



THE ROYAL AUSTRALIAN COLLEGE OF GENERAL PRACTITIONERS

Standards for General Practice Education and Training Trainers and Training Posts 2005

This booklet forms part of the *Standards for General Practice Education and Training* series. It 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 training a registrar.

Publications in this series:

Trainers and Training Posts 2005

Programs and Providers 2005

Requirements for Fellowship 2005

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CONTENTS

Introduction 1

Overseas posts 2

Standards for general practice trainers 3

Standards for all general practice trainers 3

Additional standards for trainers: first year in general practice 4

Standards for the education of registrars 5

Standards of support required for registrar training 7

Standards for the general practice or primary care facility 9

Standards relating to the workload of registrars 11

Monitoring and feedback 12

Education 12

Support 12

Workload 13

Standards for hospital training posts 14

Postgraduate medical councils and their standards 14

Extended and advanced skills training posts 15

Joint Consultative Committees 16

Conclusion 17

References 18

Contact addresses 19



DEFINITIONS

The key terms relating to education in general practice used in this series are:

Education committee	Each faculty 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 (see <i>Contact addresses</i>) and the National Rural Faculty; the faculty chairs sit on the national council that governs the college.
Fellow	A GP 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 <i>Requirements for Fellowship 2005</i> .
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)	<p>A registered medical practitioner who:</p> <ul style="list-style-type: none"> • 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. <p>Australian general practitioners are vocationally recognised, ie. recognised by the Health Insurance Commission (HIC) as a GP. This includes a requirement for maintaining professional development.</p>
General practice training provider	An organisation providing general practice vocational training accredited for this purpose by the RACGP.
General Practice Education and Training (GPET)	General Practice Education and Training Pty Ltd is a not for profit company whose officers are appointed by the Federal Minister For Health and Ageing that contracts general practice training providers to provide general practice vocational training.
Medical educator	A GP employed by the general practice training provider who designs and participates in the general practice training program and takes on the role of an off site clinical educator.
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.
Trainer	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.



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 trainers are our most important resource – they shape the future of our profession. This college is committed to ensuring trainers are supported in their efforts and have sufficient opportunity to develop their skills as supervisors, educators and mentors.

This document outlines the standards required in general practice training posts and extended skills posts. It is addressed to the general practitioners who are taking responsibility for the training of the registrar within a primary care setting – referred to throughout as trainers*. It is also relevant to those seeking to support the training of GPs.

The college ensures that the standards are met by accrediting trainers and training posts, and general practice training providers, and by seeking feedback from registrars, trainers and general practice training providers. The GP trainer and primary care facility, or extended skills training post, are then deemed suitable for registrars preparing for Fellowship of the RACGP. Accreditation is essential to ensure that the standard of training is uniformly high throughout Australia with suitable role models, experience, supervision, teaching and access to proper resources and facilities. The college sees the process of accreditation of trainers and training posts as a collaborative one – working with all concerned to continually improve the training of our future GPs.

Training posts and trainers are granted provisional accreditation in the first instance. Full accreditation is granted if the training standards outlined in this document are met after the registrar has spent 12 months in the practice. The college undertakes to support its Fellows and members in achieving these standards by ensuring that experienced trainers are available to support those who are having difficulties.

The college wishes to ensure that trainers are aware of the National Minimum Terms & Conditions for Basic and Advanced General Practice Terms¹ negotiated between the General Practice Registrars' Association and the National General Practice Supervisors' Association with assistance from the Australian Medical Association (AMA). The college endorses the use of the document in the new general practice training environment.

Accreditation is an indication of having met the college standards for the provision of general practice training.

The standards listed in this booklet represent the minimum requirements of the college for a practice to be considered suitable as a teaching post. Most sections include a list: *Recommendations for quality development*. These indicate the future directions, which may be quantitative and/or qualitative, for continuous quality improvement in training.

The college may use these as quality indicators for general practice training providers. Training providers are free to insist on posts meeting these quality recommendations if they wish to.

The booklet addresses standards for general practice training posts in sections two and three under six headings:

1. *Standards for all general practice trainers*
2. *Additional standards for trainers: first year in general practice*
3. *Standards for the education of registrars*
4. *Standards of support required for registrar training*
5. *Standards for the general practice or primary care facility*
6. *Standards relating to the workload of registrars.*

* Trainers is an inclusive term, the use of which reflects the college's view that general practice training is a continuum based on graduated supervision, education and mentorship throughout.



In the next section, those aspects that must 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.

