



ED 029 Management of Training Posts with Identified Issues

1. Description

This document describes the management interventions to be undertaken where training posts demonstrate concerns and issues pertaining to quality of registrar training and supervision and adherence to the training standards of RACGP/ACRRM.

2. Purpose

The purpose of this document is to outline the implementation of specific courses of action where MCCC training posts are having difficulty or unable to meet RACGP/ACRRM Standards and MCCC requirements. This is to ensure ongoing registrar and patient safety and provision of a quality learning environment.

3. Scope of this policy

This procedure is applicable to all MCCC staff involved in training post and supervisor accreditation, and all MCCC accredited training posts and their supervisors.

4. Definitions

Please refer to MCCC TO 004 MCCC Acronyms, Abbreviations, and Definitions Resource Document for a list of acronyms, abbreviations, and definitions used throughout this document.

5. Procedures

Identification of issues within training posts

This document is to be read in conjunction with the document ED 0016 Practice and Supervisor Monitoring and Support Procedures which describes processes for practice monitoring and support.

Management of identified issues within training posts: general principles

- a) All concerns should be initially assessed by the Regional Manager (RM), Regional Head of Education (RHE) or regional ME responsible for training post accreditation and a specific staff member be appointed (usually accreditation ME) to investigate the potential concerns.
- b) Before taking definitive action, MCCC staff should ensure the accuracy and veracity of the information obtained, to be certain that an issue of genuine concern exists rather than a misunderstanding of training requirements on the part of the training post. This may include an examination of supervisor and registrar feedback reports, RCTIs and ECTV reports and discussion with MCCC staff who have been in contact with the training post. Initial discussion with supervisor, current registrars and practice manager by phone or email or in person may also be necessary and dependent on the nature of the issue. All information should be documented and these processes completed within one week.
- c) Where the identified issue, in the judgement of the staff member appointed to investigate, is considered to be potentially serious and the possibility of registrar safety being at risk, the



DMET and/or CEO should be informed and the matter urgently referred to the MCCC Executive Accreditation Panel. This notification may occur by telephone or email or in person depending on circumstances and should be within 24 hours. Where a registrar is considered to be at serious risk, it should be immediate.

- d) Where it is concluded an issue of genuine concern exists but not apparently of a serious nature, it may be necessary to obtain further information in addition to that in b) such as speaking to former registrars.
- e) The next and usual course of action is for designated staff member to enter into discussion with the lead supervisor by email, telephone or personal contact and attempt to reach an agreed course of action in order to achieve resolution. The timelines for this are dependent on the nature of the issue but this action should be commenced ideally within a week.
- f) Where resolution is reached, a range of ongoing interventions to support the practice may be implemented depending on the nature of the issues addressed and generally should include including further education of the supervisors and practice managers about their roles and responsibilities in AGPT training. The Accreditation Portfolio manager should be contacted, if not already involved for advice on what ongoing interventions are required.
- g) The designated staff member investigating the matter needs to document agreed outcomes, ongoing requirements expected of the practice and supervisor, with timelines detailing who will undertake compliance review and when this will be implemented and concluded. Outcomes need to have been discussed with the supervisor by phone or email before should any be decision made subsequent to the visit is implemented about which the supervisor has not been informed.
- h) A written document (email or hard copy) outlining MCCC ongoing expectations and requirements of the training post should be subsequently forwarded to the supervisor within one week of resolution and informal discussion of outcomes. The supervisor is required to indicate receipt and understanding of the document by email or hard copy, within one week.
- i) Subsequent follow-up is then required for the designated period of time as described above and discussed with the supervisor and is dependent on the nature of the issue addressed. All actions are to be documented in Pivotal.
- j) Where the matter is assessed as having a potential or actual negative impact on registrars, extra support may be necessary as per MCCC policy ED 0008 Registrar Well-being Policy and Procedure. Ongoing support for the registrar, where required may also be undertaken by MCCC PALS team.
- k) Where an agreed outcome and resolution is not reached following discussion with the training post or MCCC and the training post or supervisor are unable to agree on the nature of the issue or an appropriate course of action, or the training post demonstrates ongoing non-compliance with the initial agreed outcomes and expectations, the matter is to be referred to MCCC Executive Accreditation Panel for ongoing action and final decision. The constitution and Terms of Reference of this panel are described in TOR Accreditation Panels (accessible under MeL operations manual) and the aim of this referral is to review all issues addressed and the capacity and suitability of the post to continue to train registrars. Where this panel concludes the post is not suitable to continue to train registrars, MCCC options include withdrawal of the current registrar pending later resolution, temporary withdrawal of the post from future practice matches or withdrawal of accreditation of the post or the



supervisor involved and cessation as a MCCC training practice. Alternatively, the post itself may elect to discontinue training of registrars. Where this is needed, referral to the MCCC Executive Accreditation Panel should occur within two weeks but is dependent on availability of participants.

