**Quality standard for teaching practice accreditation**

**Draft for piloting and feedback**

*The Teaching Practice Standard represents the requirements that a general practice must meet to be accredited as a teaching practice for purposes of the General Practice Education Programme.*

Poipoia te kākano kia puāwai

**May 2019**

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Introduction

With effect from 1 December 2019 only CORNERSTONE® accredited practices will be permitted to be teaching practices and to host or employ registrars on the General Practice Education Programme (GPEP). This new standard for teaching practice accreditation has been designed to be an optional module of the CORNERSTONE® quality standard.

Should a practice wish to be a teaching practice, it must undergo the teaching practice module in CORNERSTONE®. It may do so either as part of the original CORNERSTONE® accreditation process, or at any time thereafter – while the CORNERSTONE® accreditation remains valid.

Purpose

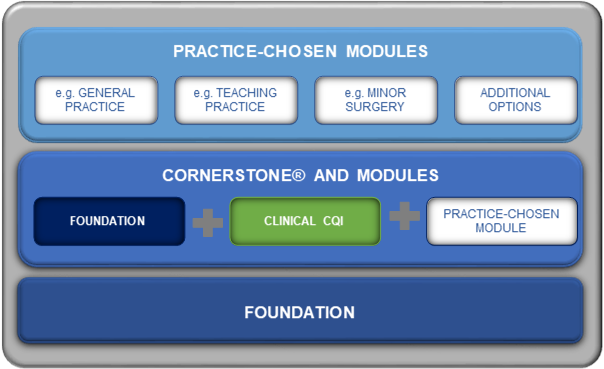
The underlying principle of the accreditation process is to ensure that education and training sites provide learning environments that facilitate the training of safe and competent GPs.

Accreditation of a teaching practice promotes:

* safety for patients and registrars
* a quality teaching and learning environment for registrars
* appropriate experience for the registrar against the outcomes of the GPEP curriculum.

Modular design of new quality framework

The new quality framework will be modular.



To achieve CORNERSTONE® accreditation, practices will need to be accredited against the Foundation Standard, the Continuous Quality Improvement (CQI) module and one other module of their choice. Initially, practices will have three modules to choose from:

* General practice
* Teaching practice
* Minor surgery

The Teaching Module

The teaching practice module identifies and explains the indicators and criteria that must be fulfilled in a training practice to ensure that the registrar receives a quality educational experience and the practice meets its requirement to be accredited against this module.

**Indicators and criteria**

Each **indicator** describes a high-level statement of performance it is expected a practice will meet to fulfil the requirements of this module (e.g. t*here are clinical governance, safety and quality processes in place that demonstrate clear lines of responsibility and accountability for registrar training*).

**Criteria** define the specific requirements that must be met to satisfy the indicator. Criteria are discrete, measurable and explicit (e.g. c*lear procedures are in place to notify the College of changes in the practice that may have a significant impact on training*).

**Resources**

At the end of each indicator is a list of resources. The list is not exhaustive, and the general practice team may have additional resources for use.

**Process**

* The practice applies for accreditation (first-time applicants) or re-accreditation (previously accredited applicants) as a teaching practice
* The College advises the practice of the submission date for the self-assessment against the teaching practice standard
* The practice completes a self-assessment (including relevant evidence / documentation) against the indicator and criteria and submits it to the Quality Assurance to Quality Improvement (QA2QI) tool by the deadline
* The College team considers the self-assessment and advises the general practice team of the process, which may include a telephone interview with the practice team, and a survey of registrars who had trained at the practice in the past
* The College team reviews all the relevant information and completes a draft report
* The draft report is sent to the applicant practice to allow comment on its factual accuracy
* The College team finalises the report and submits it for the final decision
* The College informs the applicant teaching practice of the outcome of their application
* If accreditation has been granted, it will be subject to satisfactory site-specific teacher accreditation (see *Teacher accreditation* below).

**Teacher accreditation**

A practice site cannot have its accreditation confirmed until a site-specific teacher has been approved / accredited. This process will be managed by the College’s Learning Team, separate from (but aligned with) the teaching practice accreditation. For more information about teacher accreditation, please contact the College’s Education Team ([Bronwyn.Prowse@rnzcgp.org.nz](mailto:Bronwyn.Prowse@rnzcgp.org.nz)).