In the final sections, the booklet addresses standards for hospital posts and extended and advanced skills training posts.

The standards are based, at times almost verbatim, on the following documents:

- The RACGP National Training Post Standards Committee. Standards Required of RACGP Teaching Posts
- World Federation for Medical Education (WFME) Task Force on defining international standards in postgraduate medical education. Postgraduate Medical Education: World Federation for Medical Education Global Standards for Quality Improvement
- The RACGP. General Practice Vocational Training Standards and Requirements.

Overseas posts

The first year of general practice based training must take place in Australia. Overseas placements for the second year, including extended or advanced skills posts, will require specific prospective approval by the college censor in addition to the other requirements stated in this document and *Requirements for Fellowship 2005*. Posts must be recognised by the relevant local learned medical college or training program for local registrars.

Within 3 months of completion of the post, the registrar must provide a report on the experience and learning opportunities undertaken. To be accepted as part of training, all documentation must be submitted to the college faculty for consideration and censorial approval.



STANDARDS FOR GENERAL PRACTICE TRAINERS

General practitioners taking responsibility for registrar training must be prepared to undertake the supervision of the registrar's experience in the practice or primary care facility. The trainer must therefore be available to advise, counsel and mentor the registrar when necessary, so that a graduated clinical experience and responsibility in primary care are achieved. Such GPs must have access to feedback from both patients and registrars and must provide regular feedback to registrars on their progress.

The trainer will also be the clinical educator for this registrar, ensuring that the registrar gains confidence and competence through education and experience. The experience offered should be commensurate with the registrar's competence and confidence. The trainer must ensure that the registrar has a balanced workload that encourages learning and a breadth of experience to ensure acquisition of skills and knowledge required for unsupervised general practice throughout Australia. As stated in the standards below, there must be a nominated GP to act as deputy who will take responsibility for training in the primary trainer's absence. Where there is more than one partner or associate in a practice, it is advisable for two or three to become accredited trainers. Where this is not the case, all partners must be consulted in regard to having a registrar in the practice, ensuring their cooperation with training.

The trainer will be responsible for assisting the registrar with the completion of training records, including log books, when the registrar requests, whether the attachment is funded or not. Trainers and, where appropriate, their employers must ensure that time (paid during working hours) is available for the registrar to attend educational programs away from the practice, as arranged by the general practice training provider.

Standards for all general practice trainers

A GP taking responsibility for the training of a general practice registrar at all stages of training must meet the following requirements:

- | | |
|--------------|--|
| Standard T.1 | The trainer must have full and unrestricted registration by the State Medical Board and no prior history of removal from the register for disciplinary reasons under any jurisdiction. |
| Standard T.2 | The trainer must be an excellent clinician. This may be demonstrated by: <ul style="list-style-type: none"> • holding Fellowship of the RACGP, or • being accepted by peers as an excellent clinician and providing a written recommendation from a local medical educator to whom the clinician is known. In this case, the college will assist the trainer in working towards the Fellowship of the RACGP. |
| Standard T.3 | The trainer must be a good role model and demonstrate commitment to the development of the profession by: <ul style="list-style-type: none"> • current membership of the RACGP • current membership of the Australian College of Rural and Remote Medicine (ACRRM), or • demonstrable active involvement in a primary care professional organisation. |
| Standard T.4 | The trainer must hold vocational recognition as a GP by the Health Insurance Commission. |
| Standard T.5 | The trainer must participate in continuing professional development aimed at improving performance as a general practice educator. |



Standard T.6 The trainer must be available for 1 hour per week of protected contiguous time for face to face* teaching and discussion with the registrar for all general practice attachments.

Recommendations for quality development

Quality T.7 Trainers should be active Fellows of the RACGP.

Additional standards for trainers: first year in general practice

Trainers involved in vocational training of registrars in their first year in general practice (formerly known as general practice supervisors) require more knowledge and skills and will have more demands made on them. Therefore, GPs taking primary responsibility for the training in the first year must meet the following requirements in addition to the criteria listed above:

Standard T.8 The trainer must have at least 4 years full time equivalent experience in general practice. This may include postgraduate training experience in general practice.

Standard T.9 The trainer must be available for teaching, support and discussion for 3 hours per week for the registrar's first 6 months of general practice training and 2 hours per week for the second 6 months. (This is inclusive of the 1 hour of face to face for all trainers described in *Standard T.6*).

