical Accreditation Framework Governance Standards: Standard 5
Prevocational Medical Accreditation Framework Training and Education: Standard 6
Standard 8

The general practice provides sufficient appropriately qualified medical staff for effective clinical supervision and training.

Purpose
The intention of this standard is to ensure that a high standard of clinical supervision and training is provided to trainees.

Criteria
- The general practice ensures that supervision and support for trainees is readily available at all times.
- The maximum number of prevocational trainees per GP supervisor is two.
- The majority of medical supervision and training is provided by general practitioners who work at least 3 sessions per week.
- A trainer is in the workplace at all times when a trainee is providing clinical care.

Guidelines
- A senior GP registrar (GPT3/GPT4) may assist with education and clinical supervision.

Indicators

Feedback
- Trainees report that supervision and support is readily available at all times and that a supervisor is onsite whenever the trainee is providing clinical care.
- GP supervisors report ensuring that on site supervision is provided at all times.

Evidence
- Rosters indicating that constant supervision is available, including a supervisor rostered on site whenever a trainee is providing clinical care, and that the supervisors who provide the majority of supervision work at least three sessions per week.
- Documentation demonstrating that the maximum number of prevocational trainees per GP supervisor is two.

Standard Mapping
ACRRM Training Post and Teacher Standards: Criterion 1.1: Teacher has sufficient qualifications and experience to act as supervisor or mentor (Points 1-5)
ACRRM Training Post and Teacher Standards: Criterion 1.2: Supervisor has demonstrated commitment as a teacher (Points 3-4, 12)
ACRRM Training Post and Teacher Standards: Criterion 1.4: Supervisor is committed to supporting registrars (Points 5-7)
ACRRM Training Post and Teacher Standards: Criterion 2.3: Documented Teaching Plan (Point 1)
ACRRM Training Post and Teacher Standards: Criterion 2.7: Training Post must have clear and adequate organisational management arrangements (Points 3 & 5)
RACGP Practice Standards: Criterion 3.2.1 General Practitioner Qualifications
Prevocational Medical Accreditation Framework Governance Standards: Standard 4, 5
Prevocational Medical Accreditation Framework Training and Education: Standard 4
CETI Criterion: 1.3.1
RACE PGPPP: Standards 5.1, 6.1, 9.1
Standard 9

The general practice ensures that the trainee’s workload is reasonable and equitable.

Purpose
The intention of this Standard is to ensure that prevocational trainees have a reasonable and fair workload.

Criteria
Consultation Schedule (Roster)
- The prevocational trainee is provided with a consultation schedule, in a timely manner, which outlines the trainee’s work days and hours, the trainee’s designated supervisor and other doctors working at the same time.
- The consultation schedule has flexibility and the prevocational trainee is aware of the process for negotiating changes.
- The practice and the feeder hospital communicate to ensure the trainee works safe hours when the trainee is participating in overtime and weekend rosters, including overtime initiated by the prevocational trainee.

Workload
- The workload of a PGY1 trainee should average 2 patients per hour and 8 patients per session (3.5 hours). This can be increased for PGY2 trainees to an average of 3 patients per hour and will take into account the potential complexity of presenting conditions.
- The general practice is able to function without the trainee when they are undertaking educational activities.
- The general practice monitors the trainee's case mix and workload enables the Regional Training Provider to collect feedback and data on the trainee’s case mix and workload.

Guidelines
- To comply with this standard, the prevocational trainee’s consultation schedule would be built with consideration of industrial, safety and training requirements.

Indicators
Feedback
- Trainees report being provided with a consultation schedule that meets the criteria above and can describe the process to negotiate changes to it.
- Trainees report workload that meets the criteria set out above.
- General practice management and staff report:
  - Communication with feeder hospital in relation to the rostering
  - That the practice is able to function when the trainee is at education or training sessions
- Discussion with general practice management and staff in terms of how the consultation schedule is developed and how trainee workload is monitored and managed

Evidence
- Rosters and/or consultation schedules
- Evidence of monitoring of trainee case mix and workload

Standard Mapping
RACGP Training Post Standards: Quality Standard T30, T38-40
ACRRM Training Post and Teacher Standards: Criterion 2.5: Provide a range of clinical learning opportunities (Point 3)
Prevocational Medical Accreditation Framework Governance Standards: Standard 8
CETI Criterion: 2.2.3, 3.3.1, 3.1.3
RACE PGPPP: Standards 11.1, 11.2
Standard 10

The general practice allocates work time exclusively for trainee education and training. It has systems to quarantine this time from service responsibilities.