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# **Section 1:** Promoting the health, welfare and interests of trainees

Indicator 1: Clinical governance, safety and quality assurance

**Clinical governance, safety and quality processes are in place and they demonstrate clear lines of responsibility and accountability for registrar training.**

|  |  |  |
| --- | --- | --- |
| **Criteria** | **Your practice is required to:** | **Required evidence** |
| 1.1 | Ensure the mechanisms and appropriate resources to plan, implement and review the registrar training programme. | * Documented strategic / business level plans that include teaching as a practice objective. * Documented organisation charts. * Quality assurance frameworks. * Documented teaching-specific policies and procedures. |
| 1.2 | Ensure that practice staff demonstrate understanding of, and commitment to the roles and responsibilities of a support team in a teaching practice. | * Documented orientation and induction plans. * Documented role descriptions. * Staff training records demonstrate relevant training. |
| 1.3 | Ensure the registrar participates in setting the learning agenda. | * Documented evidence of opportunities for staff to provide formal and informal feedback on training. * Documented evidence of registrar feedback. |
| 1.4 | Clear procedures are in place to notify the College of changes in the practice that may have a significant impact on training. | * Documented policies and procedures regarding notifications. |

**Required training**

Practice staff involved in registrar training must be familiar with the GPEP Curriculum and the relevant Fellowship Regulations.

**Guidance notes**

A training practice must have the governance structure to deliver and monitor the registrar’s safe practice. The practice must encourage a culture of respect for patients and staff and aim to improve patient safety.

**Resources**

* [The Health and Safety at Work Act 2015](http://www.legislation.govt.nz/act/public/2015/0070/55.0/DLM5976660.html)
* [GPEP Curriculum](https://rnzcgp.org.nz/RNZCGP/Become_a_specialist/Become_a_General_Practitioner/GP_Education_Programme/RNZCGP/Become_a_specialist/Become_a_General_Practitioner/General%20Practice%20Education%20Programme/GP_Education_Programme.aspx?hkey=a9068836-2252-4292-b7ce-4d4bfc3f3a06)
* [Fellowship Regulations](https://oldgp16.rnzcgp.org.nz/assets/New-website/Become_a_GP/2017-Fellowship-Regulations-version-1-002.pdf) (available on Learning Zone)
* Information and training modules available on [Learning Zone](https://www.rnzcgp.org.nz/RNZCGP/Contact_Management/Sign_In.aspx?noside=1&WebsiteKey=4105e6d5-9ad4-4cbf-b3d4-8a1df183be9d&LoginRedirect=true&returnurl=%2FRNZCGP%2FDashboard%2FRNZCGP%2FDashboard%2FDashboard.aspx%3Fhkey%3Dd20c15e5-9749-43a0-b24e-cdc9a07e2ac6)

Indicator 2: Educational infrastructure, facilities and resources

**Educational infrastructure, including facilities and resources are in place to deliver a quality educational experience.**

|  |  |  |
| --- | --- | --- |
| **Criteria** | **Your practice is required to:** | **Required evidence** |
| 2.1 | Ensure the training site provides a physical environment that supports the registrar’s learning. | * Demonstrates having met the Foundation Standard module requirements. * Documented organisation charts. |
| 2.2 | Ensure the registrar has the resources and capacity to learn / practice effectively and safely. | * Description of staffing, resources and facilities available. * Documented details of how access to online library and research sources will be given. * Documented evidence of attendance records for training days. |
| 2.3 | Ensure there are staff in place within the practice who can provide appropriate medical education expertise to deliver the training programme. | * Documented induction and orientation plans |
| 2.4 | Ensure the practice has arrangements in place to allow the teacher and the registrar to provide sufficient teaching time to meet the learning needs of the registrar. | * Documented rosters. |
| 2.5 | Ensure that the registrar’s primary teacher at the practice complies with the College requirements for teacher accreditation. | * Documented evidence that the Teacher has been accredited by the College. * Evidence of attendance at teacher development meetings. * Evidence of attendance at the new teacher workshop. * Evidence of attendance at teacher meetings. |
| 2.6 | Ensure the visiting teacher has access to facilities, resources and records necessary to provide effective monitoring and mentoring of the registrar. | * Details of equipment e.g. video * Description of staffing, resources and facilities available. * Documented details of how access to online library and research sources provided. |

**Required training**

Practice staff with College-appointed responsibility for training, will have attended a College-facilitated New Teachers’ Workshop.

Appropriate training and resources are made available to ensure staff have an acceptable level of proficiency in te reo Māori.