Standard T.10 The trainer must demonstrate preparation for and ability as a general practice trainer. This requirement could be satisfied by:

- 12 months experience as a trainer and having attended general practice educator professional development sessions, or
- providing two references from GP teachers or medical academics documenting prior experience and aptitude as a clinical teacher, or
- understanding the academic principles of general practice and adult learning through familiarity with key general practice texts, eg:
 - McWhinney I. Textbook of Family Medicine
 - Hays R. Practice Based Teaching: A Guide for General Practitioners
 - McEvoy P. Educating the Future GP: The Course Organiser's Handbook
 - Balint M. The Doctor, his Patient and the Illness, and
- documented attendance at general practice educator professional development sessions, or
- documented attendance at a specific course to prepare trainers and clinical educators, or
- a teaching based higher degree or diploma in general practice or medical education.

* In programs (or placements in the second year of general practice) that have been approved for distance education this session may be via telephone or video link.



Recommendations for quality development

To develop quality training the trainer should ideally meet the following requirements:

Quality T.11	The trainer should have at least 5 years full time equivalent experience in general practice. This may include postgraduate training experience in general practice.
Quality T.12	The trainer should demonstrate that a suitable range of clinical services consistent with Australian general practice (and beyond consultations) are provided, for example home visits, nursing home visits, minor surgery, immunisations and family planning. This may be demonstrated by a: <ul style="list-style-type: none"> • BEACH* audit of a previous registrar's or the trainers activity • report of Medicare claims and other non-Medicare work for the practice • practice profile with a log of 200 consecutive patients and the care offered as well as a practice description.
Quality T.13	The trainer should complete an introductory course with an education provider accredited by the college.

Standards for the education of registrars

The college curriculum provides the framework for the education of registrars. Teaching should be based on the registrar's learning plan and 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 trainer must assist the registrar in the development of a learning plan, with input from the medical educators where appropriate. It is essential for registrars to discuss their experience and attitudes to general practice with trainers before and during the attachment. The registrar's overall training should be discussed as well as perceptions of clinical strengths and weaknesses and consulting, counselling and communication skills.

The registrar needs to understand the practice protocols, administration and other important features. In this way an individualised learning plan and training program can be developed that is tailored to the needs of the registrar and the opportunities provided in the placement, keeping in mind all the curriculum domains.

Discussions with the registrar must be based on the principles of constructive feedback.² This will include frank discussion on progress to date and possible variation of the program to meet new needs as they arise. The registrar's learning plan should be reviewed in consultation with the trainer upon completion of the attachment.

* Bettering the Evaluation and Care of Health, Family Medicine Research Unit, University of Sydney, 1998 ongoing program.



The following standards apply in relation to the education of registrars in general practice:

- Standard T.14 The trainer must assist the registrar in the development of a learning plan by week 4 of each 6 months of training – this will be submitted as part of the training portfolio for completion of training. The registrar should discuss this with the training advisor and submit a copy to the general practice training provider to be lodged in the training provider’s record system.
- Standard T.15 The trainer must support access for a medical educator to undertake direct observation sessions (which could be by video review) as prescribed by the general practice training provider. A copy of the required written report can be kept at the practice if the trainer and registrar wish.
- Standard T.16 The trainer must provide a planned education session each week in the 1 hour face to face session (please note that this is part of the availability requirement *Standard T.9*). These sessions must be consistent with the registrar’s learning plan and at an appropriate level considering the registrar’s knowledge and experience. They may be prepared by the registrar.
- Standard T.17 The trainer must assess the registrar’s competence through consideration of training and experience or if necessary, by observation in areas that have an increased risk of adverse outcomes and litigation. Currently these include:
- assessment of trauma, particularly fractures, nerve and tendon injuries
 - diagnosis of serious medical problems: myocardial infarction, subarachnoid haemorrhage, meningitis and pneumonia
 - diagnosis of serious surgical problems: appendicitis, ectopic pregnancy and abdominal abscess
 - assessment of a sick child
 - antenatal care
 - management of signs of possible malignancy such as breast lumps, bowel symptoms and lymph nodes
 - recording and checking for adverse reactions to medication and warnings of potential side effects
 - Pap tests
 - privacy procedures
 - intramuscular injections, venipuncture, ear syringing, minor surgery, cryotherapy, implants and IUD insertion.



Recommendations for quality development

In order to provide quality education to registrars:

Quality T.18 A trainer should take on responsibility for no more than two registrars* (full time equivalents).

Standards of support required for registrar training

The trainer will be required to offer support to the registrar.