- l) Follow-up where necessary following the decision of the MCCC Executive Accreditation Panel will be undertaken by the Accreditation Portfolio manager in conjunction with regional accreditation staff.
- m) All actions and interventions and outcomes should be documented in the training post file on Pivotal and include a clear description of time lines, review processes and outcomes.
- n) Where an issue has occurred in an RACGP accredited post and is considered to fit the definition of a critical incident, the RACGP should be informed as per MCCC policy ED0028 MCCC Adverse event critical incident serious issue and near miss procedure. Where the issue fits the ACRRM definition of a serious issue, ACRRM should be informed in accordance with its requirements.
- o) Where the training post or supervisor(s) are dissatisfied with the decision of the MCCC Executive Accreditation Panel and final outcome, they have recourse to the TR 0001 MCCC Complaint and Appeals Procedure.

Specific approaches to common identified issues

1. Orientation of the registrar not performed or inadequate

There may be a number of reasons why orientation may not have occurred or why the registrar may have found the orientation ineffective or inadequate.

Details of the orientation performed should be obtained from current and previous registrars and through examination of supervisor and registrar feedback forms and ECTV reports, particularly those submitted early in the term.

The matter should then be discussed with the supervisor(s) of the practice and where an inadequate orientation is confirmed to have occurred, education of the supervisor and the post should be undertaken. Training posts are advised to compile a registrar specific orientation handbook and can be offered assistance with this, and referral to resources offered by GPSA, MCCC medical educators responsible for supervisor professional development and the MCCC Supervisor Liaison Officer (SLO).

When a resolution is reached, more intense monitoring should occur as per "Procedures for monitoring of MCCC Training Posts and Supervisors."

2 In practice teaching not given or not consistent with level of training of the registrar

This may occur for reasons such as inappropriate or non-scheduling of required teaching time, or the supervisor being unclear about what teaching is required. Supervisor leave may also result in required teaching not being completed.

Detailed information about the scheduling of teaching which has occurred may be obtained through examination of the practice bookings for the registrar, discussion with registrar(s) about teaching arrangements and examination of current and past RCTIs and registrar feedback forms.

The matter then needs to be discussed with the lead supervisor to ascertain what has occurred and the understanding of the supervisor and practice manager about teaching requirements.

Providing the practice with a written schedule of required teaching times, topics and

approaches (as outlined in “MCCC Guide for Training Practices”) could be a valuable tool to ensure appropriate teaching is completed.

All teaching not completed according to requirements needs to be made up and if this is not possible, alternative teaching for the registrar may be necessary through external arrangements such as teaching by MCCC medical educators. This may result in financial implications for the practice regarding MCCC teaching payments. The supervisor will need to provide MCCC with a written plan detailing future teaching arrangements.

Where a resolution is reached, ongoing monitoring should occur to ensure future compliance with teaching time requirements.

3 Issues with teaching topics and teaching approaches

This may occur for a number of reasons including the inexperience of the supervisor or a failure of planning of teaching to meet registrar learning needs. At times, issues relating to registrar behaviour may result in ineffective teaching.

Details of the nature of the teaching needs to be obtained from both registrar and supervisor. Discussion and education of both parties should occur and hopefully resolve the issue. Supervisor compliance with professional development should be reviewed.

Interventions to support the supervisor could include one-one sessions with a medical educator or experienced supervisor on effective teaching or joint teaching sessions with the participation of a medical educator to support the supervisors. Referral to resources from GPSA and a professional library could also be recommended.

Close monitoring and follow up of this matter needs to continue through the remainder of the current registrar placement and during future placements

4 Inadequate on-site supervision

The RACGP and ACRRM define requirements in their standards for on-site and off-site supervision of the registrar. Information about the nature of supervision may be obtained from discussion with the lead supervisor, additional supervisors, practice managers and registrars.

The problem should be addressed through discussion with the supervisor(s) and clarification of the supervision requirements and the underlying reasons for their existence.

Close monitoring of the training post needs to be undertaken following resolution of the issue.