**Guidance notes**

A minimum acceptable standard of facilities and resources are required to provide a successful training context for the registrar. The registrar must have the opportunity for exposure across the breadth of clinical experiences in general practice.

**Resources**

* [GPEP Curriculum](https://rnzcgp.org.nz/RNZCGP/Become_a_specialist/Become_a_General_Practitioner/GP_Education_Programme/RNZCGP/Become_a_specialist/Become_a_General_Practitioner/General%20Practice%20Education%20Programme/GP_Education_Programme.aspx?hkey=a9068836-2252-4292-b7ce-4d4bfc3f3a06)
* Information and training modules available on [Learning Zone](https://www.rnzcgp.org.nz/RNZCGP/Contact_Management/Sign_In.aspx?noside=1&WebsiteKey=4105e6d5-9ad4-4cbf-b3d4-8a1df183be9d&LoginRedirect=true&returnurl=%2FRNZCGP%2FDashboard%2FRNZCGP%2FDashboard%2FDashboard.aspx%3Fhkey%3Dd20c15e5-9749-43a0-b24e-cdc9a07e2ac6)

Indicator 3: Dealing with difficulties

**Processes are in place for identifying and managing trainees in difficulty.**

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| --- | --- | --- |
| **Criteria** | **Your practice is required to:** | **Required evidence** |
| 3.1 | Demonstrate processes to manage trainee grievances or issues with supervision and training requirements, while still maintaining appropriate confidentiality. | * Documented policies, procedures or processes, e.g. complaints or grievance policy; discrimination, bullying and sexual harassment policy. * Evidence provided of anonymised tracking of grievances / complaints, as a method of analysing trends. |
| 3.2 | Demonstrate processes to identify if a registrar is not performing at the required standard of competence, and work with the College to develop a remediation plan. | * Access to support services, e.g. an Employee Assistance Programme (EAP). * Documented remediation plans for trainees experiencing difficulty. |
| 3.3 | Have clear procedures in place to notify the College of any issues that might impact on the registrar’s progress through the training programme. | * Meeting the Foundation Standard module requirements. |

**Required training**

Practice staff involved in registrar training must be familiar with the relevant College Policies.

**Guidance notes**

The training practice should encourage early identification of trainees in difficulty by all members of the practice team.

**Resources**

* Information and training modules available on [Learning Zone](https://www.rnzcgp.org.nz/RNZCGP/Contact_Management/Sign_In.aspx?noside=1&WebsiteKey=4105e6d5-9ad4-4cbf-b3d4-8a1df183be9d&LoginRedirect=true&returnurl=%2FRNZCGP%2FDashboard%2FRNZCGP%2FDashboard%2FDashboard.aspx%3Fhkey%3Dd20c15e5-9749-43a0-b24e-cdc9a07e2ac6)

# **Section 2:** Training and experience is aligned to curriculum requirements

Indicator 4: Quality of the educational experience

**Trainees participate in a wide range of quality educational and training opportunities to develop the skills and knowledge needed for independent practice as a specialist general practitioner.**

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| **Criteria** | **Your practice is required to:** | **Required evidence** |
| 4.1 | Ensure a formal and structured education programme is available to the registrar. | * Documented education programme planning. * Documented teaching plans. * Documented descriptions of educational resources available. * Documented descriptions of clinical and decision support resources available. * Documented role descriptions and responsibilities. |
| 4.2 | Facilitate the registrar’s participation in a broad range of relevant experiences defined by the curriculum, across the depth and breadth of general practice. | * Documented education programme planning. * Access to documented rosters. * Documented registrar feedback. |
| 4.3 | Ensure the number, acuity and complexity of the case-mix, and the registrar’s exposure to it, provides an appropriate clinical training experience. | * Documented education programme planning. * Documented registrar feedback. * Access to documented audit records. |
| 4.4 | Ensure the registrar’s workload is appropriate to their experience and educational needs. | * Documented education programme planning. * Documented registrar feedback. |
| 4.5 | Enable the registrar to ask for and receive timely assistance in all clinical situations. | * Documented descriptions of models of care available and used in the practice. |
| 4.6 | Provide the registrar opportunities to identify and visit appropriate community providers and to be included in community health initiatives. | * Access to documented rosters. * Evidence of practice’s community engagement plans. |

**Required training**

Practice staff involved in registrar training must be familiar with the relevant College Policies.