- Standard T.19 The trainer must provide orientation to the practice ensuring that the registrar is:
- introduced to all members of staff and the stage of training and responsibilities of the registrar is known by all
 - trained to use any systems in use such as computer systems and recall systems
 - aware of all procedures in the practice for referral, admission to hospital, after hours arrangements, follow up of patients, sterilisation, S8 medications and disposal of waste
 - aware of the location of all resources, including reference materials, medications and equipment.
- Standard T.20 The trainer must ensure that the registrar has adequate insurance coverage and is registered with the state or territory medical council for the clinical work to be undertaken.
- Standard T.21 The trainer must be located in the same practice as the registrar unless training is part of a specific program approved by the college that involves distance education. If the registrar is undertaking training in more than one practice, the registrar must have on site supervision in each practice and both practices must be approved for training. Outreach or branch surgeries visited by the registrar (with the consent of the registrar and the general practice training provider) for 20% or less of the working week do not require specific accreditation.
- Standard T.22 Trainers or their delegates must be on site during office hours:
- 80% in months 1–6
 - 50% in months 7–12
 - 25% from month 13.
- Standard T.23 Trainers may be off site for the second training year in general practice only in exceptional circumstances and if workforce issues and registrar competence warrant this. This will require written consent from the local RACGP Faculty Education Committee.

* All doctors enrolled in a program seeking Fellowship of the RACGP.



Standard T.24 When off site the trainer must be available by phone or make arrangements for another recognised general practice teacher to be available, including after hours. The trainer or GP must be able to attend a situation that requires backup unless alternative arrangements have been made prior to the event with the registrar's consent.

Recommendations for quality development

To improve support to registrars a trainer should meet the following requirements:

Quality T.25 Trainers or their delegate should be on site 100 % of the time during office hours in the first month of general practice training.

Quality T.26 Trainers should work towards developing a deeper understanding of the complexity and challenges of general practice through such activities as:

- participating in peer groups of trainers
- developing a continuing professional development (CPD) learning plan to develop educational skills
- becoming an examiner in the RACGP Fellowship Examination
- working towards a higher degree in general practice
- working towards a higher degree in medical education
- participating in Balint seminars.³

STANDARDS FOR THE GENERAL PRACTICE OR PRIMARY CARE FACILITY

The general practice or primary care facility involved in training must provide excellent learning opportunities for the registrar. The primary care team should be aware of the experience and role of the registrar, 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 registrars become familiar with the use of computers during their training.

The general practice or primary care facility in which the training takes place must meet the following criteria:

Standard T.27 The facility must offer the full range of ongoing primary care to all patients who attend.

Standard T.28 The medical care in the facility must be provided and clinically managed by GPs*.
The majority of the medical care must be provided by GPs who work at least three sessions (1.5 days per week) to ensure continuity of care.

Standard T.29 The facility must provide adequate consulting space for the registrar. This means a suitably equipped room available for the registrar's work. Ideally this room should be easily accessible to the GP who is taking responsibility for training to facilitate informal discussion of clinical problems and areas of interest as they arise.

Standard T.30 The service demands of the training post must not be excessive and the structuring of duty hours and on call schedules consider the needs of patients, continuity of care and the educational needs of the registrar.

Standard T.31 There must be a set of reference materials and patient information materials available in the facility that can be accessed by the registrar whenever consulting and without interrupting another clinician who is working. The practice must have up to date 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*.

* It is recognised that some primary care facilities are established to provide health care to a particular group of people. Where this group is limited by age or gender, the facility can only be utilised as a training post in conjunction with another post that does not limit attendance on this basis.



- 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.

Standard T.32 The facility must ensure that a private space is provided for teaching purposes and that systems are in place to protect teaching time from interruptions.

Standard T.33 Special training environments, which can offer excellent training opportunities but have a skewed case mix and different operational arrangements, will only be suitable for a maximum of 12 months general practice training time. This does not restrict extended and advanced skills training. The following training environments are considered to be special training environments:

- rural hospitals providing general practice services
- Australian Defence Force posts.

The registrar must train in a general training environment for 6 months full time or part time pro rata.

Standard T.34 Practice staff members must be informed of the function and needs of the registrar, provide feedback to the GP on how the registrar interacts with them, and encourage the registrar to take an interest in aspects of practice administration.

Recommendations for quality development

To develop quality training and support the facility should meet the following criteria:

Quality T.35 The facility should be accredited under the RACGP minimum practice standards by a recognised accreditation body. It is widely acknowledged that in rural and remote practices (RRMA 4-7) with a high turnover of staff this may be more difficult to achieve so it will not be deemed essential in those circumstances. However, the facility should meet these standards as appropriate.

