

The Learning Environment Health Check

Elements 1 – 6

The [Learning Environment Health Check](#) is a self-assessment tool which is used to identify gaps and solutions to support supervisors in comprehensively structuring the learning environment.

The Health Check ensures that GP supervisors can be confident that their learning environment is best practice. It also helps new GP supervisors to [Prepare Your Practice](#) for the quality training of GP registrars.

The Health Check consists of 58 questions, taking no more than 15 minutes to complete.

The questions throughout the self-assessment align with all six elements that describe a best practice GP [Learning Environment](#). Select responses to the statements and questions below that best suit your practice context and operations. Feedback contained in this self-assessment can be utilised to improve teaching and learning at your practice.

AVAILABLE ONLINE

The online version of this self-assessment tool includes links to resources and tailored one-on-one support.

[Click here](#)

GPSA members can receive personalised support to structure their learning environment for general practice training. Contact memberservices@gpsa.org.au for more information



ELEMENT 1 - THE PRACTICE VALUES LEARNING

The value the general practice places on learning and education will be reflected in its internal policies and procedures and in the ways the general practice approaches educational activities.

- 1.1.1 The practice has a Teaching and Learning policy, or other formal ways of identifying and prioritising learning within the business.
- Yes - our practice has a Teaching and Learning policy
 - No - our practice utilises more informal mechanisms.
 - No - we are seeking to improve the way the practice acts as a teaching & learning environment.
- 1.1.2 How would you rate attitudes across staff towards learners and the practice being a teaching and learning environment?
- Very negative 1 2 3 4 5 Very positive
- 1.2.1 Supervision and teaching roles are included in the position descriptions of staff involved in teaching.
- Yes - we have these components reflected in their position descriptions
 - No - we would like to see a position description template
- 1.2.2 GP supervisors are allocated/rostered time to coordinate teaching and learning.
- Yes - appropriate admin time is rostered so supervisor/s can coordinate and plan teaching and learning
 - No - no extra or specific admin time is allocated for teaching and learning coordination responsibilities



1.2.3 The practice has ways to respect and reward the skills and qualifications of educators.

Strongly disagree 1 2 3 4 5 Strongly agree

1.2.4 The practice understands what supervisor competencies should be, and helps to facilitate supervisor learning and skill development.

Strongly disagree 1 2 3 4 5 Strongly agree

1.3.1 The practice understands everything it needs to do to anticipate and prepare for the arrival of registrar/s.

Yes - we are well versed in this.

Unsure - we would like a checklist and guide on everything we need to do 'Before the Registrar Starts'.

Feedback: It is important to plan for the arrival of a new registrar so that they feel safe, welcome, and ready to start on their first day. It is a complex undertaking with many forms and templates to be completed. GPSA has developed an easy timeline and checklist for practice managers and supervisors, [Before the Registrar Starts](#), which outlines the key tasks that need to be performed, alongside the supporting resources, from 2-3 months before a new registrar starts through to their fourth week in-practice.

1.3.2 Learners are treated as part of the team, respected for what they bring (new ideas, critical appraisal, future workforce) and given opportunities to learn:

In a limited way 1 2 3 4 5 Very much so

1.3.3 The practice has appropriate procedures, formal or informal, as to how learners are presented to patients, and patients are encouraged to be accessible for learners.

Yes - we have proper procedures and ways as to how we do this at our practice

No - we could standardise and formalise this a bit more

1.4.1 The practice considers the impact of learners on aspects of practice operations and takes this into account during planning. This includes planning for (select those that apply):

Supervision and support roles

Teaching activities

Business operations and resources

Social activities and learner inclusion

1.2.2 GP supervisors are allocated/rostered time to coordinate teaching and learning.

Yes - appropriate admin time is rostered so supervisor/s can coordinate and plan teaching and learning

No - no extra or specific admin time is allocated for teaching and learning coordination responsibilities





ELEMENT 2 - BEST PRACTICE CLINICAL CARE

For a general practice involved in clinical education, best practice has an educational significance. Not only does the general practice need to deliver the best possible patient care, it needs to model the process of identifying, implementing, and testing the best available evidence.

2.1.1 Quality care is included in the practice mission or values statement:

Yes

No

Feedback: Practices that enjoy enduring success have core values and a core purpose that remain relatively fixed while strategies and practices endlessly adapt. To view a short info sheet on creating your Practice vision, mission, and value statement, download [here](#). This document is an extract from the GPSA Guide to [Best Practice Supervision in General Practice](#).

