

ED-Org-8.24 Facility and Supervisor Support, Monitoring and Withdrawal Procedure



1. Policy Statement

- 1.1. To support training facilities and supervisors to operate in accordance with the requirements for accreditation towards the standards of the Royal Australian College of General Practitioners (RACGP) and/or the Australian College of Rural and Remote Medicine (ACRRM).

2. Application and Scope

- 2.1. This procedure applies to all current and future training facilities and supervisors accredited or reaccredited with EV GP Training (EV).
- 2.2. This procedure will sit under the terms of reference of the EV Accreditation Panel (Panel).
- 2.3. This procedure applies to the training domain. Matters relating to industrial issues should be referred to the appropriate external support such as General Practice Supervisors Australia (GPSA).
- 2.4. This procedure is effective from 1 January 2019.

3. Principles

- 3.1. Training facilities and supervisors are required to operate in accordance with the ACRRM Primary Rural and Remote (PRRT) Standards for Supervisors and Teaching Posts, the RACGP Standards for General Practice Training, the Australian General Practice Training (AGPT) Program and EV Supervision and Training Agreement.
- 3.2. It is expected that training facilities in general practice adhere to the guidelines set out in [ED-Org-8.8 Practice Placement Obligations](#) and [ED-Org-8.20 Training Facility and Supervisor Accreditation](#)
- 3.3. It is expected that supervisors adhere to the guidelines set out in [ED-Org-8.21 Supervisor Responsibilities](#)
- 3.4. EV supports and monitors accredited training facilities and supervisors including the early identification of training facilities or supervisors which are or appear to be experiencing difficulties in meeting the standards and guidelines.
- 3.5. EV will support training facilities and supervisors who may be experiencing difficulties in meeting their training obligations.
- 3.6. EV will act on matters of concern that have been clearly defined and verified on a case by case basis. EV will not act on hearsay or third party comment. In order for a matter to be addressed using the principles of fairness and justice, all parties directly involved to the matter must have access to all facts and information in order to respond to any actions.
- 3.7. Any critical incidents will be managed in accordance to EV procedure [ED-Org-8.23 Critical Incident and Adverse Event Notification](#)
- 3.8. EV will document, manage and evaluate such additional support and monitoring. All actions and outcomes will be recorded on file.
- 3.9. Where there are issues that may cause reputational damage to EV (including possible litigation), the Chief Executive Officer (CEO) and the Director of Training (DoT) will be advised by the Chair of the Panel.

4. Procedure

Monitoring and Support

- 4.1. EV monitors all training facilities throughout the year and more formally at the Panel meeting during the time of reaccreditation.
- 4.2. A range of information is monitored by EV to determine if a training facility or supervisor is meeting the accreditation standards and may require additional support. This includes but is not limited to:
 - 4.2.1. Appropriate registrar consulting hours and number of patients seen;
 - 4.2.2. Meeting applicable supervision and teaching arrangements;
 - 4.2.3. NTCER compliant registrar employment agreements
 - 4.2.4. Compliance with the terms of the Supervision and Training Agreement
 - 4.2.5. Analysis of registrar feedback
 - 4.2.6. External Clinical Teaching Visitor feedback

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- 4.2.7. Medical Educator and Training Advisor feedback
 - 4.2.8. End of Training feedback
 - 4.2.9. Education team feedback
 - 4.2.10. Supervisor CPD requirements
 - 4.2.11. Other relevant documentation
- 4.3. The types of issues that may be identified include, but not limited to:
- 4.3.1. Orientation of the registrar
 - 4.3.2. Inadequate on-site supervision
 - 4.3.3. Inadequate teaching time for the registrar's stage of training
 - 4.3.4. Patient consulting hours and patient numbers are too low or high
 - 4.3.5. Concerns with the breadth of practice
 - 4.3.6. Failure to submit monthly RCTIs as required
 - 4.3.7. Failure to submit feedback reports as required
 - 4.3.8. Rostering is not equitable to other doctors in the practice
 - 4.3.9. Not releasing registrars to attend mandatory education release workshops
 - 4.3.10. Non-completion of supervisor professional development requirements
 - 4.3.11. Non-compliance with the relevant College standards
 - 4.3.12. Ongoing and unresolved matters of registrar's performance not reported to EV
 - 4.3.13. Non-compliance with industrial requirements impacting on training
 - 4.3.14. Any other concern raised from the information
 - 4.3.15. Failure to report a critical incident as defined by [ED-Org-8.23 Critical Incident and Adverse Event Notification](#)
- 4.4. Certain training facilities or supervisors may require extra support and monitoring. Reasons for this include, but are not limited to:
- 4.4.1. Newly accredited training facilities and supervisors
 - 4.4.2. Training facilities or supervisors with previously identified issues that have been addressed
 - 4.4.3. Training facilities or supervisors with pending recommendations or conditions
 - 4.4.4. Training facilities with single supervisors
 - 4.4.5. Geographically isolated training facilities
 - 4.4.6. Training facilities in which there have been major changes in supervision or management
 - 4.4.7. Training facilities with registrars who require additional support
- 4.5. EV acknowledges that the demands on its accredited training facilities and supervisors can be significant. The following is available to assist in compliance:
- 4.5.1. The Practice and Supervisor Support Officer (PSSO) in each region is the initial contact for training facilities and supervisors needing assistance and initial advice on any matter of concern pertaining to training and may be contacted by phone or email.
 - 4.5.2. The regional Supervisor Liaison Officer (SLO) can provide assistance for supervisors within EV.
 - 4.5.3. The Accreditation and Practice Support Coordinator (APSC) can provide assistance to training facilities and supervisors on request.
 - 4.5.4. Supervisor professional development sessions are conducted regularly to provide supervisors with information and education about supervision and education of registrars.
 - 4.5.5. Each region conducts regular workshops for practice managers addressing both the administrative and educational roles of a training practice.
- 4.6. A training facility or supervisor may self-identify that they are experiencing difficulty and request assistance.
- 4.7. Ongoing support for the registrar needs to be implemented if needed, immediately any issues arise until final resolution. This may be provided by EV staff such as the regional Registrar Support Officer, the Registrar Support and Progress Coordinator and the Training Advisors depending on the nature of the issue.
- 4.8. The nature and timing of the support to be offered is dependent on the characteristics of the particular situation.

