

# FAQ

## FREQUENTLY ASKED QUESTIONS



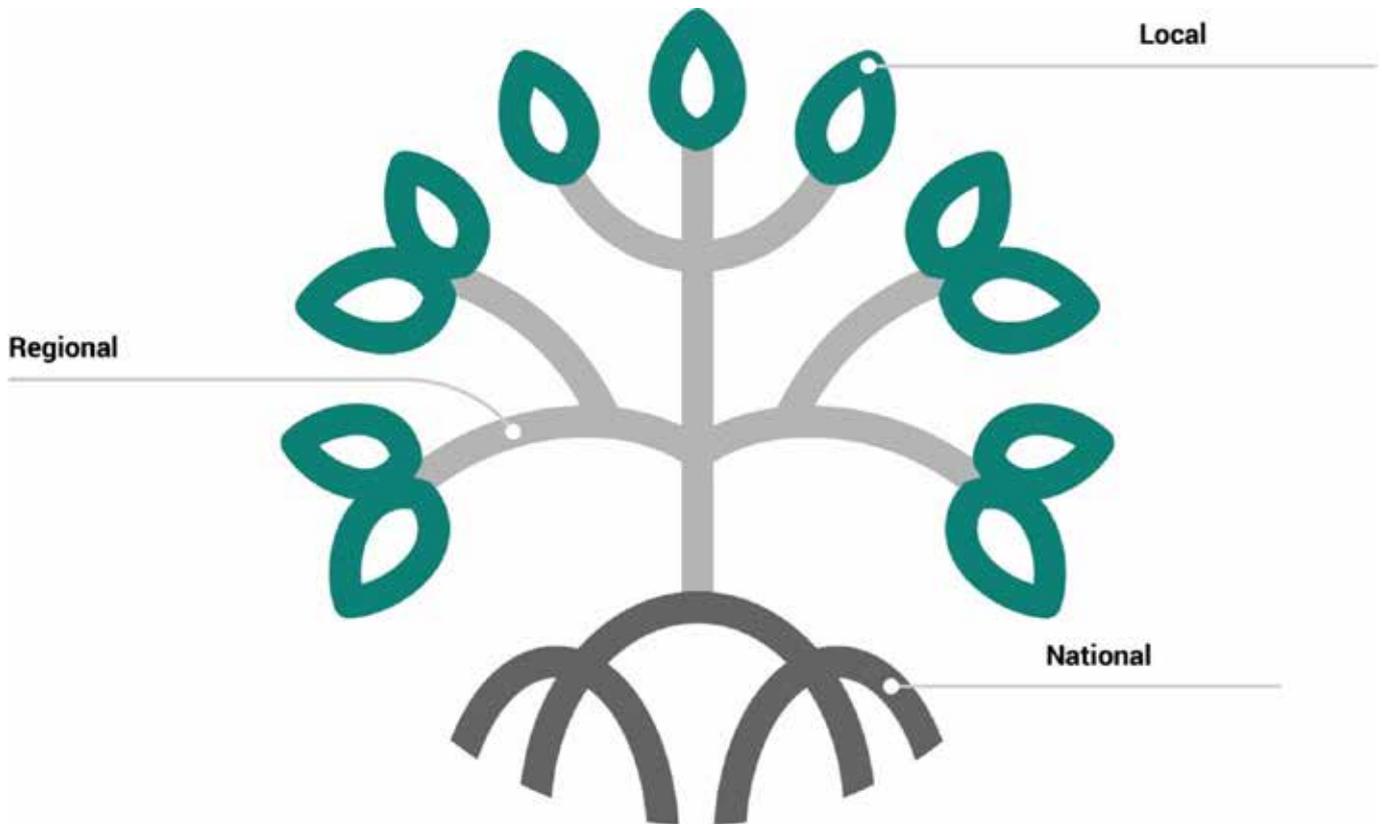
PODCAST



WEBINAR

## The Future of GP Training with ACRRM and RACGP

How are both Colleges approaching the Training Program?



### LOCAL

- Direct coordination and delivery of education and training
- Case management
- Relationships with registrars, supervisors and practices

### REGIONAL

- Support local teams in delivery
- Specialist resources and expertise
- Workplace planning liaison
- RG coordination
- Accreditation
- Regional marketing, selection and placement
- Research
- Regional stakeholder engagement

### NATIONAL

- Lean national coordination
- Governance
- PLT leadership
- ICT
- Finance
- National stakeholder engagement

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So there are two layers of Colleges in regional training pathway development, how much will their perspectives differ and thereby impact the local placements?



