



NTGPE'S GP REGISTRAR (TRAINING) PROGRAM SUPERVISION QUALITY PARAMETERS

1. Scope

1.1 Application

This policy applies to all of NTGPE¹'s GP Registrar, GPR training program activities.

1.2 Limitations

Nil

1.3 Related Standards, Policies and documents

RACGP² curriculum for GP training in Australia

ACRRM³ curriculum documents

*GPET policies and documents for the Australian General Practice Training Program,
AGPTP*

NTGPE policy on Registrar in Distress

NTGPE policy on cultural orientation (to follow)

NTGPE policy on allocation of GPRs to supervisor locations (to follow)

NTGPE policy on dispute resolution and appeals (to follow)

1.4 Effective from

18th September 2003

2. Purpose

Define the principles, policies and procedures NTGPE will adopt to assure the quality of supervision and training locations associated with its GP Registrar training and related education programs.

3. Principles

3.1 GP Supervisors (GPSs) are a central element of successful GP training.

3.2 NTGPE must support GPSs and the GPS network throughout the NT to ensure there is appropriate quality of supervision.

3.3 Support for GPSs is necessary through each of the steps in establishing a supervisor network. These include: 'advertising', recruitment, initial and on-going training, orientation and

¹ Northern Territory General Practice Education Limited, NTGPE

² Royal Australian College of General Practitioners

³ Australian College of Rural and Remote Medicine

- induction, support during supervision, assistance in monitoring and maintaining appropriate standards, facilitating supervisors' input to the training program and its processes, facilitating peer networks, and de-briefing any departing supervisors.
- 3.4 The RACGP Fellowship is the outcome for NTGPE's GPR training program. GPRs can supplement their program from the ACRRM curriculum.
 - 3.5 Accreditation of GPSs and their practise setting(s), using the RACGP GP training post accreditation system, or recognised equivalent is the means by which approved readiness-to-supervise is determined.
 - 3.6 Nothing associated with the approval and/or accreditation system should diminish access to training in and for the important diversity of GP or primary health care practise settings in the NT. In particular, training in settings such as those associated with high mortality and morbidity of Aboriginal populations should be facilitated not inhibited by approval and accreditation systems⁴. This is on the basis that improved health care will be facilitated in and for those settings if medical professionals are trained in, with and for those settings.
 - 3.7 Innovation will be required where accreditation standards may not be met in a standard form. Where this applies, NTGPE will not be deterred from seeking an equivalent form of accreditation, acceptable to RACGP and other relevant authorities.
 - 3.8 Maintaining good communications between NTGPE as the training provider and GPSs is essential to an understanding that appropriate training is occurring, including vigilance on issues related to the appropriateness of each training post and GPS from time to time.
 - 3.9 Maintaining clear communication with, and understanding the expectations of and for GPSs, is a pre-requisite for good training.
 - 3.10 In and for settings where Aboriginal patients will be encountered by GPRs, NTGPE recognises the importance of participation by an Aboriginal Cultural Educator(s) in the Training Program. This is essential to advise GPRs, GPSs and Medical Educators, MEs and others on appropriate approaches to medical and social-professional cross-cultural interaction. (Refer to separate policy)

4. Policy

4.1 Approval and Accreditation

- 4.1.1 NTGPE will facilitate accreditation of all training posts and maintain a list of accredited GPSs and Training posts and locations, including appropriate dates related to accreditation and re-accreditation. The training locations will be categorized by post for which they are accredited.
- 4.1.2 In a setting where standard accreditation is not possible or appropriate, but training in it is consistent with the overall long-term aim of contributing to improved health in such a setting, a GPR's training post in the setting may proceed with the approval of the Censor of the SA and NT Faculty of the RACGP, or equivalent.
- 4.1.3 The list of approved settings and posts will be reviewed internally biannually, published on a secure section of NTGPE's website, and accessible to GPSs, GPRs, GPET and NTGPE's Board (and others with approval of the Executive Director).
- 4.1.4 NTGPE will liaise with the RACGP SA and NT Training Post Accreditation Committee, or equivalent body on accreditation matters, including a schedule for re-accreditations.
- 4.1.5 The Programs Manager will be responsible for liaison with the executive officer of the RACGP SA and NT Training Post Accreditation Committee or equivalent on accreditation and re-accreditation schedules, and lists of accredited GPSs or posts.

⁴ To do less than this, particularly in remote Indigenous settings where a GP may not regularly be present or Clinic standards are variable, would invite suggestions of 'institutionalised racism'.

The ME Coordinator will be responsible for communication with that Committee and the Censor on matters related to medical training.