Quality T.36 The practice should be able to function adequately without the registrar present when they attend educational activities.

Quality T.37 There should be adequate administrative staff to support all the clinical staff in the facility. This could be achieved by:

- one receptionist and/or clerical staff member on duty per two full time equivalent GPs, or
- other trained clinical staff willing to undertake these duties.



Standards relating to the workload of registrars

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

- Standard T.38 The registrar must average at least eight patients per session in usual general practice situations. It is recognised that this may not always be possible with a predominance of prolonged consultations or home visits or where there is an external barrier to communication or consultation speed, eg. Aboriginal health or consultations that involve a high travel component.
- Standard T.39 The registrar must not book more than four patients per hour in the first year in general practice.
- Standard T.40 The workload of the registrar must be monitored and managed to ensure they do not see a particular group (age or gender) or presentation in an excessive proportion. This is very important for registrars entering a practice where they are the only female or male doctor.

Recommendations for quality development

- Quality T.41 Registrars should participate fully in the breadth of general practice including after hours and off site care. This could be demonstrated by at least 15 registrar consultations per month taking place in one or more of the following:
- outside normal office working hours
 - at a nursing home
 - on a home visit
 - as a hospital consultation.



MONITORING AND FEEDBACK

The RACGP will require evidence of quality education and training in order to ensure the ongoing standing of general practice training in Australia. For this purpose, and to maintain contact with trainers and registrars, the college will seek the following information:

Education

Feedback T.42

Registrars will be asked to provide feedback on:

- the number of direct observation sessions and an assessment of the quality of feedback (*Standard T.15*)
- the number of 1 hour face to face sessions in each 3 month period and the quality of these sessions, including their relevance to the learning plan (*Standard T.16*)
- the quality of teaching and clinical support provided (*Standard T.9*)
- the quality and timeliness of the assistance they received with the development and review of their learning plan (*Standard T.14*).

Feedback T.43

Trainers will be asked to provide feedback on:

- registrar learning plan(s) undertaken in the practice, including comments on the strength and weaknesses of the plan, particularly in relation to achieving the learning outcomes in their practice (*Standard T.14*)
- visits undertaken by external clinical educators and comments on any interaction with the visitor (*Standard T.15*)
- assessed educational outcomes of the (uninterrupted) 1 hour teaching sessions provided for each six month period (*Standard T.16*)
- professional development as a trainer and a clinical educator and the support received from the general practice training provider to undertake this (*Standard T.5*).

Support

Feedback T.44

Registrars will be asked to provide feedback on the adequacy of:

- the orientation and induction process (*Standard T.19*)
- on site support and supervision arrangements (*Standards T.21–T.24*).

Feedback T.45

Trainers must provide registrars with feedback on:

- skills requiring special training including Pap tests, assessment of a sick child or minor surgery, certifying in their log book the achievement of competency if appropriate (*Standard T.17*)
- the reaction of staff and patients to their work in the practice (*Standard T.34*).



Workload

Feedback T.46

Registrars will be asked to provide feedback on:

- frequency and range of primary care patients seen (*Standard T.27*)
- scheduling of their consultations and education activities (*Standard T.30*).

Feedback T.47

Trainers must be in a position to provide feedback in relation to the following parameters:

- the number of patients seen each week (*Standard T.38*)
- the number of patients booked per hour (*Standard T.39*)
- if requested by the registrar, any groups of patients (age, gender or reason for encounter) that are seen in excess relative to other doctors in the practice or relative to other general practices (*Standard T.40*).



STANDARDS FOR HOSPITAL TRAINING POSTS

The standards for hospital training posts that are not extended or advanced skills posts (See *Extended and advanced skills training posts*) are those required for accreditation through the Postgraduate Medical Council (PMC) of the state or territory⁴ for PGY2 training.

Postgraduate medical councils and their standards

The following websites give access to some of the state PMC standards available at the time of publication. There are councils in the Northern Territory and the Australian Capital Territory. Website addresses are correct at time of publication.