Purpose
The intention of this standard is to ensure that trainees receive quarantined education and training within work time.

Criteria
• The trainee receives at least one hour of protected practice based face to face teaching time each week.
• The face to face session is planned and consistent with the learning plan.
• It occurs in an interruption free environment.

Indicators
Feedback
• Trainees report receiving a minimum of one hour protected practice based face to face teaching per week that is planned and consistent with their learning plan.
• General practice management and staff indicate that they provide training in accordance with the criteria

Evidence
• Evidence of the planned one hour protected practice based teaching, such as a weekly timetable

Standard Mapping
RACGP Training Post Standards: Quality Standard T6, T9, T16
ACRRM Training Post and Teacher Standards: Criterion 1.2: Demonstrated commitment as a teacher (Points 2, 3)
ACRRM Training Post and Teacher Standards: Criterion 2.6: Structured dedicated teaching time (Points 1, 2)
Prevocational Medical Accreditation Framework Governance Standards: 4
Prevocational Medical Accreditation Framework Training and Education Standards: 6
CETI Criterion: 2.2.1
Standard 11

The general practice provides an appropriate range of information resources and trains prevocational trainees in using them to deliver safe patient care.

Purpose
The intention of this standard is to ensure that trainees have access to a range of information resources to support the delivery of safe patient care.

Criteria
• The practice ensures that resources are accessible at all times during work hours and facilitates access outside of work hours, when required.

Guidelines
• Information resources would include text and reference books, medical journals and electronic media including CD-ROM and on-line resources.
• The information resources that support routine and emergency clinical management would include (but are not limited to):
  • clinical guidelines
  • drug therapy guidelines
  • relevant and current clinical texts and journals
  • access to appropriate resource personnel

Indicators

Feedback
• Trainees report having access to and training in the use of a range of information resources to support them in their role as specified in the Criteria and can describe how to access them.
• Trainees indicate that resources are accessible at all times during work hours and can describe how to access them out of hours if required.

Evidence
• Evidence of information resources that are available

Standard Mapping
ACRRM Training Post and Teacher Standards: Criterion 1.3: Committed to supporting registrars (Point 5)
ACRRM Training Post and Teacher Standards: Criterion 2.2: Committed to supporting registrars (Point 2 & 3)
RACGP Training Post Standards: T31
Prevocational Medical Accreditation Framework Governance Standards: 6
CETI Criterion: 2.6.1, 2.6.2
Standard 12

The general practice provides adequate safe work spaces, equipment and resources.

Purpose
The intention of this standard is to ensure that trainees are provided with the resources they need to undertake their work in a safe environment.

Criteria
- The practice is an RACGP or ACRRM accredited practice.
- The practice ensures that equipment required for safe practice, including for urgent clinical care, is immediately available.
- This consulting room should be easily accessible by the GP supervisor or their delegate to allow discussion of clinical problems.
- The practice employs sufficient administrative staff to support the clinical staff.
- The practice provides a suitably equipped dedicated patient consultation room which has:
  - a telephone (with STD facilities)
  - computer
  - printer
  - online access and resources
- The practice has a system to assist the trainee relocate when changing rooms.
- The practice has dedicated space for staff that is suitably furnished for relaxation and meetings.

Guidelines
- The practice complies with its occupational health and safety obligations.
- The practice provides ready access to safety equipment that is well maintained and stocked.

Indicators

Feedback
- Trainees report having access to a suitably equipped and dedicated patient consultation room that complies with the criteria above
- Trainees report having access to a dedicated space for staff that is suitably furnished for relaxation and meetings
- The GP supervisor and delegates report having easy access to the trainee’s consultation room

Evidence
- Evidence of RACGP or ACRRM accreditation
- Visit to consultation rooms and relaxation areas or photographs of these areas
- Where relevant, evidence of system in place to assist trainees relocate between rooms
- Documentation of administrative staff numbers

Standard Mapping
RACGP Trainer and Training Post Standards: T29
ACRRM Training Post and Teacher Standards: Criterion 2.2: Appropriate training resources (Point 1)
ACRRM Training Post and Teacher Standards: Criterion 2.2: Practice is suitably equipped with clinical and office equipment sufficient to allow the registrar to practice well and learn new skills (Point 1, 2, 3, 4)
Prevocational Medical Accreditation Framework Governance Standards: 6
CETI Criterion: 3.6.3