2.1.2 Quality care is monitored through respective accreditation processes:

Strongly disagree 1 2 3 4 5 Strongly agree

2.1.3 The practice has a wide range of policies and procedures that help guide high quality clinical care, e.g. 'Approach to Drug-Seeking Patients policy'

Strongly disagree 1 2 3 4 5 Strongly agree

Feedback: The RACGP has an extensive range of [policy and procedure templates](#) that can help enable high quality care.

2.1.4 All staff are engaged and train in quality assurance processes and initiatives:

Yes, all staff

Only some staff

No staff

2.2.1 The practice recruits highly skilled staff and develops skills and knowledge for all clinical team members:

Strongly disagree 1 2 3 4 5 Strongly agree

2.2.2 Practice staff display appropriate interpersonal and professional attributes and role model good clinical practice:

Strongly disagree 1 2 3 4 5 Strongly agree

2.3.1 The practice has processes for identifying and adopting best evidence into patient care:

Strongly disagree 1 2 3 4 5 Strongly agree





ELEMENT 3 - A POSITIVE LEARNING ENVIRONMENT

A positive teaching and learning environment is essential for high-quality learning in general practice.

3.1.1 The practice plans registrar orientation and induction for new registrars arriving to the practice:

Yes - we provide a comprehensive orientation and induction program

Unsure - we would like to see what would be an appropriate orientation checklist and program of activities for registrar orientation and induction

Feedback: It is important to plan for the arrival of a new registrar so that they feel safe, welcome, and ready to start on their first day. It is a complex undertaking with many forms and tasks to be completed.

[Before the Registrar Starts](#) - GPSA has developed a simple yet comprehensive timeline and checklist for practice managers and supervisors which outlines the key tasks that need to be performed, alongside the supporting resources, from 2-3 months before a new registrar starts through to their fourth week in-practice.

View the [website](#) or download the [checklist](#).

3.1.2 All staff at the practice are involved in orientation/induction activities and have a positive and welcoming attitude towards learners:

Strongly disagree 1 2 3 4 5 Strongly agree

Feedback: The GPSA [Team Leadership in General Practice](#) guide provides ideas as to how you can successfully lead your team, ensuring everyone is involved in making a new registrar feel welcome.

3.2.1 The practice is meeting all WorkSafe obligations, including having an OHS noticeboard:

Yes

Unsure

Feedback: The GPSA website page on [Bullying and Harassment](#) contains a list of resources relevant to your State or Territory, as well as resources offered by GPSA. It includes a list of WorkSafe contacts along with links to posters that are mandatory to display in the workplace in each jurisdiction, if required.



3.2.2 The practice has a clearly defined zero tolerance approach to bullying and harassment with appropriate policies and procedures in place to reduce and/or manage such:

Yes

Unsure - we would like more information

Feedback: The GPSA [Bullying and Harassment](#) guide explains how to recognise and manage bullying and harassment behaviour, fostering a healthy work culture which benefits staff and patient care. Use this as a tearoom, team building and induction resource to complement your other educational activities.

Download an [Incident Reporting Form](#) template to appropriately manage concerns at your practice. Ensure it is available to all staff.

3.2.3 The practice has an Employee Assistance Program (EAP) available to all staff

Yes

No

3.2.4 The practice is confident in providing a culturally safe environment to staff and patients, especially for persons who may identify as Aboriginal and/or Torres Strait Islander.

Yes

Unsure - we would like to learn more about building cultural safety at our practice.

Feedback: GP Supervisors strive to create a culturally safe workplace, teaching, learning, and practicing environment. GPSA has a range of resources to assist you in this goal:

GPSA Website - [Aboriginal and Torres Strait Islander Health](#)

GPSA Guide - [Aboriginal and Torres Strait Islander Health: Teaching and Learning](#)

Template - [Cultural Inclusion Policy](#)

Checklist - [A welcoming practice: Cultural Inclusion](#)

Teaching Plans - [Aboriginal and Torres Strait Islander Health Series](#)



3.2.5 The practice has the right tools and processes in place to provide quality care for LGBTQIA+ individuals

Yes

We would like to learn more about providing quality care for LGBTQIA+ individuals

Feedback: GPSA's dedicated [website page](#) contains a collection of resources aimed to support GP supervisors in their teaching and supervision of registrars who are providing medical services to lesbian, gay, bisexual, trans and non-binary, queer, intersex, asexual and other (LGBTQIA+) patients in general practice.

