



THE ROYAL AUSTRALIAN COLLEGE OF GENERAL PRACTITIONERS

Standards for the Supervision of Prevocational Doctors in General Practice

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This booklet is designed for use by general practitioners, and the primary care team with which they work, to assess their suitability and capability to take on the responsibility for supervising prevocational doctors.

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The Royal Australian College of General Practitioners
College House
1 Palmerston Crescent
South Melbourne VIC 3205
Australia
Tel 03 8699 0414
Fax 03 8699 0400
Email education@racgp.org.au

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INTRODUCTION

The Royal Australian College of General Practitioners (RACGP) is recognised by the Australian Medical Council (AMC), the profession and the community as the body responsible for maintaining the standards of training for general practice in Australia. The Fellows and members of this college who are supervisors are our most important resource – they shape the future of our profession. This college is committed to ensuring supervisors are supported in their efforts and have sufficient opportunity to develop their skills as supervisors, educators and mentors. The RACGP will continue to advocate for and support supervisors.

With this assertion in mind the RACGP has embarked on a process of developing a set of standards for supervision of prevocational doctor general practice placements. These standards have been developed with the valuable input from our Prevocational Subcommittee.

The standards are addressed to the general practitioners who are taking responsibility for the supervising of prevocational doctors within a primary care setting – referred to throughout as supervisors.

The RACGP provides these standards for the use of the postgraduate medical councils and the Prevocational General Practice Placements Program (PGPPP) National Advisory Committee (NAC) and the practices and supervisors involved to facilitate the process of ensuring that the standard of supervision is uniformly high throughout Australia with suitable role models, experience, supervision, teaching and access to proper resources and facilities by the prevocational doctor. The RACGP sees the process as a collaborative one – working with the postgraduate medical councils, the NAC and all concerned to continually improve the experience of our future medical practitioners in their general practice placements and ensure that it is a positive experience for all involved.

The booklet addresses Standards for Supervision of prevocational general practice placements in sections under the headings:

1. *Standards for general practice supervisors*
2. *Standards for the education of prevocational doctors*
3. *Standards of support required for the prevocational doctor*
4. *Standards relating to workload of the prevocational doctor*
5. *Standards for the general practice or primary care facility*
6. *Standards relating to the workload of the prevocational doctor*

Those aspects that should be monitored for feedback during training are outlined under *Education*, *Support* and *Workload*. Every effort has been made to make a clear statement about what is required.

DEFINITIONS

The definition of terms used in this booklet and terms that are used for general practice training are as follows:

Education committee: Each faculty of the RACGP has an education committee with subcommittees that oversee vocational training and associated standards, continuing professional development and relationships with undergraduate departments of general practice.

Faculty: The RACGP is a faculty-based organisation with six state faculties and the National Rural Faculty; the faculty chairs sit on the national council that governs the college.

Fellow: A general practitioner who has been admitted to Fellowship (or is a Fellow) of the RACGP. Fellowship is granted to those who demonstrate that they have reached the standard required for unsupervised general practice in Australia. See *Requirements for Fellowship 2005*.

General practice: General practice is part of the Australian health care system and operates through primary care facilities (predominantly private medical practices), which provide universal, unreferral access to whole person medical care for individuals, families and communities. General practice care means comprehensive, coordinated and continuing medical care drawing on biomedical, psychological, social and environmental understandings of health.

General practitioner (GP): A registered medical practitioner who:

- is qualified and competent for general practice anywhere in Australia
- has the skills and experience to provide whole person, comprehensive, coordinated and continuing medical care, and
- Maintains professional competence for general practice.

Australian general practitioners are vocationally recognised, i.e. recognised by Medicare Australia as a general practitioner. This includes a requirement for maintaining professional development.

General practice regional training provider: An organisation providing general practice vocational training. They are accredited for this purpose by the RACGP and GPET.

General Practice Education and Training Pty Ltd (GPET): A not for profit company whose Education and Training officers are appointed by the Federal Minister for Health and Ageing. GPET contracts general practice training providers to provide general practice vocational training.

GP Tutor: Those individuals who provide general practitioner training within an academic settings.

Medical educator: A general practitioner employed by the general practice regional training provider who designs and participates in the general practice training program and takes on the role of an off site clinical educator.

National Standing Committee Education: The committee that is charged with the following terms of reference.