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Management of identified issues with training facility and/or supervisors

- 4.9. In the first instance, the training facility or supervisor must undertake to resolve the matter with the relevant parties at the practice level before requesting assistance from EV.
- 4.10. Where the matter is having 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 once all avenues have been exhausted. The specific course of action is dependent on the nature of the matter of issue.
- 4.11. The usual course of action is to raise the matter with the the [regional PSSO](#). This may require a number of discussions by telephone, email or in person to assist in resolving the issue or to provide additional support.
- 4.12. The training facility or supervisor may also wish to discuss the matter with the regional SLO.
- 4.13. An email documenting agreed actions and outcomes will be sent to the training facility or supervisor.
- 4.14. If the matter is not resolved at this level, a recommendation will be made to the APSC.
- 4.15. The APSC will make a determination as to the appropriate level of support required which is designed to enable the training facility or supervisor to address the matter while continuing in the provision of delivery of training.
- 4.16. A letter documenting clearly delineated recommendations and outcomes with a set timeline will be sent to the training facility or supervisor. The time period should be reasonable so that the training facility or supervisor does not feel that they are under unreasonable pressure.
- 4.17. The identifiable outcomes may include information that the APSC considers to be necessary to allow the placement to demonstrate it is meeting accreditation standards, taking into consideration the registrar's learning needs, patient safety and training facility needs.
- 4.18. The outcomes will be tailored to the matters identified. Examples of outcomes are outlined in clause 4.2 above.
- 4.19. The training facility or supervisor will be supported in achieving the outcomes with additional resources put in place if necessary.
- 4.20. Formal and informal feedback will be given throughout by the APSC (or delegate).
- 4.21. If the expected outcomes are not met within the given period this may result in the training facility or supervisor being recommended for focused intervention.
- 4.22. A training facility or supervisor will be recommended for focused intervention when it is assessed by the Panel that:
 - 4.22.1. the training facility or supervisor has not met or made sufficient progress against the given period, or
 - 4.22.2. will be unable to attain the required standard of accreditation without a planned intervention that includes conditions and additional time; and/or
 - 4.22.3. the specific issue or event is judged to be significant enough to warrant temporary or permanent withdrawal of the registrar from the training facility and its ability to participate in any future practice matches.
- 4.23. A letter documenting specific expectations, conditions and outcomes within a set period will be sent to the training facility or supervisor. The set period should be reasonable so that the training facility or supervisor does not feel that they are under unreasonable pressure.
- 4.24. The identifiable outcomes may include information that the Panel considers to be necessary to allow the placement to demonstrate it is meeting accreditation standards, taking into consideration the registrar's learning needs, patient safety and training post needs.
- 4.25. The outcomes will be tailored to the matters identified. Examples of outcomes are outlined in clause 4.2 above.
- 4.26. Formal and informal feedback will be given throughout the set period, by the Panel. There will be at least one monitoring visit by EV during the remedial period with a further follow up visit as determined by the Panel.
- 4.27. Once a resolution has been reached, continued monitoring will occur for a designated period of time.
- 4.28. Failure to achieve the expected outcomes within the set period may result in the training facility or supervisor being recommended for withdrawal of accreditation.

Withdrawal of accreditation

- 4.29. If the training facility or supervisor continues to fail to comply with any of the conditions of accreditation and after all avenues have been exhausted, withdrawal of accreditation may occur. Accreditation may also be withdrawn by EV in the event of serious deficiencies.
- 4.30. The training facility or supervisor will be notified by the Panel, in writing of the withdraw of accreditation status.

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- 4.31. The withdrawal of the accreditation status of the supervisor will relate only to the training facility and its associated branches.
- 4.32. Where the training facility or supervisor are dissatisfied with the decision of the Panel and final outcome, they have recourse to the dispute resolution section of the EV [ED-Org-8.22 Complaints, Grievances and Appeals](#) procedure.
- 4.33. The DoT, CEO, Pathway Managers and relevant Medical Educators will be notified of any changes in the accreditation of a training facility or supervisor.
- 4.34. The relevant College/s will be advised of a decision to withdraw the training facility or supervisor.

5. Additional Information

- 5.1. ACRRM PRRT Standards for Supervisors and Teaching Posts
- 5.2. RACGP Standards for General Practice Training
- 5.3. ED-Org-8.8 Practice Placement Obligations
- 5.4. ED-Org-8.20 Training Facility and Supervisor Accreditation
- 5.5. ED-Org-8.21 Supervisor Responsibilities
- 5.6. ED-Org-8.22 Complaints, Grievances and Appeals
- 5.7. ED-Org-8.23 Critical Incident and Adverse Event Notification
- 5.8. EV Supervision and Training Agreement
- 5.9. EV Training Practice Handbook
- 5.10. EV Supervisor PD Guidelines
- 5.11. ED-Gde-8.24 Training Facility Support and Monitoring Guidelines (internal)

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