Local teams will be there to streamline this process for training practices. There is strong collaboration happening between the Colleges to reduce the impost on training practices and supervisors. "We will always listen to what needs to be adjusted - so keep us on our toes!"

- Placement timings will be synchronised to allow practices a smoother experience between both colleges
- The colleges will collaborate to ensure placement of registrars from both pathways is as seamless as possible and adheres to the principles that both registrars and practices should have an active role in that process.



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### Is there going to be a National curriculum for each College? How much room will there be for local issues, e.g. Dengue, RRV etc in the Tropics?

- Already both Colleges have operating national curricula. There is an intent to have registrar education delivered locally to allow for contextual content.
- Much like the delivery through the RTO network, both Colleges have designed programs that allow for regional delivery of training and medical education from 1 February 2023.

### Are RACGP supervisors able to be supervisors for ACRRM registrars? If so, what requirements need to be met to ensure they supervise both RACGP and ACRRM registrars?

Yes, RACGP fellows can be ACRRM supervisors providing they meet the ACRRM supervision accreditation requirements. Professional development will be accepted by both Colleges when assessing suitability.

### So existing RACGP supervisors can be supervisors for ACRRM registrars next year?

Correct - if the RACGP supervisor can meet the requirements under the practice accreditation.

### What are the practical day to day changes I will see? Do I need to do anything prior to, or at the time of, the changeover?

All currently accredited GP supervisors will be grandparented across from the RTOs to the Colleges for Semester 1, 2023. If you are currently an accredited supervisor, the Transition will not change this.

*"If we make too much change, we make too many people unhappy, and lose people, this Transition is not really going to work. So you will find, from both Colleges, that the experience for supervisors should be not significantly different. Registrars will be placed in your practice much the same; your accreditations will by and large continue in the same cycles and in a fairly similar way that they have been before; you will just be doing what you do with your registrars pretty much the same as you've been doing. You might be paid a bit more for teaching than you were being paid before, but the experience will generally be the same, there might be slightly different assessment forms and things to complete. But really, the aim of both Colleges is to make this as painless for supervisors as we can."*