Terms of reference:

- provide strategic direction with regard to education and professional standards within the college and promote this to Council
- maintain the strategic plan for education and professional standards
- communicate strategy and policy to other key organisations and stakeholders
- ensure the quality of education in general practice is maintained and improved to meet members and other stakeholders expectations
- ensure members (and other general practitioners) embrace the highest possible professional standards
- ensure that the college exceeds the standards expected by the Australian Medical Council
- provide direction and respond to issues raised by the sub-committees
- ensure the policy developed by the subcommittees and strategic developments are coordinated

Prevocational doctor: A medical graduate, currently working in the hospital system, who is not enrolled in any specialist training program as yet.

Prevocational Subcommittee: A subcommittee of the National Standing Committee Education that is charged with the task of ensuring vertical integration between medical student, prevocational doctor and general practitioner. Specific terms of reference include:

- development of policy for undergraduate placements in general practice
- development of policy for prevocational (PGY 1 & 2) education experience in general practice

RACGP censor: An RACGP censor determines whether college standards have been met.

Registrar: A registered medical practitioner who is enrolled in a general practice training program approved by the RACGP to achieve Fellowship of the RACGP.

Student: A university student who is enrolled in a primary medical degree and is undertaking a general practice placement.

Supervisor: The general practitioner with responsibility to guide the prevocational doctor in their general practice placement. It is their responsibility to provide clinical education, placement management and supervision.

AND: The GP with responsibility for registrar training in a clinical setting. The trainer takes responsibility for clinical education and placement management. This includes the role of general practice supervisor and mentor.

Training posts: Training posts are placements where general practice registrars are employed to undertake vocational training in general practice. These posts are also used in the education and supervision of students and prevocational doctors

STANDARDS FOR GENERAL PRACTICE SUPERVISORS

General practitioners taking responsibility for supervising prevocational doctors should be prepared to undertake the supervision of the prevocational doctor's experience in the practice or primary care facility. The supervisor should therefore be available to advise, counsel and mentor the prevocational doctor, so that a graduated clinical experience and responsibility in primary care are achieved. Such supervisors would benefit from access to feedback from both patients and students and should provide regular feedback to prevocational doctors on their progress.

The supervisor will also be the clinical educator for this prevocational doctor, ensuring that the prevocational doctor gains confidence and competence through education and experience. The experience offered should be commensurate with the prevocational doctor's stage of training, competence and confidence. It should also reflect the prevocational doctor's and postgraduate medical council's defined learning outcomes.

The supervisor should ensure that the prevocational doctor has a balanced case mix that encourages learning and a breadth of experience to ensure an understanding of the breadth of skills and knowledge required for a career in general practice throughout Australia.

Should the primary supervisor be absent, another general practitioner should be nominated to act as deputy and take responsibility for the prevocational doctor's supervision. Where there is more than one partner or associate in a practice, it is advisable for two or three to become supervisors, so that there is always continuity of supervision.

The supervisor will be responsible for assisting the student with the completion of any required training records, such as logbooks.

Recommended attributes for general practice and rural doctor supervisors

A doctor taking responsibility for the supervision of prevocational doctors at all stages of their term should display the following attributes:

- be known, approachable and easily accessible to the prevocational doctor and have established a rapport with them early in their placement
- be a good communicator
- be an advocate for the prevocational doctor
- understand prevocational doctor's role in terms of 'experience' of general practice
- be supportive of the prevocational doctor
- be able to adopt a counselling role with the prevocational doctor in relation to career or vocational planning and dealing with work pressures
- be interested in education, enjoy and be enthusiastic about teaching
- be able to deal effectively and assertively with other staff and specialists that the prevocational doctor will need to deal with.

A doctor taking responsibility for the supervision of prevocational doctors at all stages of their term should meet the following requirements:

1. The supervisor should have full and unrestricted registration by the State Medical Board/Council and no prior history of removal from the register for disciplinary reasons under any jurisdiction.
2. The supervisor should be an excellent clinician.

- This may be demonstrated by:
- holding Fellowship of the RACGP and/or FACRRM, or
 - being accepted by peers as an excellent clinician, who is vocationally recognised, and providing a written recommendation by an experienced general practitioner (GP) who is engaged by a training provider, or other medical education organisation, to provide general practice training, education or assessment who is preferably from the local area.
3. The supervisor should be a good role model and demonstrate commitment to the development of the profession by:
 - current membership of the RACGP, or
 - current membership of the Australian College of Rural and Remote Medicine (ACRRM), or
 - demonstrable active involvement in a primary care professional organisation.
 4. The supervisor should hold vocational recognition as a general practitioner or rural doctor by Medicare Australia
 5. The supervisor should participate in documented continuing professional development aimed at improving performance as a general practice educator.
 6. The supervisor should provide ongoing supervision of the prevocational doctor and provide teaching on a case basis and by formal regular tutorials.

