

General Practice Education and Training

GPET Quality Framework

[2006-2008]

Part 1 — Philosophy, Principles and Policy

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Australian General Practice Training



An Australian Government Initiative

GENERAL PRACTICE EDUCATION AND TRAINING

QUALITY FRAMEWORK (2006 – 2008)

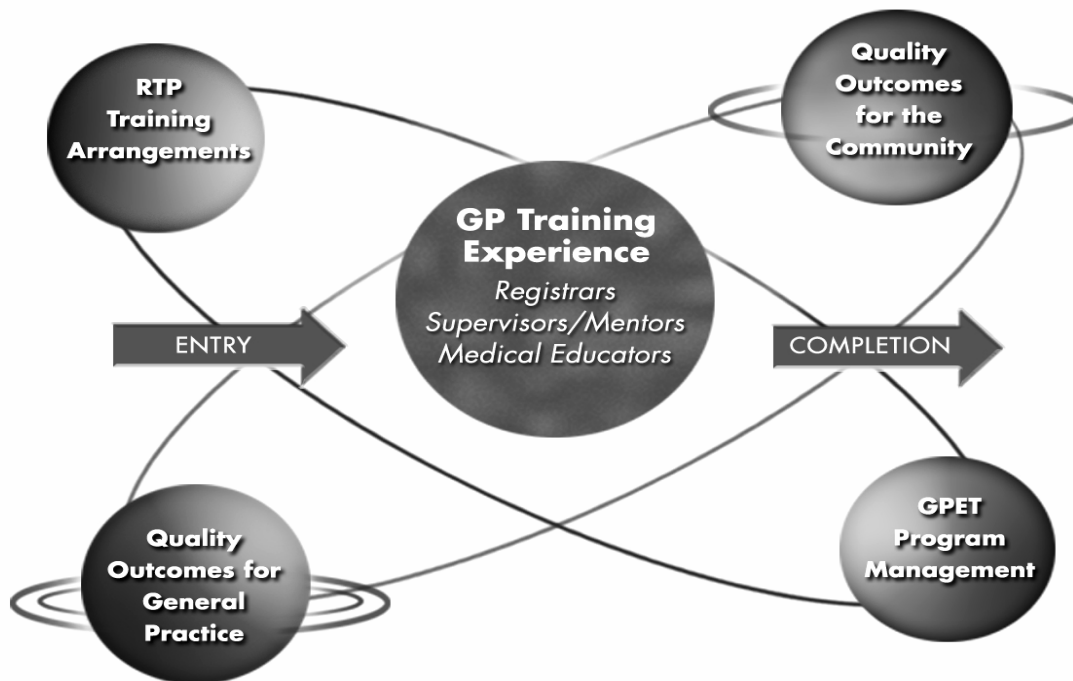
Part 1: Philosophy, Principles and Policy

1.1 GPET Quality Philosophy

One of GPET's key constitutional objectives is to “ensure high quality general practice¹ education and vocational training across Australia that is responsive to the existing and changing needs of the community and individual sections of the community”.

As part of this objective, GPET is committed to achieving high quality training experiences for all participants in Australian General Practice Training (AGPT). In addition, GPET aims to achieve broader quality outcomes beyond immediate training experiences, particularly in response to regional, community and professional needs.

GPET's approach to quality is systemic, *i.e.*, it seeks to focus on the quality of all of the major elements within the regionalised system of training arrangements for general practitioners in Australia. While this involves a central focus on the training experiences of registrars and those who work closely with them (*e.g.*, supervisors, mentors, and medical educators), GPET's interests in quality necessarily include the performance of regional training providers (RTPs), integration of professional and other standards, outcomes for the wider community and GPET's own performance in program management. This systemic perspective is represented diagrammatically below.



The elements of the training system outlined in the figure above encompass the following:

¹ In the GPET Quality Framework 2006 – 2008 the terms 'general practice', 'general practitioner', 'registrar' are interpreted broadly to include all participants in the training system *e.g.*, candidates pursuing endpoints other than FRACGP and medical practitioners working in related primary care fields, *e.g.*, rural and remote medicine.

Outcomes

Outcomes for General Practice - the application of professional standards in training and the quality of 'graduates' of the training system, including the extent of their skills base and the competence and confidence with which those skills are applied wherever the doctors may practise.

Outcomes for the Community - the broad range of benefits that the regionalised education and training system for general practice delivers to the community over and above high quality training. These outcomes have been identified as '*Outcomes for Regionalisation – RTP objectives*' (see GPET Quality Framework 2006-2008 Part 2.3)

Training Experiences - the quality of the overall experiences of registrars, supervisors, mentors and medical educators, which is mainly (*but not exclusively*) concerned with direct educational and training experiences, but also includes broader life style choices, well-being and professional growth and satisfaction?

Inputs:

RTP Training Arrangements - all aspects of the quality and performance of RTPs including delivery of training, supporting registrars, identifying and responding to regional and community needs and the governance and management of the provider's operations.