Dr Gerard Ingham, Senior Medical Advisor, RACGP

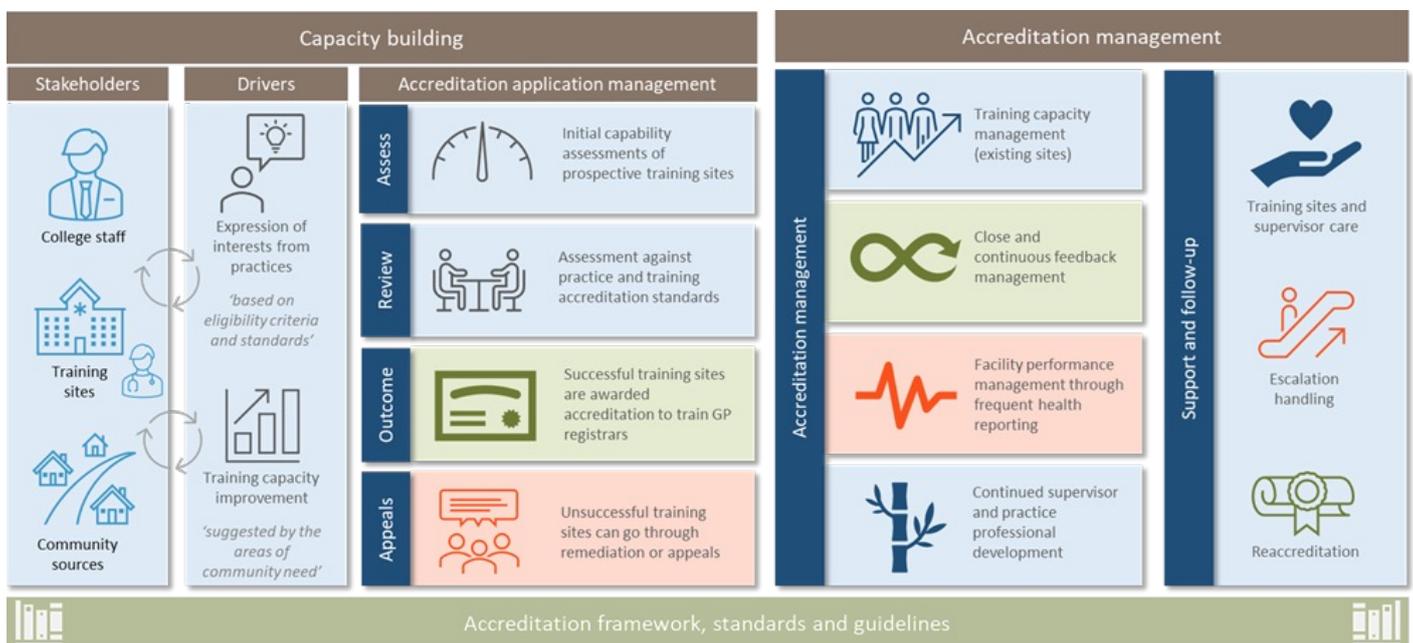


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### What is happening with training accreditation?

While the Colleges are working together to streamline certain things, it is important to note that the separate College standards will remain unchanged. There will be some common areas for accreditation that are shared between the Colleges, and some that each College will need to complete to comply with their individual training standards.

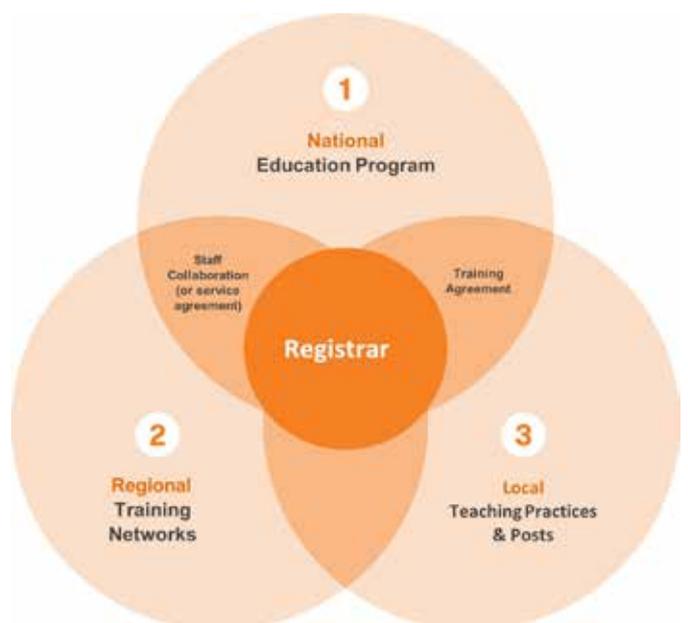


### Will there be bi-College accreditation of training practices? Or at least coordination?

Yes, the Colleges have been working together on a bi-College process design to align these interactions with practices, and are currently investigating where they can share data. The intent is to align general practice accreditation with training practice accreditation processes and minimise administrative burden on practices.

### With regard to the collaboration in accreditation, will this also flow into the health services for the Advanced / Additional Skills training on the RG pathways?

The accreditation of ASTs is a key component of the wider accreditation program and has been factored into the Bi-college planning. The applications of accreditation standards to Advanced specialist skills should not change; the Colleges are currently working on this area of accreditation.





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*“One of the first things you’re going to notice is that the two Colleges’ programs have a lot of similarities. But we’ve also got some differences - because if we’ve got two different fellowship programs, there’s going to be some different requirements. But the ACRRM College-led training model is based around the registrar at the centre: of all our services, and as the focus of how we deliver our College-led training. To support that, like RACGP, we have a national program consisting of a national selection process and national assessment structure, national accreditation standards and accreditation structures, which will then be supported and delivered regionally and locally. It also contains the work that we do around evaluation, the work that we do around standards, and of course, the development of our curriculum that all occurs nationally.”*

Kyra Moss, General Manager Education Services, ACRRM

### How will the Colleges align our practice accreditation with our training/ supervision accreditation - will one be extended to align with the other or will they still occur at different times?

This is in the process of being aligned. With accreditation cycles on 3 years, the RACGP is starting on these changes with the transition now, but it will take some time to align all the accreditation as your own general practice accreditation is not necessarily aligned with your training practice accreditation.