In addition there are two core resources to download containing all the information you need:

GPSA Guide: [LGBTQIA+ Health and Inclusive Healthcare in General Practice](#)

[Clinical Guideline for the Health Needs of People with Intersex Variations.](#)

3.2.6 The practice utilises an open disclosure framework so mistakes or concerns can be identified and discussed

Yes

No

Unsure

3.3.1 Registrars are assisted to plan their learning, using the right tools and methods, at the right times, to identify the right learning needs.

Strongly disagree 1 2 3 4 5 Strongly agree

Feedback: Each registrar undertaking GP training comes with a completely different clinical and educational background, and consequently no two registrars have the same learning needs. While learning is ultimately the responsibility of the registrar, the GP Supervisor has an important role to play in helping the registrar identify, clarify, prioritise and address their learning needs for general practice training.

Learning needs identification is the process of using tools and methods to identify the learning needs of the registrar, both known and unknown.

The GPSA [Helping Your Registrar Plan their Learning](#) guide contains a useful toolkit which you can download to support the planning of learning.

3.3.2 The practice has access to a sustainable and diverse patient load for the registrar to address their minimum clinical hours and learning needs

Strongly disagree 1 2 3 4 5 Strongly agree



3.3.3 Teaching and learning is beyond just the clinical, and encompasses professionalism, teamwork, communication, business, and administrative domains to help learners become practice-ready

Yes

Unsure, we would like further resources with respect to teaching non-clinical elements of general practice

Feedback: The GPSA [Teaching Professionalism](#) guide aims to support supervisors to identify, assess, and facilitate development of skills in professional and ethical practice of their registrars.

The GPSA [Managing Uncertainty](#) guide aims to support GP supervisors to identify, assess, and facilitate development of skills in managing uncertainty.

3.4.1 Supervisors feel confident that the continuing professional development they have access to supports them to be best practice teachers:

Strongly disagree 1 2 3 4 5 Strongly agree

3.4.2 Supervisors feel adequately equipped and utilise a wide range of resources to support teaching (such as guides, teaching plans, etc.):

Strongly disagree 1 2 3 4 5 Strongly agree

Feedback: The GPSA [Practice-based Teaching in General Practice](#) guide is the comprehensive resource for GP supervisors that guides the formal aspects of supervision - 'what to teach' and 'how to teach'. Teaching methods described in the guide include but are not limited to: case-based discussion, random case analysis, audit, direct observation, and role modelling, etc. The focus of the guide is on the dedicated, quarantined, structured forms of practice based teaching.

GPSA also has a range of [Teaching Plans](#) which support quality teaching across a diverse range of topics.

Random Case Analysis is an important methodology for teaching and learning, and even preparing for exams. Download the GPSA [guide](#) to and [template](#) for performing random case analyses.

3.4.3 Practices roster quarantined teaching and supervision time between supervisors and registrars, consistent with their stage of training:

Strongly disagree 1 2 3 4 5 Strongly agree



3.4.4 The supervisor and practice take a 'whole of team' approach to supervision of the registrar:

Strongly disagree 1 2 3 4 5 Strongly agree

Feedback: The GPSA [Team Leadership in General Practice](#) guide provides ideas as to how you can successfully lead your team, ensuring everyone is involved in making a new registrar feel welcome.

3.4.5 Problems related to teaching, learning, and supervision are routinely identified, discussed and resolved with registrars:

Strongly disagree 1 2 3 4 5 Strongly agree

3.4.6 Supervisors are able to competently identify and assist at-risk learners:

Strongly disagree 1 2 3 4 5 Strongly agree

Feedback: The GPSA [Identifying and Supporting GP Registrars at Risk](#) guide aims to assist GP supervisors to appreciate some of the potential causes of difficulty for GP registrars, address these issues with the GP registrar and develop appropriate supports to assist improvement.

3.5.1 The practice supports learners to (select all that apply):

Develop and demonstrate professionalism relevant to the business

Adapt their learning style to the general practice environment

Prepare, reflect, and respond with professional accountability

Understand the differences between general practice and other clinical settings

Connect learning experiences from other environments to develop learning continuity





ELEMENT 4 - AN EFFECTIVE GENERAL PRACTICE - TRAINING PROVIDER RELATIONSHIP

Clinical education and training is a collaborative arrangement between the practice and training providers. This draws on the complementary skills, experiences, resources, and expertise for learning. General practice and training provider relationships are unique and depend on mutual respect, collaborative work and strong communication.