4.2 *Allocation of GPRs to Training Posts, and conditions Associated with a GPR's Training Post*

- 4.2.1 Medical Educators, in considering options that are available for a GPR, will only use accredited training posts.
- 4.2.2 GPSs for whom a GPR allocation is intended will be invited to consider a contract determining the conditions under which the allocation will be made. The contract will include a requirement that the training requirements of the AGPTP are met. GPSs associated with hospital-based terms, who are hospital/ NT DHCS⁵ employees, will be included in a contract NTGPE will seek to reach with the Department for equivalent purposes. GPSs employed in an ACCHO⁶ will be included in a contract between NTGPE and the organization and considered as for other GPSs.
- 4.2.3 In reaching agreements through these contracts in 4.2.2, NTGPE will seek to adhere to minimum terms and conditions for GPRs and GPSs.
- 4.2.4 GPRs allocated to each GPS under conditions defined in 4.2.2 will receive a copy of the contract applying to their training location.

4.3 *When Training Conditions for a GPR are at Risk*

- 4.3.1 When a GPR becomes aware of a potential or actual breach in the conditions associated with a contract described in 4.2.2, then she or he will:
 - a) Take action to seek to restore appropriate training conditions by bringing it to the attention of the GPS seeking mutual agreement on restoration of the contract conditions;
 - b) If such a restoration is not possible and the GPR's training requirements are at risk, then the GPR will contact NTGPE through their Training Advisor, or the Programs Manager who will act according to 4.3.3.
- 4.3.2 When a GPS or a training practice Clinic Manager becomes aware of any potential or actual breach in the conditions associated with a contract described in 4.2.2, she or he will:
 - a) Take action to seek to restore appropriate training conditions; Take action to seek to restore appropriate training conditions by bringing it to the attention of the GPS seeking mutual agreement on restoration of the contract conditions;
 - b) If such a restoration is not possible and a GPR's training requirements are at risk, then the GPS or Clinic Manager or hospital-based supervisor will contract NTGPE through the Programs Manager who will act according to 4.3.3.

⁵ Northern Territory Department of Health and Community Services, NT DHCS

⁶ Aboriginal Community Controlled Health Organisation, ACCHO

- 4.3.3 When NTGPE becomes aware of any potential breach in the conditions associated with a contract described in 4.2.2, acting through the GPR's Training Advisor⁷, or Programs Manager by agreement between the two, it will:
- a) Consult as far as possible with the SLO⁸ and/or RLO⁹ on the issue;
 - b) Take action to seek to restore appropriate training conditions, normally with an ME or equivalent, the GPR and GPS. Where appropriate and necessary, such action will also include with the Executive Director and a Clinic Principal, or an AMS¹⁰ Director, or a nominee of the NT DHCS, or equivalent;
 - c) If such a restoration is not possible and a GPR's training requirements are at risk, then the contract and the training in that location will be suspended or terminated and the GPR placed in another training location;
- 4.3.4 If a restoration is not possible and the GPR's training program is not at risk, then NTGPE will:
- a) Seek mutual agreement between the GPR, GPS and/or appropriate others on a revised contract, or, failing the availability of such an agreement;
 - b) Seek an alternative training placement.

4.4 *Feedback on the Nature of Training Provided*

- 4.4.1 A GPR should receive confidential regular formative feedback, and formal end-of-term summative feedback on their progress in training from:
- a) Their GPS in each Training Post; and
 - b) Their Training Advisor; and;
 - c) Extended during- and end-of-visit feedback from:
 - d) An ME, from External Clinical Teaching Supervision Visits
- 4.4.2 A GPS and Clinic Manager, Principal or equivalent should receive confidential feedback on their provision of training from:
- a) Each GPR in their Training Post; and
 - b) The Training Advisor for the GPR; and
 - c) A Medical Educator conducting an ECTSV at that location.

4.5 *Training for GPSs, Medical and Cultural Educators, and Administrators*

- 4.5.1 NTGPE will support the provision of regular and on-going training for GPSs, TAs, CEs and MEs to ensure that the training provided by them for GPRs is consistent with the best available nationally. This training will relate to good practice in medical provision, medical education and training, and cross-cultural orientation/professional relationships.

⁷ Training Advisor, TA, normally a separate GPS or ME allocated to a GPR to guide their development during the course of their training program.

⁸ Supervisor Liaison Officer, SLO

⁹ Registrar Liaison Officer, RLO

¹⁰ Aboriginal Medical Service, AMS

- 4.5.2 NTGPE will also support the provision of regular and on-going training for all administrative, management and leadership staff associated with the GP Registrar program, in the NT.
- 4.5.3 The training referred to in 4.5.1 and 4.5.2 will be respectively benchmarked against that available in nationally and internationally well-regarded professional training programs.