**Guidance notes**

Practice staff involved in registrar training must customise their educational programme to the registrar placed with them, bearing in mind the opportunities and limitations offered by the specific practice environment.

**Resources**

* [GPEP Curriculum](https://rnzcgp.org.nz/RNZCGP/Become_a_specialist/Become_a_General_Practitioner/GP_Education_Programme/RNZCGP/Become_a_specialist/Become_a_General_Practitioner/General%20Practice%20Education%20Programme/GP_Education_Programme.aspx?hkey=a9068836-2252-4292-b7ce-4d4bfc3f3a06)
* Practice emergency response plans and business continuity plans
* Information and training modules available on [Learning Zone](https://www.rnzcgp.org.nz/RNZCGP/Contact_Management/Sign_In.aspx?noside=1&WebsiteKey=4105e6d5-9ad4-4cbf-b3d4-8a1df183be9d&LoginRedirect=true&returnurl=%2FRNZCGP%2FDashboard%2FRNZCGP%2FDashboard%2FDashboard.aspx%3Fhkey%3Dd20c15e5-9749-43a0-b24e-cdc9a07e2ac6)
* Registrar’s individualised education plan

Indicator 5: Teaching and learning approach

**A teaching plan has been developed by the practice team to document how it will facilitate the registrar’s learning/training.**

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| **Criteria** | **Your practice is required to:** | **Required evidence** |
| 5.1 | Identify and address the registrar’s learning needs in a regular and timely way. | * A documented and personalised teaching plan for the registrar. * A documented description of educational resources available. |
| 5.2 | Document the registrar’s learning needs throughout the training. | * A documented and personalised teaching plan for the registrar. * A documented description of clinical and decision support resources available. |
| 5.3 | Ensure the registrar has access to regular, structured and planned in-practice teaching time. | * A documented and personalised teaching plan for the registrar. * Documented involvement in learning activities. |
| 5.4 | Utilise a teaching approach that enables and supports the development of skills in professionalism (including teamwork and leadership), and teaching. | * Documented registrar feedback. * Documented evidence in the use of the curriculum. |
| 5.5 | Provide the registrar with the opportunity to engage with other health professionals in the practice environment/network. | * Documented involvement in clinical learning activities. * Documented registrar feedback. |

**Required training**

Practice staff involved in registrar training must be familiar with the relevant College Policies.

**Resources**

* [GPEP Curriculum](https://rnzcgp.org.nz/RNZCGP/Become_a_specialist/Become_a_General_Practitioner/GP_Education_Programme/RNZCGP/Become_a_specialist/Become_a_General_Practitioner/General%20Practice%20Education%20Programme/GP_Education_Programme.aspx?hkey=a9068836-2252-4292-b7ce-4d4bfc3f3a06)
* Information and training modules available on [Learning Zone](https://www.rnzcgp.org.nz/RNZCGP/Contact_Management/Sign_In.aspx?noside=1&WebsiteKey=4105e6d5-9ad4-4cbf-b3d4-8a1df183be9d&LoginRedirect=true&returnurl=%2FRNZCGP%2FDashboard%2FRNZCGP%2FDashboard%2FDashboard.aspx%3Fhkey%3Dd20c15e5-9749-43a0-b24e-cdc9a07e2ac6)

Indicator 6: Continuous improvement of the learning environment

**Structured and systematic continuous improvement activities are undertaken by the practice.**

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| **Criteria** | **Your practice is required to:** | **Required evidence** |
| 6.1 | Ensure the registrar has opportunities to participate in quality improvement activities, such as clinical audits, peer review systems, and practice management improvement processes. | * Demonstrated registrar involvement in meetings and activities, e.g. Morbidity and Mortality (M&M) meetings, clinical audits, etc. * Documented registrar involvement in research papers. |
| 6.2 | Ensure mechanisms are available that allow feedback from the registrar to be incorporated into strategies to improve the quality of the learning programme / experience. | * Documented registrar feedback and evidence of how this informed the learning plan. * Documented evidence of change management following audits. |
| 6.3 | Assist the registrar to perform audits using an equity lens and discuss the findings / outcomes with the practice team. | * Documented evidence of registrar’s involvement in audits. |

**Required training**

Practice staff involved in registrar training must be familiar with the relevant College Policies.