4.1.1 Training partnerships with other organisations are supportive, respectful and productive:

Strongly disagree 1 2 3 4 5 Strongly agree

4.2.1 Practices are able to access the resources needed to support effective learning (such as resources to support supervisors, support for learners and the practice when a learner is struggling, administrative support, professional development for supervisors):

Strongly disagree 1 2 3 4 5 Strongly agree

4.2.2 The training practice and training providers work together to provide effective training opportunities:

Strongly disagree 1 2 3 4 5 Strongly agree

4.2.3 Your practice assists training organisations by providing assessments in a timely manner and facilitating visits by external educators and assessors:

Strongly disagree 1 2 3 4 5 Strongly agree

4.3.1 There is an identified point of contact for GPs within training organisation/s you work with:

Yes

No

Unsure

4.3.2 There is regular dialogue between the practice and the training organisation, including face-to-face meetings as often as practicable:

Strongly disagree 1 2 3 4 5 Strongly agree

4.3.3 Communication between the practice and the training provider is timely and professional:

Strongly disagree 1 2 3 4 5 Strongly agree

4.3.4 Real-time positive and constructive feedback is provided between both parties:

Strongly disagree 1 2 3 4 5 Strongly agree

4.3.5 Natural justice principles are following in relation to complaints:

Strongly disagree 1 2 3 4 5 Strongly agree



4.3.6 Risks are identified, managed, and discussed between practices and training organisations:

Yes

No

Unsure

4.3.7 The practice is able to obtain assistance from the training organisation if help is needed:

Yes

No

Limited

4.4.1 There is a written agreement between the practice and the training organisation that sets out expectations and responsibilities of each organisation in the delivery of training:

Yes

No

Unsure





ELEMENT 5 - EFFECTIVE COMMUNICATION PROCESSES

Effective communication is a key component of high-quality learning and involves modelling good communication between practice staff and learners.

5.1.1 Monthly pastoral care discussions are conducted with registrars. These meetings are separate to any clinical supervision discussions/meetings.

Yes

No - we would like to better understand how to undertake and distinguish between clinical supervision and employment performance management and pastoral care

Feedback: View GPSA's website page on [Performance Management](#), there is also a short clip available to [watch here](#) explaining the difference between clinical supervision and employment supervision.

5.1.2 Pastoral care discussions are documented in a standardised way.

Yes

No - we would like to view a template of standardised discussion points

Feedback: View [GPSA's template here](#) to support the conduct and documentation of pastoral care discussions.

5.1.3 Practice staff are comfortable and equipped with giving feedback. They all have the skills to do this in a constructive way (e.g. correctly identifying sources of information for feedback, asking permission to give feedback, ensuring it is timely, etc.)

Strongly disagree 1 2 3 4 5 Strongly agree

Feedback: The GPSA guide to '[Giving Effective Feedback](#)' explains the importance of quality feedback and how to incorporate this into training your GP registrar. It is intended to help you implement strategies that will make providing feedback a meaningful and constructive experience for you both.

5.1.4 Practice staff display sensitivity to cultural, gender, and sexual diversity:

Strongly disagree 1 2 3 4 5 Strongly agree

Feedback: GPSA currently has two guides which one may find useful, containing a range of resources, actions, and templates: [Aboriginal and Torres Strait Islander Health](#) and [LGBTQIA+ Inclusive Healthcare](#).



5.1.5 When supervising, what balance is struck between formal and informal conversations and meetings with your registrar/s?

Mostly informal 1 2 3 4 5 Mostly formal

5.2.1 Practice staff and learners are educated about what is meant by good communication and how to achieve it:

Strongly disagree 1 2 3 4 5 Strongly agree

Feedback: Download a short [information sheet](#) on what defines 'good communication' and how to achieve it. This document is an extract from the GPSA Guide to [Team Leadership in General Practice](#).

5.2.2 The practice has a written protocol about communication which sets out organisational structures and processes and describes actions, behaviours, expectations, and responsibilities of practice staff and learners:

Yes

No

Unsure

5.2.3 Has your practice ever changed its communication practices in light of changes in environment or circumstances?

Yes

No

Unsure





ELEMENT 6 - APPROPRIATE RESOURCES AND FACILITIES

The practice provides infrastructure and resources to enable learning

6.1.1 Mark below what infrastructure and equipment is currently provided at your practice:

Consulting rooms

Required medical equipment

Area/s for study, research and reflection

6.1.2 Mark which IT and communications resources are provided:

Computer

Webcam and headset

Internet access

Printer

Scanner

Photocopier

6.1.3 Select which teaching and learning tools and resources are provided:

Templates for planning

Checklists and self-assessments

Access to online libraries and resources

6.1.4 Select which amenities are provided:

Kitchen

Common room

Locker and staff toilets / changeroom