5 Formal feedback is not completed between supervisor and registrar and in reverse

Feedback is well documented as a powerful learning tool. Regular feedback from supervisor to registrar and in reverse is required by the standards of both the RACGP and ACRRM. MCCC requires the giving of formal feedback and submission of supervisor and registrar feedback forms at specified times during the training term. Supervisors are also strongly encouraged to regularly observe the consultations of the registrar and provide feedback.

There may be a range of reasons why feedback has not occurred both informally within the practice, and formally through non- submission of required feedback forms from the supervisor and registrar. With supervisors, these may include poor understanding or lack of confidence in the processes of observation and giving of feedback and a reluctance to conduct direct observation of registrars. Registrar may fear the consequences of giving negative feedback to a supervisor or practice. Both parties may also be concerned about the implications of written documentation of their feedback, especially where it may imply criticism of the other party.

Where feedback forms are not received, there needs to be further exploration as to what feedback is occurring through discussion with the registrar and supervisor and examination of ECTV reports. Assistance with education on the value of feedback and provision of educational resources is recommended. The importance of submission of both registrar and feedback forms to MCCC should be explained.

Following this, ongoing monitoring should continue to ensure feedback requirements are met.

6 Low and high patient numbers for registrars

Low patient numbers is defined as less than two patients per hour by RACGP. ACRRM does not specifically define low numbers but recommends the registrar is occupied with clinical work for most of the day. Both colleges advise that registrars should not see more than four patients per hour. A range of acceptable circumstances may exist where a deviation from the above may occur. Information about the number of patients seen per hour by the registrar is obtained from regular examination of RCTI and discussion with supervisors, registrars and practice managers.

A thorough investigation of the circumstances involved is necessary before confirming that the numbers of patients seen by registrars is inappropriate. If this relates to a registrar in difficulty, the matter may need to be referred to appropriate MCCC registrar support staff for exploration and support.

A discussion with the supervisor and registrar is necessary to explore resolution, which will be dependent on the issues and practice circumstances.

Subsequent close monitoring of practice circumstances and RCTIs should continue for some time.

7 Inadequate patient consultation hours

RACGP policy has specific definitions of adequate consulting hours for full and part time registrars. This relates to adequate training, and is not an industrial issue. Monitoring of RCTIs may reveal that this requirement is not being met. ACRRM does not define consulting hours but rather refers to adequate but not excessive workload.

Direct contact with the training post is the usual first step to ascertain that indeed this is a case and not a documentation error.

Information should be given to the supervisor, registrar and practice manager about the policy requirements.

Subsequent close monitoring of RCTIs is required to ensure future compliance

8 Failure to monitor for and to address registrar fatigue and stress

RACGP standards require this to be identified and addressed. This can be a sensitive and difficult task for supervisors, and registrars may be reluctant to raise this issue within the training post environment. It may also come to the attention of MCCC through registrar contact with a medical educator or other staff member. It is important that this issue is addressed when identified so as to ensure registrar and patient safety and quality learning for the registrar. There are a range of reasons which may result in registrar fatigue and stress which need to be ascertained before taking further action.

A discussion with the supervisor and registrar is the most important initial step followed up with implementation of measures both within and external to the training post. The registrar may also need specific support through referral to Pastoral and Learning Support staff. Referral of both parties to the GPRA documents on registrar well-being may also be helpful.

Ongoing support should be offered to both training post and registrar, where resolution has occurred.

9 Non-compliance with current edition of National terms and Conditions for the Employment of Registrars (NTCER)

Compliance with current NTCER is a requirement with annual supervision and training agreement signed by each training practice and non-compliance may have a negative impact on registrar training. Training practices need to be aware that registrars must be employees and both parties should have signed a contract prior to commencement of the term. Where such issues arise, MCCC needs to advise the post, supervisor and registrar where to obtain information on implementation of NTCER. General Practice Supervisors Australia (GPSA) and General Practice Registrars Australia (GPRA) are available to provide advice on industrial issues to supervisors, registrars and practice managers.

10 Other issues

Through regular monitoring, other issues of concern may be identified within training posts. The management principles as outlined above should apply, which are to confirm the accuracy of the information, ensure the safety of the registrar, enter into dialogue with the supervisor, registrar and practice manager as appropriate and to take a supportive approach in all discussions. Matters which are unable to be resolved between training posts and regional accreditation staff should be referred to MCCC executive accreditation committee.