5. Procedures

5.1 Approval and Accreditation

- 5.1.1 The Programs Manager will ensure the existence of a list of accredited GPSs and training locations as described in 4.1.1.
- 5.1.2 The Programs Manager will ensure the appropriate review and distribution of the list described in 5.1.1.
- 5.1.3 The Programs Manager will be responsible for liaising with the RACGP Training Post Accreditation Committee, and any equivalent, including ensuring contact lists are current.
- 5.1.4 The Medical Educator Coordinator or nominee will be responsible for liaison with the RACGP Training Post Accreditation Committee or Censor on matters related to medical education or training aspects a GPR's program.

5.2 Allocation of GPRs to Training Posts, and conditions Associated with a GPR's Training Post

- 5.2.1 The ME responsible for determining the post(s) in which a GPR will undertake training in the coming term(s) will ensure that the post(s) is accredited by the RACGP for training purposes. This will be done by reference to the list of accredited posts as determined by the SA and NT Training Post Accreditation Committee of the RACGP, or equivalent.
- 5.2.2 The Programs Manager will be responsible for:
 - a) Drafting and storage of current contracts between NTGPE and Training Practices and the NT Department of Health and Community Services, including ensuring that proposed training terms are in accredited posts and the existence of clauses that demonstrate compliance with the National GP Training Program;
 - b) Maintaining confidentiality of the contents of the contracts;
 - c) Circulation of copies to appropriate others, including the GPR to whose training the contract applies; and
 - d) Other administrative requirements associated with 4.2.2 – 4.2.4.
- 5.2.3 The Executive Director as the signatory is responsible for the contents of the agreements.

5.3 When Training Conditions for a GPR are at Risk

- 5.3.1 The Programs Manager will be responsible for ensuring that all participants in the program are aware of the rights, responsibilities and procedures associated with 4.3.1 – 4.3.3.

- 5.3.2 The Programs Manager will be the recipient of any expressions of concern from a GPR, GPS or Clinic Manager or principal or equivalent, and for ensuring compliance with the procedures above, including 4.3.1 – 4.3.3.
- 5.3.3 When issues related to 4.3.1 – 4.3.3 rise, the Programs Manager will consult:
- a) The GPR’s Training Advisor and/or Medical Education Coordinator and/or the SLO and/or the RLO about aspects related to the medical education and training, including those related to compliance with AGPTP requirements;
 - b) The Executive Director and/or Clinic principal and/or Director of the AMS and/or nominee of the NT DHCS as appropriate for matters related to 4.3.3; and
 - c) The Executive Director on contract compliance matters
- 5.3.4 The Programs Manager will ensure that the expression of concern and all aspects of its resolution are recorded and maintained on file.
- 5.3.5 In cases of repeated expression of concern about a training supervision issue or training location, the matter will be brought to the attention of the Executive Director who, in consultation with the Medical Education Coordinator and SLO will consider the history of the incidents and take appropriate subsequent action.

5.4 *Feedback on the Nature of Training Provided*

- 5.4.1 The Medical Education Coordinator will be responsible for the existence of appropriate feedback processes and documentation for the processes in 4.4.1 – 4.4.2.
- 5.4.2 The GPS, Training Advisor, Medical Educator and GPR concerned with 4.4.1 – 4.4.2 will be responsible for generating the contents of the respective feedback sessions, the documentation of each, and the provision of confidential copies of each to the Programs Manager for NTGPE’s files.
- 5.4.3 The Programs Manager will be responsible for:
- a) The existence of any appropriate feedback forms;
 - b) The maintenance of records related to feedback documentation for each GPR;
 - c) Follow-up where provision of documentation is tardy;
 - d) Monitoring, confidentiality and storage of feedback records;
 - e) Provision of records and details of summative feedback at appropriate stages of training, such as to demonstrate readiness for examination.

5.5 *Training Programs*

- 5.5 The Executive Director will be responsible for ensuring that appropriate regular training programs are provided for, or undertaken by GPSs, TAs, MEs, CEs and other staff. Participation in such programs will normally be at least annually, and the subject of evaluations and/or reports from participants (the latter for ex-NTGPE training or conference attendance). Additional orientation and/or induction and/or training programs will be a normal expectation for newly recruited GPSs or staff.
- 5.6 The Programs Manager will be responsible for keeping records of training programs undertaken by GPSs and NTGPE staff, reports of outcomes from them,

evaluations of their effectiveness, and any additional communication amongst stakeholders.

6. Approval and Authority

The NTGPE Board of Directors endorsed this policy on 17th September 2003. The NTGPE Board of Directors will also act as the Authority for this policy.