Postgraduate Medical Council of Victoria
Intern Accreditation Standards & Criteria, 2003
www.pmcv.com.au/accreditation/internaccreditation/index.cfm

PGY2 Accreditation Standards And Criteria (Pilot), 2003
www.pmcv.com.au/accreditation/pgy2accreditation/index.cfm

Postgraduate Medical Education Foundation of Queensland
Junior Doctor Education And Training PGY1&2 Accreditation Standards, 2004
<http://www.pmfq.com.au/documents.php?section=282>

Postgraduate Medical Council of NSW
Standards for Junior Medical Officer Education and Supervision, 2002
www.medeserv.com.au/pmc/publications/jmo2002_standards/index.htm

Council for Early Postgraduate Training in South Australia
Accreditation Guidelines, revised June 2003
www.cepts.org.au/publications/accredguidelines.htm

Postgraduate Medical Institute of Tasmania
Accreditation Standards for Intern Training in Tasmania
www.healthsci.utas.edu.au/pgmit/council/accreditation/attach4.pdf

Prevocational Training and Accreditation Committee, Western Australia
PTAC Accreditation Guidelines, June 2002
www.ptac.org.au/accreditation/guide_accred_standards.pdf



EXTENDED AND ADVANCED SKILLS TRAINING POSTS

Successful completion of vocational training in general practice requires 6 months training in a post that provides the opportunity to learn extended or advanced skills that are relevant in primary medical care. The training can be undertaken in general practice, hospitals or other appropriate settings. The aim is for registrars to learn skills that will be of use in general practice throughout their careers.

All skills posts will have a learning plan agreed by the registrar, the person who is supervising the post and the general practice training provider. This learning plan must be approved via one of the following processes:

- extended or advanced skills training is the subject of a Joint Consultative Committee (JCC) and the post meets any criteria laid down by that JCC for training
- extended or advanced skills training is recognised as part of the Graduate Diploma in Rural General Practice (RACGP)
- local RACGP faculty education committee or equivalent deems the extended skills training is suitable and makes it public on the RACGP website
- skills posts accepted for general practice training by the Advanced Skills Training Initiative of the RACGP.

If the skill area falls outside the bounds of the RACGP curriculum then approval must be sought from the faculty censor.

Extended and advanced skills posts must meet the following criteria:

Standard T.48	The skills training must be relevant to general practice and of demonstrated benefit to patients.
Standard T.49	The skills training post must be registered with the local general practice training provider and have a learning plan (with references to the curriculum) that is freely available for registrars seeking to take up the position and supervisors supporting the registrar.
Standard T.50	The skills training post must have a nominated supervisor for each registrar. The supervisor must accept the placement and the learning plan in writing and the training provider must retain a copy of this letter for 5 years.

Where the skills training post is a hospital post, normal hospital accreditation by the PMC is required. Where the training is subject to a JCC, guidelines should be sought from the JCC regarding special requirements for such training. Skills training that is taken as part of the Graduate Diploma in Rural General Practice (RACGP) must meet the requirements outlined for the graduate diploma.



Joint Consultative Committees

The JCCs are typically tripartite committees with representatives from the relevant specialist college, the RACGP and, where relevant, the RACGP's National Rural Faculty and ACRRM. There are normally two teleconferences and one face to face meeting held each year.

JCCs currently in operation are:

- Aboriginal & Torres Strait Islander Health
- Medical Acupuncture
- Anaesthetics
- Emergency Medicine
- Obstetrics
- Ophthalmology
- Paediatrics
- Radiology and Radiography
- Surgery.

The Aboriginal Health and Torres Strait Islander Health JCC has representatives from the RACGP, the National Aboriginal Community Controlled Health Organisation (NACCHO), Australian Indigenous Doctors' Association (AIDA), ACRRM and registrars.

The RACGP has consolidated all JCCs into one Secretariat located at the RACGP national office in South Melbourne.

Contact the JCC Secretariat at:

1 Palmerston Crescent

South Melbourne VIC 3205

Tel 03 8699 0577, Fax 03 8699 0400

Email jcc@racgp.org.au



CONCLUSION

The college endeavours to be reasonable, practical and flexible in its approach when applying these criteria and standards through the national and faculty education committees.

The prime consideration is the overall value of the teaching posts to the training of GPs. Therefore, those aspects concerning the quality of patient care, registrar supervision and teaching commitment are the most important.



REFERENCES

1. Australian Medical Association. Available at: www.ama.com.au/web.nsf/doc/WEEN-5TEVF5.
2. Pendleton D, Schofield T, Tate P & Havelock P. *The consultation: an approach to learning and teaching*. Oxford: Oxford University Press, 1984.
3. The Balint Society. Available at: www.balint.co.uk/.
4. Workforce Education and Training. Available at: www.health.gov.au/workforce/education/postgrad.htm.





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