*“Be patient with us while we iron out the initial processes - it is not going to be perfect straight off. We’re meeting weekly to work everything out between and across the Colleges. Over the next 12 to 24 months, we want to end up with processes that will be much simpler for you, and what you do for practice accreditation will also feed into training practice accreditation to reduce your workload... we’re also working with the RACGP standards team on the next iteration of the general practice accreditation standards so that all of these processes are streamlined over the next triennium.”*

Kyra Moss, General Manager Education Services, ACRRM

### Will practice accreditation be combined with training practice accreditation for ACRRM too, given RACGP controls practice accreditation?

ACRRM will still require practices to accredit for training with them separately – GPSA will provide updates on the alignment of practice accreditation and ACRRM training accreditation.

### Can the accreditation be coordinated with general accreditation e.g. AGPAL?

- The Colleges are working towards aligning your general practice accreditation process with your training accreditation process.
  - In working toward accreditation with AGPAL or QRP, those organisations may gather certain information that with your permission can be shared with the Colleges to reduce duplication of this information for College training practice accreditation.
- If you’re working towards accreditation with both Colleges, you can nominate to work with one College to complete the bulk of your accreditation process – noting the nuances with each College that will make it ultimately impossible to align on everything.
  - Where the data points are similar, the Colleges are going to share it with one another, so you don’t have to answer the same questions twice.
  - Each College will then touch base with you to complete the requirements specific to that College.



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**Can any practice that wishes to become a training practice and can fulfil training accreditation requirements do so? For a long time, our RTO has refused to take on new training practices.**

RACGP and ACRRM will be managing accreditation and recruitment from 2023, so it may be worth trying at the start of next year.

**Do we need to re-accredit our clinics even though we have been accredited under the RTOs?**

No – the Colleges will recognise your current accreditation status.

**What is being done to preserve the highly developed resources and human resources of our local RTO's?**

Resources are being brought across. The Colleges are currently talking to the RTOs about online modules that are best in class, and the recruitment of personnel is already underway. The RTOs have been actively involved in the processes of resource review for future use.

**Are the Colleges utilising current RTO staff or are they completely rehiring?**

As and when College roles are being recruited, RTO staff are being offered the opportunity and encouraged to apply.

**Will the current RTO boundaries be removed so that a registrar can train in Brisbane and then Sunshine Coast (currently in two separate RTO locations)?**

These boundaries will be removed under ACRRM placement policy, which supports flexible training. Registrars will still be required to apply and be approved for placement. Under the RACGP, the sub-region boundaries will be reviewed and be more flexible to support registrar training needs. These will also be influenced by the Department of Health training location KPIs and areas of workforce needs.

**Will there still be as requirement for registrars to work in two separate practices, or will they be allowed to stay in the one practice for their entire training time for continuity?**

**RACGP:** under current standards, registrars need to meet the diversity of practice requirements. The easiest way to meet this is to experience working in different practices. However, there are alternative ways to meet all the diversity of practice requirements. RACGP's focus is to ensure registrars gain the full breadth and depth of practice through their work based training, be it in a single comprehensive general practice or across a number of practices.

**ACRRM:** if a singular training placement meets the requirement of a trainee's full scope of training and practice (i.e., hospital, practice, and AST), this will be considered.

**Will ACRRM registrars still be required to go MMM3 plus?**

ACRRM trains MMM2-7 and MMM4-7 for core generalist training.

**Will the Colleges have medical educators working in specific roles (accreditation/ECTV/workshops), or do they have to work across the board?**

RACGP and ACRRM will have both generalist medical educators and some with specific portfolios.

ACRRM is currently placing Medical Educators in regions to provide regional face to face support.



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### What will the placement principles and processes look like?