**Resources**

* [GPEP Curriculum](https://rnzcgp.org.nz/RNZCGP/Become_a_specialist/Become_a_General_Practitioner/GP_Education_Programme/RNZCGP/Become_a_specialist/Become_a_General_Practitioner/General%20Practice%20Education%20Programme/GP_Education_Programme.aspx?hkey=a9068836-2252-4292-b7ce-4d4bfc3f3a06)
* Information and training modules available on [Learning Zone](https://www.rnzcgp.org.nz/RNZCGP/Contact_Management/Sign_In.aspx?noside=1&WebsiteKey=4105e6d5-9ad4-4cbf-b3d4-8a1df183be9d&LoginRedirect=true&returnurl=%2FRNZCGP%2FDashboard%2FRNZCGP%2FDashboard%2FDashboard.aspx%3Fhkey%3Dd20c15e5-9749-43a0-b24e-cdc9a07e2ac6)

Indicator 7: Effective monitoring and evaluation

**Ongoing monitoring and evaluation of the learning environment is supported by the practice, with a commitment to continuous improvement.**

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| --- | --- | --- |
| **Criteria** | **Your practice is required to:** | **Required evidence** |
| 7.1 | Ensure processes and systems are in place to monitor and evaluate the registrar’s progress and performance. | * Documented competence / performance assessments. * Documented examples of credentialing reports. * Documented progress reports. * Reports documenting in-practice visits. * Documented policies and procedures (see below). * Completed ePort end-of-attachment forms. * Completed mini clinical exam (MiniCEx) forms. |
| 7.2 | Ensure the assessment is fair, valid and reliable. | * Documented competence / performance assessments |
| 7.3 | Ensure timely evidence of the registrar’s progress is provided and that it is readily available to the registrar and the College. | * Documented competence / performance assessments. * Reports documenting in-practice visits. |
| 7.4 | Staff and registrar feedback, is systematically sought, analysed and used to inform the ongoing monitoring and review of training. | * Documented staff and registrar feedback, and evidence of how feedback is used to inform learning plan. |
| 7.5 | Ensure the systems and processes used to maintain records, deliver training and monitor the progress of the registrar are up-to-date and secure (both paper-based and electronic records). | * Documented assessment plan in place, and regularly reviewed and updated. |

**Required training**

Practice staff involved in registrar training must be familiar with the relevant College Policies.

**Guidance notes**

Practices must have processes in place to act if a registrar’s performance poses a risk or potential risk to patient safety. This process must include notifying the College and the Medical Council of New Zealand, when appropriate.

Processes must be in place within the practice for monitoring the progress of the registrar, and identification and management of any issues. Although the primary responsibility lies with the nominated lead supervisor, it is the joint responsibility of the entire practice team to be alert to the progress of the registrar.

It is expected that as a registrar’s training progresses, their level of competence will develop with training and supervision appropriately tailored to their competence. The registrar’s competence and progress to be monitored by the educational supervisor throughout their time in a clinical attachment and by the training provider’s medical educator throughout the training programme.

The supervisor conducts and records the assessment activities and other means of determining a registrar’s competence during their time in the attachment.

**Resources**

* [GPEP Curriculum](https://rnzcgp.org.nz/RNZCGP/Become_a_specialist/Become_a_General_Practitioner/GP_Education_Programme/RNZCGP/Become_a_specialist/Become_a_General_Practitioner/General%20Practice%20Education%20Programme/GP_Education_Programme.aspx?hkey=a9068836-2252-4292-b7ce-4d4bfc3f3a06)
* Information and training modules available on [Learning Zone](https://www.rnzcgp.org.nz/RNZCGP/Contact_Management/Sign_In.aspx?noside=1&WebsiteKey=4105e6d5-9ad4-4cbf-b3d4-8a1df183be9d&LoginRedirect=true&returnurl=%2FRNZCGP%2FDashboard%2FRNZCGP%2FDashboard%2FDashboard.aspx%3Fhkey%3Dd20c15e5-9749-43a0-b24e-cdc9a07e2ac6)
* [bpacnz’s](https://bpac.org.nz/) [ePort](https://eport.nz/) resources

Indicator 8: Registrar outcomes and feedback

**A systematic approach is used to provide the registrar with constructive feedback, to ensure achievement of educational outcomes.**

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| **Criteria** | **Your practice is required to:** | **Required evidence** |
| 8.1 | Ensure the intended educational outcomes of the training are defined for the registrar. | * A documented learning plan with educational outcomes. |
| 8.2 | Ensure systems are in place provide the registrar with regular, formal and documented feedback. | * Documented registrar feedback (e.g. post-training surveys). * Documented policies and procedures (see below). * Documented feedback reports from members of the practice team. * Documented personalised performance plans and feedback. |

**Required training**

Practice staff involved in registrar training must be familiar with the relevant College Policies.