STANDARDS FOR THE EDUCATION OF PREVOCAATIONAL DOCTORS

Teaching should be based on the ACRRM and/or RACGP and/or CPMEC curricula the national JMO curriculum and the relevant medical registration board/council requirements, and also the intern training programs of the parent hospital plus other perceived needs that arise during training. Teaching should include a range of methods such as direct observation, discussions on clinical problems and interesting cases, joint consultations, formal teaching on specific topics, review of taped consultations, demonstrations, participation in clinical procedures and selected or random case analysis. Sometimes small group discussions with other members of the practice might be employed.

The prevocational doctor's overall education should be discussed as well as perceptions of clinical strengths and weaknesses and consulting, counselling and communication skills.

The prevocational doctor needs to understand the practice protocols, administration and other important features. Discussions with the prevocational doctor should be based on the principles of constructive feedback. This will include frank discussion on progress to date and possible variation of the program to meet new needs as they arise.

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1. The supervisor should assist the prevocational doctor to understand the requirements for the term
2. The supervisor should provide direct observation sessions (which could be by video review)
3. The supervisor should provide planned education as outlined by the curriculum. These sessions should be at an appropriate level considering the prevocational doctor's knowledge and experience. The prevocational doctor may prepare them
4. The planned education should amount to a session of general practice time a week.

STANDARDS OF SUPPORT REQUIRED FOR THE PREVOCATIONAL DOCTOR

The supervisor will be required to offer support to the prevocational doctor

1. The supervisor should provide orientation to the practice ensuring that the prevocational doctor is:
 - introduced to all members of staff and the stage of training and responsibilities of the prevocational doctor is known by all
 - trained to use any systems in use such as computer systems and recall systems
 - be aware of the location of educational resources, including reference materials.
2. The supervisor should be satisfied and/or have verified with the fundholder that the prevocational doctor is registered with the state or territory medical council for the clinical work to be undertaken.
3. The supervisor should be satisfied and/or have verified with the fundholder that the prevocational doctor holds medical indemnity insurance for the clinical work to be undertaken.
4. The supervisor should provide supervision to the prevocational doctor to the level appropriate to their level of training as indicated below.
5. Level 1 The PGY1 doctor: **The Supervisor takes direct and principal responsibility for individual patients**
 - a. The supervisor should be physically present at the workplace at all times whilst the prevocational doctor is providing clinical care
 - b. If the supervisor is absent from the medical practice, medical practitioners with general or full unconditional registration should oversee the graduate's practice
 - c. The prevocational doctor should consult the supervisor about the management of all patients
 - d. The prevocational doctor is to carry out home visits only as an observer to the supervisor. The provision of on call services is only to be undertaken in circumstances where the supervisor is physically present. The Student may elicit histories and examine patients in their homes only under direct supervision.
6. Level 2 The PGY2 doctor: **The Supervisor shares responsibility for individual patients**
 - a. The supervisor should be physically present at the workplace or in readily accessible contact at all times whilst the prevocational doctor is providing clinical care
 - b. If the supervisor is absent from the medical practice, medical practitioners with general or full unconditional registration should oversee the graduate's practice
 - c. The prevocational doctor should review the management of all patients with the supervisor at a reasonable frequency, such as the end of every consulting session or day.
 - d. Where there is a recurrent presentation without improvement, the patient should be reviewed by the supervisor.
 - e. The supervisor should ensure that if the prevocational doctor is to carry out home-visits or provide on-call services that the assessment and management of the patients are discussed with the supervisor for all patients.

7. Level 3 The PGY3 doctor: **The supervisor shares responsibility for individual patients**
 - f. At a frequency determined by the supervisor, the prevocational doctor should inform the supervisor about the management of individual patients
 - a. If the supervisor is absent from the medical practice, medical practitioners with general or full unconditional registration should oversee the prevocational doctor's practice
 - b. The supervisor should ensure that if the prevocational doctor is to carry out home visits and provide on call services, that the assessment and management of individual patients is discussed with the supervisor at a frequency determined by both the supervisor and the prevocational doctor.

8. Level 4 The PGY4+ doctor: **The registrant takes primary responsibility for individual patients**
 - a. The supervisor should ensure that there are mechanisms in place for monitoring whether the prevocational doctor is practising safely
 - b. The prevocational doctor is permitted to work alone provided that the supervisor is contactable by telephone at all times
 - c. The prevocational doctor can carry out home visits and provide on-call and after hours' services providing adequate phone support is available at all times.

