



ED 016 Practice and Supervisor Monitoring and Support Procedures

1. Purpose

To ensure that Murray City Country Coast GP Training (MCCC) training posts continue to meet the standards of the Royal Australian College of General Practitioners (RACGP) and the Australian College of Rural and Remote Medicine (ACRRM), as well as the requirements of the Australian General Practice Training (AGPT) program and MCCC itself, so as to ensure registrar and patient safety and provision of a quality learning environment.

2. Scope

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

3. 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.

4. Procedure

All MCCC training posts are monitored and reviewed throughout the year and more formally at each biannual region training post review and at the time of reaccreditation.

Ongoing real-time reporting and verification of training post activity

Information is obtained from the various sources as listed below. All documents and documentation described below is required to be available for inspection without notice by RACGP and ACRRM representatives.

1. Verified Registrar Teaching and Consulting Information (RCTIs) submitted monthly (applicable to GPT1-3 and PRRT1-4 GPRs)

Each practice is required to submit a monthly RCTI to MCCC, which is verified as true and correct by both the supervisor and registrar. This document records information on consulting hours, total number of registrar consultations and numbers of patients seen, allocated registrar teaching and education time, administration time, teaching topics and registrar and supervisor leave of any type.

2. Written supervisor feedback reports on registrar progress.

Currently these are required as a component of the registrar initial assessment and further assessment and at completion of each six-month training term (applicable to GPT1-4 and PRRT 1-4 registrars).

3. Written registrar feedback reports on training experience within the post.

Currently these are required at the completion of each six-month term (applicable to GPT1-3 and PRRT1-4 GPRs) and submission is a necessary activity for completion of registrar training. The practice should actively encourage registrars to discuss their feedback openly with their supervisor without the perceived threat of any negative consequences for the registrar.



4. Documentation of supervisor attendance at MCCC mandatory professional development sessions.

Supervisor attendance at professional development sessions is recorded on Pivotal and informal feedback may be also obtained from MCCC workshop facilitators. Any information relevant to the performance of the practice and its supervisors should be documented in the training post file on Pivotal and brought to the attention of the Regional Head of Education (RHE) if it is of concern.

5. Informal information obtained at MCCC practice manager workshops.

Informal discussion between practice managers and workshop facilitators may provide a source of feedback about the practice. Information considered relevant to the performance of the practice and its supervisors should be documented in the training post file on Pivotal and brought to the attention of the RHE if it is of concern.

6. Self-reflection documents submitted with reaccreditation applications.

Reaccreditation applications contain a section for both the lead and additional supervisor to reflect on the teaching and learning environment of the practice and their own performance as supervisors.

7. Feedback from clinical teachers performing External Clinical Teaching Visits (ECTVs).

The ECTV report form contains a section for the visiting clinical teacher to document observations about the practice environment pertaining to the training of the registrar. These are subsequently inspected by the local RHE.

8. Informal and formal information obtained from registrars during Peer Learning Workshops (PLW) and other educational activities.

Informal discussion between registrars and workshop facilitators may provide a source of feedback about the practice. Alternatively, registrars may report issues of concern in their current placements to a workshop facilitator. Where the matter of concern is considered significant, registrars will be asked to submit their concerns in writing through letter or email to the DMET or RHE and informed of the option of making a formal complaint through designated MCCC processes. Information obtained by MEs considered relevant to the performance of the practice and its supervisors should be documented in the training post file on Pivotal and brought to the attention of the RHE if it is of concern.

9. Informal information obtained from registrars, supervisors and practice managers given to administration staff.

Information considered relevant to the performance of the practice and its supervisors should be given to the RHE and documented in the training post file on Pivotal.

Biannual region training post review panel

1. Each region accreditation panel meets at the end of each training semester (January and July) to review thoroughly all information pertaining to the quality of training within each post in their region as obtained from the sources listed above.
2. Posts in breach of college standards or MCCC requirements will be reviewed and interventions and support arranged if appropriate. If previous interventions have failed, the issue should be referred to the MCCC Executive Accreditation Panel.

Potential identified issues within training posts

Issues identified from the above sources may include:

1. Orientation of the registrar not completed or inadequate.
2. Inadequate on-site supervision.
3. Failure to conduct an adequate assessment of registrar competence in high-risk areas of general practice.
4. Patient numbers for the registrar that are low or high (less than two or over four patients booked per hour without adequate reason) and lack of diversity of patient presentations for the registrar.
5. Failure to submit monthly RCTIs as required by MCCC.
6. Low consulting hours that do not comprise adequate training time.
7. Issues with teaching time, quality and teaching styles.
8. Supervisor feedback not submitted to MCCC as required
9. Ongoing and unresolved matters of registrars in difficulty impacting on training not reported to MCCC.
10. Issues of unaddressed stress and fatigue in the registrar.
11. Non-compliance with industrial requirements impacting on training.
12. Non-completion of supervisor professional development requirements.
13. Failure to report a critical incident as defined by one of the Colleges to MCCC.
14. Any other concern raised by a registrar, supervisor practice manager or visiting clinical teacher.

Implementation of monitoring systems for identification of issues within training posts

Monitoring systems in each region should include the following:

1. Inspection of RCTIs by the Registrar Education and Practice Support (REAPS) Coordinator and flagging of any concerns to the RHE (or designated staff member). Where a practice has failed to submit RCTIs, this also requires follow-up and action within two weeks of due date.
2. Initial review and verification of registrar and supervisor feedback reports by the RHE. Identified concerns require further investigation and follow-up with documentation on Pivotal. Time frames will depend on the seriousness of the issue but should generally be initiated within one week.
3. Review of ECTV reports by the RHE or delegate and identification of potential concerns pertaining to the practice or quality of supervision. Identified concerns should be followed up within one week but time frames may be dependent on the seriousness of the issue.
4. Review of supervisor completion of MCCC professional development requirements annually by the REAPS or Training Support Officer (TSO) and any issues flagged reported to the accreditation ME or regional accreditation panel for follow up with in two weeks.
5. Follow-up of informal information that raises potential concerns about training posts and the quality of supervision within two weeks of identification and action depending on the seriousness of the matter.