Supervisor Remediation Options

Where a decision is made that a supervisor requires specific assistance and remediation, the following courses of action may be taken:

1. Regular individual meetings (in person or Skype) to develop and institute a specific learning plan to address previously identified issues and improve skills
2. Attend or re-attend supervisor workshops specific to the issue being addressed.
3. Provision of resources such as General Practice Supervisors Australia guides and handbooks and educational reading material available from RACGP or ACRRM resource centres.
4. Peer to peer learning using existing experienced local supervisors as mentors.
5. Peer support from the appropriate supervisor liaison officer.

Conflict of Interest

Potential for conflict of interest remains an issue in all training posts in interactions between supervisors and registrars. MCCC accreditation staff need to maintain and awareness for this and discuss this pro-actively with supervisors and registrars. Confirmed episodes of conflict of interest within practices need to be discussed with the training post and action taken in compliance with MCCC Conflict of Interest policy and RACGP reporting requirements.

Non-resolution of practice issues

Where an identified issue in a training post is unable to be resolved, the matter may need to be referred to the MCCC Executive Accreditation Panel for further evaluation and decision. Options for further action include:

1. Ongoing intense support and education for all parties involved



2. Non- participation of the training post in future practice matches until a satisfactory resolution is reached
3. Removal of the current registrar(s) pending an attempts at resolution
4. Removal of current registrar(s) and withdrawal of accreditation

Documentation of outcomes

All processes and outcomes pertaining to identified issues in training posts need to be documented in Pivotal in the individual file of the post.

Monitoring

Once an issue is resolved, the training post and/or supervisors need to be supported and monitored more intensely to ensure no recurrence of the issue. This should be done by the Regional Head of Education, the accreditation ME in each region, or another designated person using the monitoring systems in place. The training post must be informed in writing of the details of the monitoring and support which is to occur.

Appeal procedures

Where a supervisor or registrar is unhappy with the decision of MCCC and unable to resolve this through discussion, they have recourse to MCCC TR 001 Complaints Policy and Procedure available on the MCCC website.

6. Related documents or websites

[TR 001 Complaint and Appeals Procedure](#)

[ED 028 Adverse event, critical incident, serious issue and near miss policy](#)

[ED 016 Practice and Supervisor Monitoring and Support Procedures](#)

[ED 008 Registrar Wellbeing Policy and Procedure](#)



Appendix A Summary Document

ISSUE	TOOLS	WHO TO REFER TO
Orientation omitted or inadequate	MCCC ED 0019 Orientation of Registrars in Training Posts Policy MCCC Guide for Training Practices	RHE, Regional accreditation ME
In practice teaching not given or not consistent with level of training of the registrar	GPSA Guide “ Best practice for Supervision in General Practice” and “New Supervisor Guide in General Practice” MCCC GP Supervisor Liaison Officer	RHE, Regional accreditation ME
Issues with teaching topics and teaching approaches	MCCC Guide for Training Practices GPSA Guide “ Best practice for Supervision in General Practice” and “New Supervisor Guide in General Practice” and “Teaching Clinical Reasoning.” MCCC GP Supervisor Liaison Officer	RHE, Regional accreditation ME, Regional supervisor professional development ME. Supervisor Liaison Officer
Inadequate onsite supervision	GPSA Guide “ Best practice for Supervision in General Practice” and “New Supervisor Guide in General Practice” MCCC GP Supervisor Liaison Officer	RHE, Regional accreditation ME, Regional supervisor professional development ME. Supervisor Liaison Officer
Formal feedback not completed between supervisor and registrar or in reverse	GPSA Guide “Giving Effective Feedback”	RHE, Regional accreditation ME, Regional supervisor PD ME. Supervisor Liaison Officer
Low and high patient numbers for registrar	RACGP and AACRRM Training Standards National Terms and Conditions for Employment of Registrars 2017-8 Advice from GPSA	RHE, Regional accreditation ME Refer to GPSA for advice if an industrial matter
Inadequate patient consultation hours	National Terms and Conditions for Employment of Registrars 2017-8 RACGP Policy “Vocational Training Pathway Requirements for Fellowship Policy”	RHE, Regional accreditation ME Refer to GPSA for advice if an industrial matter
Failure to monitor for and address registrar stress and fatigue	GPSA Guide “Identifying and Supporting GP Registrars at Risk”	RHE, Regional accreditation ME Regional PALS ME



	GPRA Guide “Looking after my Wellbeing”	
Non- compliance with NTCER	National Terms and Conditions for Employment of Registrars 2017-8 Advice from GPSA	RHE, Regional accreditation ME Note: MCCC will provide advice only to practice about seeking assistance.
Other issues	As above according to nature of the issue	