STANDARDS FOR THE GENERAL PRACTICE OR PRIMARY CARE FACILITY

The general practice or primary care facility involved in training should provide excellent learning opportunities for the prevocational doctor. The primary care team should be aware of the experience and role of the prevocational doctor, and the need to ensure that they have adequate time for learning as well as clinical experience. Computers are required for many aspects of primary care and are certain to be an important tool in the future. It is important that prevocational doctor understand the role of computers during their supervised post.

The general practice or primary care facility in which the supervised post takes place should meet the following criteria:

1. The facility should offer the full range of ongoing primary care to all patients who attend
2. The majority of the medical care in the facility should be provided and clinically managed by general practitioners
3. The majority of the medical care should be provided by general practitioners who work at least three sessions (1.5 days per week) to ensure continuity of care
4. The facility should provide adequate consulting space for the prevocational doctor. This may include another doctor's room while they are absent
5. There should be a set of reference materials and patient information materials available in the facility that can be accessed by the prevocational doctor

These may include copies of:

- a general practice textbook, such as *General Practice* by John Murtagh
- the *Therapeutic Guidelines* series
- access to the Pharmaceutical Benefits Scheme (PBS) and a current medication reference, eg. MediMedia Australia Annual (MIMS)
- access to the 'Red Book' – *Guidelines for Preventive Activities in General Practice*
- systematically organised patient information leaflets
- a general medical reference such as:
 - Braunwald E (Ed). *Harrison's Principles of Internal Medicine*
 - Weatherall DJ. *Oxford Textbook of Medicine*.
- access to evidence in a suitable form, such as:
 - The Cochrane Library via the internet
 - BMJ Publishing Group. *Clinical Evidence*.
- a textbook on minor surgery and procedures, such as:
 - Pfenninger J. *Procedures for Primary Care Physicians*
 - Brown JS. *Minor Surgery: A Text and Atlas*.
- other books reflecting the workload in the practice, such as:
 - Crawford Adams J. *Outline of Fractures Including Joint Injuries*
 - Behrman RE. *Nelson's Textbook of Paediatrics*
 - Guillebaud J. *Contraception Today: A Pocketbook for General Practitioners*.

6. The facility should ensure that a private space is provided for teaching purposes and that systems are in place to protect teaching time from interruptions.
7. Practice staff members should be informed of the function and needs of the prevocational doctor, and provide feedback to the general practitioners on how the prevocational doctor interacts with them, and encourage the prevocational doctor to take an interest in aspects of practice administration.
8. The permission of the patient must be obtained prior to the consultation if undergraduate students, general practice nurses or other doctors or health professionals are to be involved in the consultation, whether through direct observation, interview or examination.

Ideally, permission needs to be sought when the patient makes an appointment, or failing that, when they arrive at reception. It is not acceptable to ask permission in the consulting room, as some patients may feel 'ambushed' and unable to refuse.

STANDARDS RELATING TO THE WORKLOAD OF THE PREVOCATIONAL DOCTOR

There should be an adequate patient load for the prevocational doctor. Consideration should be given to the doctor's experience, the quality of patient care, the time taken in teaching and the type of services rendered. However, the clinical load should mean that the doctor is occupied most of the day, allowing for the above factors and normal daily and seasonal fluctuations

1. The prevocational doctor should see an average of at least eight patients per session, whenever possible
2. The prevocational doctor should not have more than four patients booked per hour
3. The workload of the prevocational doctor should be monitored and managed to ensure they do not see a particular group (age or gender) or presentation in an excessive proportion, in order to experience the wide variety of presentations in general practice.

MONITORING AND FEEDBACK

1. The prevocational doctor will be asked to provide feedback on:
 - frequency and range of primary care patients seen
 - scheduling of their consultations and education activities
2. The supervisor should be in a position to provide feedback in relation to the following parameters
 - the number of patients seen each week
 - the number of patients booked per week
 - type of patients and problems encountered each week
 - on-call arrangements where applicable.

CONCLUSION

The RACGP endeavours to be reasonable, practical and flexible in its approach to these standards and wishes to work closely with the postgraduate medical council, the NAC and general practices/supervisors to allow for a positive educational experience to be had by prevocational doctors during their general practice placement. The prime consideration is the overall value of the placement to prevocational doctors regarding the role of primary care in the medical system.