6. Biannual region training post review panel meeting with follow up of concerns that arise within two weeks.
7. MEs and other MCCC staff need to be aware of the importance of documentation of information obtained from registrars, supervisors and practice managers pertaining to training posts and the need to forward such information to the RHE or ME responsible for training post accreditation.

Pro-active support and monitoring of selected training posts

Certain training posts may require extra support and monitoring to ensure the provision of a quality training and learning environment. These include:

1. Training posts in their first year of the program.
2. Posts with previously identified issues that have now been addressed.
3. Geographically isolated training posts.
4. Training posts with registrars who are in difficulty.
5. Training posts in which there has been a major change in supervision or management arrangements.
6. Training posts with a single supervisor.
7. Training posts where the supervisor is encountering professional or personal difficulties (e.g. high patient load, illness).

The nature and timing of the support to be offered is dependent on the characteristics of the particular training post.

Management of identified issues within training posts

The general principles of management are outlined below. Further detail pertaining to specific action is described in ED 0029 Management of Training Posts with Identified Issues.

1. All concerns should be initially assessed by the RHE or regional ME responsible for training post accreditation. Where the concern identified is considered to be potentially serious the DMET and/or CEO should be informed.
2. Further information pertaining to the issue should then be obtained from a range of sources before taking further action.
3. Where the matter is having a significant impact on registrars, extra support may be required and should be considered as a matter of urgency. At times, this may include removal of the registrar from the practice. The specific course of action is dependent on the nature of the issue of concern.
4. The usual course of action is to raise the matter of concern with the lead supervisor by email, telephone or personal contact and attempt to reach a resolution. Usually this would be within one week of identification but is dependent on how urgent serious the matter is deemed to be. This may require a number of discussions by telephone or in person. MCCC takes a collegiate approach in the conduct of discussions and implementation of any action which may include further education and support for supervisors and practice managers in fulfilling their roles and responsibilities. Specific courses of action for particular issues are outlined in more detail in ED 0029 Management of Training Posts with Identified Issues.



5. All actions and outcomes are to be recorded in Pivotal. A letter from MCCC documenting agreed actions and outcomes with required time frames should be sent to the training post at the time of resolution with agreed outcomes and courses of action described.
6. Where a resolution is reached, more intense monitoring is required for a designated period of time depending on the nature of the issue addressed but may take the form of increased phone or email contact with practices, eliciting more regular feedback from registrars or further training for supervisors.
7. Where a resolution is not able to be reached, the matter is to be referred to the MCCC Executive Accreditation Panel and the training post clearly informed of ongoing processes and procedures and its options for support and appeal which include discussion with the Supervisor Liaison Officer (SLO) and advice from General Practice Supervisors Australia. Courses of action may include temporary or permanent withdrawal of registrars, withdrawal of the post from future practice matches and withdrawal of accreditation of the post and/or the supervisor involved. The practice/supervisor has the final option of recourse through MCCC Complaint and Appeals procedure (TR 0001) if dissatisfied with the decision of the Panel.
8. Ongoing support for the registrar needs to be implemented if needed, immediately any issues arise until final resolution. This may be provided via MCCC staff such as REAPS, RHE or a member of the PALS team depending on the nature of the issue.
9. All actions, interventions and outcomes should be documented in the training post file on Pivotal and all decisions made communicated to the post by phone or email within one week with subsequent written advice describing outcomes.
10. Where an incident occurs in an accredited training post, the relevant College will be informed:
 - a. Where an issue has occurred in an RACGP-accredited post and meets the definition of a critical incident, it will be reported to the RACGP in line with the Accreditation Management Agreement.
 - b. Where an issue has occurred in an ACRRM-accredited post and meets the definition of a serious issue, it will be reported to ACRRM in line with the requirements of ACRRM's serious issues reporting.

Practice support procedures

MCCC acknowledges that the demands on its accredited training posts and supervisors can be significant. The following processes are available to assist in compliance:

1. The REAPS in each region is the initial contact for training posts needing assistance and initial advice on any matter of concern pertaining to training and may be contacted by phone or email.
2. Supervisor professional development sessions are conducted regularly to provide supervisors with information and education about supervision and education of registrars.
3. MCCC has a Supervisor Liaison Officer (SLO) to assist and advocate for supervisors within MCCC.
4. Each region conducts regular workshops for practice managers addressing both the administrative and educational roles of a training practice.



6. Related documents or websites

MCCC documents

[ED 005 Registrar in Difficulty Procedure](#)

[ED 007 Training Post and Supervisor Accreditation and Reaccreditation Policy & Procedure](#)

[ED 017 Withdrawal of RACGP and ACRRM Accreditation Procedures](#)

[ED 028 Adverse Event, Critical Incident, Serious Issue and Near Miss Procedure](#)

[ED 029 Management of training posts with identified issues](#)

[TR 001 Complaint & Appeals Procedure](#)

External organisation documents

[ACRRM Standards for Supervisors and Training Posts](#)

[RACGP RTO Critical Incident / Adverse Event Report Form](#)

[RACGP Standards for General Practice Training](#)

7. Document History

Version	Summary of changes
1.0	First version
2.0	Second version