The Colleges acknowledge that RTOs already optimise registrar placements with great expertise. With this knowledge, the Colleges' approach to the transitional placement process is based on the following principles and assumptions:

- Both Colleges have been individually working with RTOs to support the placement process
- RTOs are facilitating College representatives placed in their businesses during this period of handover
- Both Colleges will recognise placements and allocations set by RTOs for 2023.1
- Both Colleges will recognise existing visa arrangements for registrars for 2023.1
- Placements will reflect department allocations for jurisdictions for 2023.1 (which is based on allocations determined by DoH in 2022)



Considerations:

- there are currently 9 different processes across the country
- in developing a nationally consistent approach to placement processes/practice matching based on 1 or more of the 9 pre-existing models, there will inevitably be change for the majority
  - the amount of change for currently accredited practices will vary by degrees and be largely minimal
  - while not finalised as at 18/08/2022, this is being designed to be as painless as possible for practices and registrars
- the RACGP will have one Training Management System and placements will likely be managed via this, with provisions to cater for regional variations.

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### How will dual accreditation work?

To make dual accreditation possible, the two Colleges continue working together to identify key touch points for accreditation where the administrative burden can be reduced by singular processes. Both Colleges are developing governance mechanisms to:

- share information where appropriate
- ensure placements still have all the important information that RTOS have added to their management -
  - the nuanced information at a local level
  - the training information from RTO training plans
  - the information from medical educators
- ensure they can put in placements with a high chance of success
- give practices an opportunity to train doctors who will potentially stay in their communities
- give registrars and trainee doctors the opportunity to get a sense of where it is they would like to be for the long-term, and to train in that community.

|                                  |   |
|----------------------------------|---|
| <b>Aligned processes</b>         | Placement processes that inform training capacity and registrar preferences are aligned between the colleges, eg shared questions in placement surveys  |
| <b>One placement timeline</b>    | Timeframes for key placement activities are aligned between the colleges  |
| <b>Optimised user experience</b> | Jointly accredited training sites and dual fellowship registrars are expected to provide updated preferences information only once to either college as part of the placement processes         |
| <b>Choice</b>                    | There will be a process in place for Registrars and training sites to discuss placement preferences and consider alternative solutions where appropriate  |
| <b>Collaborative approach</b>    | Colleges have identified information sharing points throughout the placement process. A bi-college placement working group will continue to identify areas for improvement in the joint process |

### How will registrars be allocated?

- The Department of Health will direct allocations in terms of what they would like to see come out of the AGPT-funded pathways. But underneath that, the Colleges will still have the prerogative to advocate for quality teaching places, and to ensure teaching placements support the College training programs at the highest level.
- The Colleges are taking on board the lessons that have been learned by the RTOS and continuing to build on what's been done rather than starting on a blank page in this transition.

### Will there be different entrance exams for entry into AGPT for new prospective registrars from next year onwards? Is it going to be different to the RTO preferences application done this year?

The ACRRM selection program will remain unchanged and will be the same system utilised for the last 3 years. The RACGP selection process undergoes continuous quality improvement and will be reviewed at regular intervals. No major changes are planned for 2023 but there may some degree of change for some regions as we have a more nationally consistent approach.

### Will there be a cap on the number of registrars in an area?

While the distribution of registrars will be informed by the organisations recently appointed to undertake the national Workforce Planning and Prioritisation work, this will also be strongly guided by registrar need /choice and the quality and capacity of supervisor support.

### Will registrars just apply directly to an accredited practice that has indicated availability - anywhere in the country?

There will still be regions/sub-regions that they would apply to in the open market process. There is a priority placement process for those in designated pipelines or priority placement locations.



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### Is there a cap on the number of registrars that a supervisor can supervise?

There are none listed currently, but the Colleges would want to be convinced that the registrar is supervised appropriately and that the approved placement meets all the training needs of the registrars.

### I currently supervise 2 RVTS registrars. How will this affect supervising either College's AGPT registrars?

This will depend on the College the registrars are training towards and their stage of training. There are no restrictions on a training post training RVTS registrars and registrars from other pathways simultaneously.

### How can we increase GP registrar numbers?

- Both Colleges are actively working to improve the pipeline into general practice, such as early engagement with students, medical schools and junior doctors to increase the numbers choosing general practice as a career.
- GPSA is also taking an active role in this space.

### Has rural distribution been taken into account for placement? And, if so, how? There is still a strong shortage of trainees choosing MMM 4 and beyond.

ACRRM only trains MMM2-7 and MMM4-7 for core generalist training; funding and support will be designed to incentivise rural placement. The DoH will also provide allocations and distribution targets to colleges to fill rural and remote placements.

RACGP has dedicated supports for rural and rural generalist training, with priority placements and specific pipelines focused on areas of workforce and community needs.