GPET Program Management - the quality and performance of GPET in its oversight and management of the regionalised training system and the quality of the management of its own operations

In addition to adopting a systemic perspective as outlined above, GPET interprets the term 'quality' to embrace a variety of concepts including:

- compliance (e.g., with standards, contracts)
- assurance (e.g., to external stakeholders)
- organisational performance (e.g., against specific quality objectives)
- capability of business processes (e.g., cycle times, error rates, amount of rework)
- performance of management systems (e.g., clarity of directions, achievement of objectives)
- continuous improvement and innovation (e.g., integrated improvement cycles, realisation of planned improvements)
- client and stakeholder focus (e.g., needs understood, satisfaction, policy outcomes).

GPET also expects approaches to quality improvement and other judgements about quality to be evidence-based or, where such evidence is not directly available (e.g., for innovations), to be based on related evidence, principles and/or research that are tenably consistent with the particular context.

Relevant evidence might be gathered from inputs, process performance, outputs and outcomes, whether alone or in combination according to the needs of particular contexts. It is acknowledged that 'outcomes' are often difficult to measure, but that should not obviate attempts to do so.

1.2 Guiding Principles

The arrangements for general practice education and training in Australia represent a complex system of interdependent elements and relationships. There are also a variety of stakeholders with particular interests. GPET has developed this overarching Quality Framework and various subsidiary documents and tools to provide guidance and support for quality development activities across the training system.

The design and application of the GPET Quality Framework 2006 -2008 have been guided by the following principles:

- i. Quality objectives should be driven by the needs of clients and stakeholders
- ii. GP training occurs in a system of complex relationships; improvements will be gained by working on the system and its relationships
- iii. Improved results will be achieved by improving the quality and capability of underlying processes
- iv. Agreed results are most likely to be achieved through agreed plans
- v. The use of data and information is essential to management for quality results
- vi. A concern for quality is integral to good management and educational practices, not an 'add on'
- vii. The focus of GPET's quality-related activities, although necessarily concerned with accountability and compliance, should be primarily formative in their intent
- viii. Cultural and linguistic congruence enhance adoption of quality approaches in particular settings
- ix. Quality outcomes are achieved through committed, supported people who reflect and learn from their experiences
- x. Sustainable systems deliver quality and value for all stakeholders
- xi. Collaborative relationships enhance the capacity of those involved to achieve quality outcomes
- xii. Quality outcomes can be achieved through a variety of approaches
- xiii. Sustainable quality outcomes require on-going learning, evaluation and improvement
- xiv. GPET is committed to supporting providers in improving the quality of their operations.

1.3 GPET Quality Policy

1.3.1 Rationale

GPET has specific contractual responsibilities to demonstrate quality processes and outcomes for vocational education and training for general practitioners in Australia. To that end it has implemented a Quality Framework to guide the on-going evaluation and improvement of all aspects of the regionalised education and training system. This policy, as amended from time to time, guides and enables the implementation of GPET's quality development activities.

1.3.2 Definitions

In the GPET Quality Framework 2006 – 2008 the terms 'general practice', 'general practitioner', 'registrar' are interpreted broadly to include all participants in the training system e.g., candidates pursuing endpoints other than FRACGP and medical practitioners working in related primary care fields, e.g., rural and remote medicine.

1.3.3 Policy Statement

GPET is committed to high quality education and training for GPs.

In so doing GPET will:

- i. implement a Quality Framework (the GPET Quality Framework 2006 - 2008) to guide accreditation of training providers and evaluation, improvement and reporting on vocational education and training for GPs
- ii. provide support and guidance to training providers in implementing the Quality Framework
- iii. establish standards for managing and evaluating education and training including incorporating, adopting or referring to other relevant standards as needed
- iv. establish and manage a recurrent evaluation process
- v. evaluate and report periodically on the quality of
 - program management
 - training experiences
 - policy outcomes
 - strategic leadership
- vi. provide feedback to training providers
- vii. consult with major stakeholders on the appropriateness of the Quality Framework
- viii. monitor and review the effectiveness of this policy periodically
- ix. consider improvements to the Quality Framework and its implementation as circumstances evolve.

1.3.4 Scope and Application

This policy applies to all of GPET's contractual responsibilities for GP education and training and related activities.

1.3.5 Responsibilities and Ownership of this Policy

Policy Approval:	GPET Board
Implementation:	National General Manager Quality Development
Review:	GPET Board on the advice of the National General Manager Quality Development
Improvement:	GPET Quality Development

1.3.6 Resources:

Resources for implementation of this policy are provided by the Commonwealth and approved by the GPET board.

1.3.7 Review Schedule:

The implementation of this policy will be reviewed periodically (at least every three years) by the Board on the advice of the Chief Executive and the National General Manager Quality Development.

1.3.8 Related Documentation

GPET Quality Framework 2006 -2008

1.3.9 Contact

Information and advice concerning this policy can be obtained from the National Manger Quality Development in the first instance.

1.3.10 Document Control

Document Owner	National General Manager Quality Development
File Number	
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Board Approval Resolution #

Signed by the Chair of the Board on behalf of the GPET Board

Date