**Guidance notes**

Feedback is an effective teaching / learning tool. Feedback from the direct observation of registrars performing within their clinical practice is a highly effective means of teaching and learning. The feedback enables registrars to gauge at what level they are performing, in relation to their previous performance and that of others, over time.

Feedback should be delivered in a regular structured manner that enables registrars to gain an understanding of the level of their performance benchmarked against the standard expected for their stage of training.

Feedback enables registrars to improve on their performance as they progress through training. The regularity of the feedback enables progression of individual registrars to be monitored appropriately and allows each registrar time for deliberate practice.

**Resources**

* Information and training modules available on [Learning Zone](https://www.rnzcgp.org.nz/RNZCGP/Contact_Management/Sign_In.aspx?noside=1&WebsiteKey=4105e6d5-9ad4-4cbf-b3d4-8a1df183be9d&LoginRedirect=true&returnurl=%2FRNZCGP%2FDashboard%2FRNZCGP%2FDashboard%2FDashboard.aspx%3Fhkey%3Dd20c15e5-9749-43a0-b24e-cdc9a07e2ac6)

# **Section 3:** Registrars provide safe and effective care

Indicator 9: Supervision, decision-making and clinical autonomy

**The appropriate level of supervision is available to deliver safe, quality patient care appropriate to their level of the registrar’s proficiency.**

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| **Criteria** | **Your practice is required to:** | **Required evidence** |
| 9.1 | Instruct the registrar on how best to exercise autonomy within their scope of practice, skills and knowledge when making decisions that affect clinical care. | * Documented standing orders. * Documented practice delegations. * Documented credentialing information. * Rosters. |
| 9.2 | Ensure the registrar is always clinically supervised at a level appropriate to their experience and responsibilities. | * Rosters. * Supervision plans. * Supervision notes / reports. * Registrar feedback. * Documented prescribing policy. |
| 9.3 | Ensure arrangements are in place for teaching and learning to continue when the designated teacher is absent. | * Rosters. * Supervision plans. |
| 9.4 | Ensure that where the registrar will be involved in more than one teaching practice, arrangements have been made  so that the registrar has a designated teacher in each practice. | * Rosters. * Supervision plans. |

**Required training**

Practice staff involved in registrar training must be familiar with the relevant College Policies.

**Guidance notes**

The level of the registrar’s autonomy and decision-making at each practice will depend on a variety of factors, all of which will be considered before the registrar is matched to the practice. Some of the factors will include the current competence and confidence of the registrar, local context of the practice (e.g. remoteness), availability of the educational supervisor to be onsite, etc. It is recognised that the level of day-to-day supervision will decrease as the registrar moves towards more independent practice.

Educational supervision should assist a registrar’s professional development and support them in achieving their learning objectives. Supervision includes direct and indirect monitoring of a registrar’s progress and performance and providing constructive feedback.

Deviations from the *traditional* model of supervision[[1]](#footnote-1) need to be approved by the College to ensure safety for the patient and registrar.

**Resources**

Information and training modules available on [Learning Zone](https://www.rnzcgp.org.nz/RNZCGP/Contact_Management/Sign_In.aspx?noside=1&WebsiteKey=4105e6d5-9ad4-4cbf-b3d4-8a1df183be9d&LoginRedirect=true&returnurl=%2FRNZCGP%2FDashboard%2FRNZCGP%2FDashboard%2FDashboard.aspx%3Fhkey%3Dd20c15e5-9749-43a0-b24e-cdc9a07e2ac6)