### Will the Colleges cover accommodation in rural placements?

- While the expectation is that funding for rural accommodation and associated expenses will be consistent with the current arrangement under the RTOs – i.e., informed by local conditions/ challenges/ registrar needs identified -, this also needs to come out of the as-yet-unknown amount of “flexible funding”.
- The Colleges are both aligned in their determination to prevent further decline in the number of rural placements.

### Will the Colleges be involved in contracts between the registrar and practice?

Both Colleges will operate under the expectation that these contracts will be consistent with the NTCER, noting that the employment arrangement is and shall remain between the employer and the employee under the existing training model.

### How will registrar exams and ECTVs be impacted by the Transition?

- ACRRM assessment standard and format will remain unchanged in the Transition
  - exams and MiniCEX will be the same
  - some in-practice assessments by supervisors, some delivered by MEs (unchanged from current practice)
- RACGP is strengthening its Workplace Based Assessment (WBA) to create a more consistent model nationally
  - some practices may be familiar with the WBA model being developed, for others this might be different
  - ECTVs will be similar to current requirements
  - exams will be the same

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### How is supervisor PD changing with the Transition?

- Supervisor professional development (PD) activities are likely to be funded from each College's own discretionary funding pool, but has yet to be determined
- Supervisors need to be paid to undertake professional development activities. This may be allocated to practices based on number of registrars and stage of training. The exact model is still to be defined but the Colleges are working to align on this as much as possible.
- Both Colleges will recognise each other's supervisor PD
- Minimum supervisor requirements for first-time supervisors yet to be agreed by the Colleges (pending DOH finalisation of flexible payment funding)
- Minimum annual PD requirements will be set and aligned across both Colleges - yet to be determined

*"The principle and the approach that the RACGP has taken with supervisor PD is to look very closely at what has been happening across all of the regions - to ensure that supervisor PD is responsive and appropriate to the local environment, but also that it doesn't disadvantage people in whatever we choose to do into the future. There is a large number of us advocating for the best possible outcome for supervisors."*

Glen Wallace, PLT Transition Manager, RACGP

### Where can I learn more about the Nationally Consistent Payments (NCP)?

- GPSA has a webpage dedicated to supervisor and practice payments: <https://gpsupervisorsaustralia.org.au/subsidies-and-allowances/>
- GPSA has made arrangements for the Department of Health (AGTP Program) to present a webinar about both the NCP and payment for supervisor PD in early November 2022.

### Do the Colleges plan to support practice managers with PD and resources - recognising their role in ensuring all the relevant paperwork is completed and compliant?

#### ACRRM:

- In recognition of the fact almost nothing happens in a practice unless it is supported by a practice manager, and that measuring capacity to teach in a practice needs considerable input from a practice manager, a new role has been developed called Rural Support Officers - practice support
  - the direct point of contact for practices
  - the go-to person for questions about accreditation, registrar issues, accessing extra practice resources
  - rolling out networking and resourcing for practice managers
- Working with other stakeholders to ensure that what ACRRM does for practice managers is going to be worthwhile - useful but not onerous, and not a duplication of existing resources or supports
- ACRRM will have networking and other education events to support practice managers.
- In addition, ACRRM will have Registrar and Supervisor Liaison roles to support training delivery

#### RACGP

- Recognising that this has been done really well by many RTOs, RACGP has practice manager PD on the radar but not in any detail yet – pending the outcome of the flexible funding payment by DOH
- Like ACRRM, RACGP's local training processes and supports will include a role designed to cater to the needs of practice managers, which will be called Practice Support Officers
- There will also be Practice Manager Liaison Officer roles to provide further support and a voice for practice managers.

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*"The best outcome from the Colleges' point of view is if we can retain everyone who's currently working - every supervisor, every educator, every training program worker - because they've got that corporate knowledge, that wisdom and expertise... Our aim through this transition is to find a way to retain as many people and deliver as good a program as has currently been delivered all around the country, and then move on from that and make improvements."*

### Resources



All GPSA resources are available [here](#)

### Further information

- GPSA College-Led Training Updates webpage <https://gpsupervisorsaustralia.org.au/College-led-training/>
- 2023 Nationally Consistent Payments <https://gpsupervisorsaustralia.org.au/subsidies-and-allowances/>