Glossary

|  |  |
| --- | --- |
| **Term** | **Definition** |
| Accreditation | A formal process to assess a practice’s ability to offer a registrar a quality learning experience that meets the requirements of GPEP and CORNERSTONE® accreditation |
| Clinical attachment | A six-month placement at an approved training practice |
| Clinical governance | A framework through which clinicians and health service managers are jointly accountable for patient safety and quality care |
| Clinical handover | The transfer of professional responsibility and accountability for some or all aspects of a patient’s care, from one professional person or group to another |
| Clinical note | A note in a patient’s health record, made during or after a consultation that contains relevant information about the consultation |
| Clinical team | Refers to clinical staff only |
| Clinical team member | An individual member of the practice team who has health qualifications that qualify them to perform clinical duties |
| Confidentiality | The act of keeping information secure and/or private, so that it is only ever disclosed to an authorised person |
| Continuous quality improvement (CQI) | General practice requires a commitment to CQI to monitor, evaluate and improve systems and performance to provide the best possible health outcomes  The principle of all quality activity is that it leads to improvement through change. CQI provides simple, systematic tools and approaches to reflect and act on the best information available  Understanding outcomes of care is an essential part of the process because it informs development of practitioner or practice-based solutions and activity to improve care for patients |
| Follow-up | Activities that are the logical and responsible steps to take after taking earlier related actions, including:   * making a phone call to find out the status of tests and results that are expected but have not yet been received * contacting a patient to discuss a report, test or results |

| **Term** | **Definition** |
| --- | --- |
| General practice | An academic and scientific discipline with its own educational content, research, evidence base and clinical activity, and it is a clinical speciality orientated to primary care  It is personal, family, and community-orientated comprehensive primary care that includes diagnosis, continues over time and is anticipatory as well as responsive.  General practice encompasses the provision of patient-centred, continuing, comprehensive, coordinated primary care to individuals, families and communities |
| General Practice Education Programme (GPEP) | The College’s three-year full time equivalent (FTE) advanced training programme, that culminates in the award of Fellowship of the Royal New Zealand College of General Practitioners, and permits the Fellow to practise unsupervised and independently as a General Practitioners (GPs) |
| Medical Council of New Zealand (MCNZ) | The MCNZ is the regulator of doctors in New Zealand. It registers doctors for medical practice in New Zealand and maintains a register of all registered practitioners.  It also accredits the educational institutions that train doctors [at undergraduate, prevocational (PGY1 & 2), and vocational level], and that offer recertification programmes |
| Organisation chart | A description (often presented visually) of an organisation’s structure, which includes areas, hierarchies, roles responsibilities and professional relationships between individuals |
| Patient | A person who is seeking or receiving healthcare (including any carer who might be assisting the patient) |
| Patient health record | Information held about a patient in paper form or electronic form (Patient Management System (PMS)), which may include:   * Contact and demographic information * Medical history * Notes on treatment * Observations * Correspondence * Investigations * Test results photographs * Prescription records * Medication charts * Insurance information * Legal information and reports |
| Performance management / monitoring | A formal and structured process used to monitor and document a registrar’s performance in their role |
| Position description | A document describing role’s responsibilities and conditions of employment |
| Practice management | The strategic planning, reviewing and implementation of processes that increase a practice’s efficiency and contribute to excellence in healthcare |
| Practice team | All people who work or provide care within the practice (e.g. GPs, receptionists, practice managers, nurses, allied health professionals) |
| Practice team member | An individual member of the practice team who provides care within the practice |
| Quality assurance | The maintenance of a desired level of quality in a service, especially by attending to every stage of the process of delivery |
| Referral | The process of sending or directing a patient to another practitioner |
| Registrar | A registered medical practitioner who is enrolled and actively participating in GPEP. Also referred to as a Trainee |
| Risk | An event or set of events that, if they occurred, would adversely affect the achievement of objectives |
| Risk management | Systematic application of principles, approaches and processes to:   * Identify, assess and minimise risks * Plan appropriate responses * Implement appropriate responses when required |
| Risk management system | A system to manage the risk of errors and adverse events in the provision of healthcare |
| Risk register | Document used to record problems and issues that could result in a risk becoming a reality and the steps taken to minimise the likelihood or effect of the risk |
| Safety | The condition that means potential risks and unintended results are avoided or minimised |
| Standards | In this document *standard* will refer to the module for Teaching Practice Accreditation |
| Strategy | A method or plan for an organisation to achieve its short-term, medium-term, and long-term goals |
| Supervisor | A vocationally registered GP who provides supervision for registrars. This includes providing monitoring, guidance and feedback on matters of personal, professional and educational development in the context of the registrar’s care of patients |
| Vocational registration | Registration with the MCNZ in a recognised vocational scope of practice (including general practice). Doctors with registration in a vocational scope of practice are recognised as specialists in that area of medicine, and may practise independently |

1. Where a supervisor is onsite and available the majority of the time in GPEP1 and for increasingly less time as the registrar progresses through GPEP2 and GPEP3. [↑](#footnote-ref-1)