

get GP



*Leadership in integrated medical
education for rural general practice*

2010



Education, Training and Information Handbook

EDUCATION, TRAINING AND INFORMATION HANDBOOK 2010

TRAINING FOR GENERAL PRACTICE

IN

GIPPSLAND

***Leadership in integrated medical
education for rural general practice.***

This is an information booklet for GP registrars, GP supervisors, Practice Managers and Medical Educators participating in the getGP Training Program. This booklet is updated annually. Included are descriptions of the training terms, educational requirements, terms and conditions and policies developed by the regional training program and approved by AGPT.

Electronic copies are available through the getGP website, www.getgp.net.au

getGP's online database, GPRime, is also accessible from the above website and contains all the education and learning tools and proformas outlined throughout this handbook. Most educational aspects of the program may be submitted online and stored in each registrar's individual online portfolio.

This handbook should be used as a reference to general practice training in Gippsland and should be read in conjunction with the [2010 Australian General Practice Training - Guide for GP Registrars](#)

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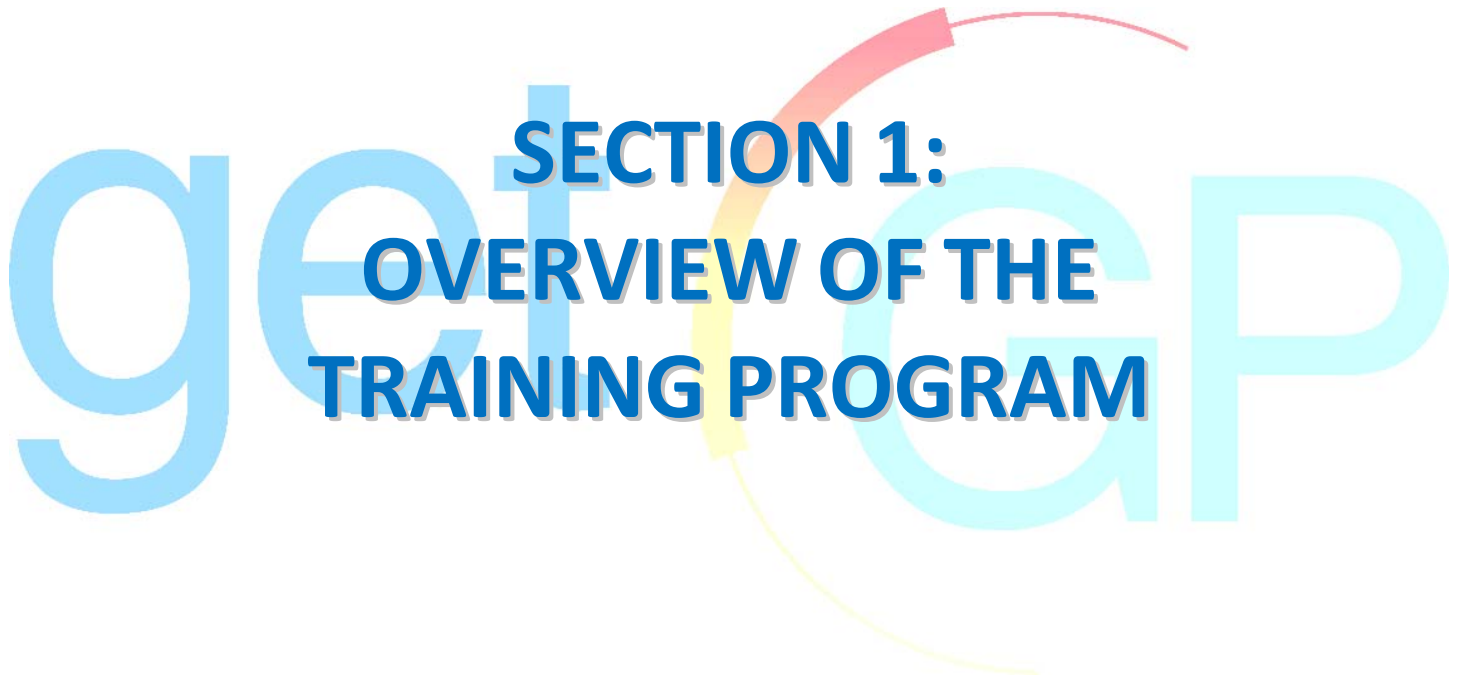
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**SECTION 1:
OVERVIEW OF THE
TRAINING PROGRAM**

AUSTRALIAN GENERAL PRACTICE TRAINING

General Practice Education and Training (GPET) was established in 2001 by the Australian Government to develop, oversee and fund Australian General Practice Training (AGPT) for postgraduate medical practitioners. AGPT is the vocational training program provided in Australia to produce competent and confident practitioners in general practice and rural medicine.

GPET has established a regionalised training program delivered via 20 regional training providers (RTPs), which provide personalised and innovative training that meets the standards of relevant medical colleges, while at the same time focusing on the particular health care needs of regional communities.

GPET and the regional training providers work closely with key stakeholders in delivering vocational training for general practice. Major stakeholders include the Royal Australian College of General Practitioners (RACGP), the Australian College of Rural and Remote Medicine (ACRRM), universities, divisions of general practice, rural clinical schools, rural workforce agencies and GP registrar and supervisor organisations.

AGPT provides opportunities for registrars to progress through a continuum of education to develop their capacity to provide safe and effective general practice services to the community by combining training with service provision. It provides a range of opportunities for participants to undertake training in a variety of locations. AGPT has two main goals:

- to produce competent and confident practitioners able to practise in a variety of settings including rural and remote areas;
- to provide an educational program that assists and prepares registrars to obtain vocational recognition as a general practitioner in Australia.

GIPPSLAND EDUCATION AND TRAINING FOR GENERAL PRACTICE (GETGP)

getGP is funded by the Commonwealth Government and is accredited by GPET, the RACGP and ACRRM as the regional training provider for general practice education and training in Gippsland.

getGP is a not-for-profit incorporated body limited by guarantee in accordance with The Corporations Act 2001. getGP's Constitution sets out the objects and powers of getGP and the membership composition of the Board of Directors which is responsible for exercising overall governance of the organisation.

The getGP Board

The Board of getGP consists of nominees from each of the key stakeholders in the region:

- Australian College of Rural and Remote Medicine (ACRRM)
- Royal Australian College of General Practitioners (RACGP)
- Central West Gippsland Division of General Practice
- South Gippsland Division of General Practice
- East Gippsland Division of General Practice
- GP Registrars Association
- GP Supervisors Association
- Monash University School of Rural Health
- Victorian Aboriginal Community Controlled Health Organisation (VACCHO)
- Large hospitals (those with RMO staff)
- Small hospitals (those without RMO staff)
- Community/Local Government
- Rural Workforce Agency of Victoria

The Board sets the strategic policies and plans for the Gippsland Training Program, which are implemented by the operational and administrative staff under the direction of the Chief Executive Officer. Through its Audit Committee, the Board is also responsible for overseeing the management of funds in accordance with contractual obligations.

The Board meets eight times a year which includes an annual education workshop, and a strategic planning workshop. The Annual General Meeting is held in October. The Board has adopted the following Vision Statement and Purposes.

Vision

Leadership in integrated medical education for rural general practice.

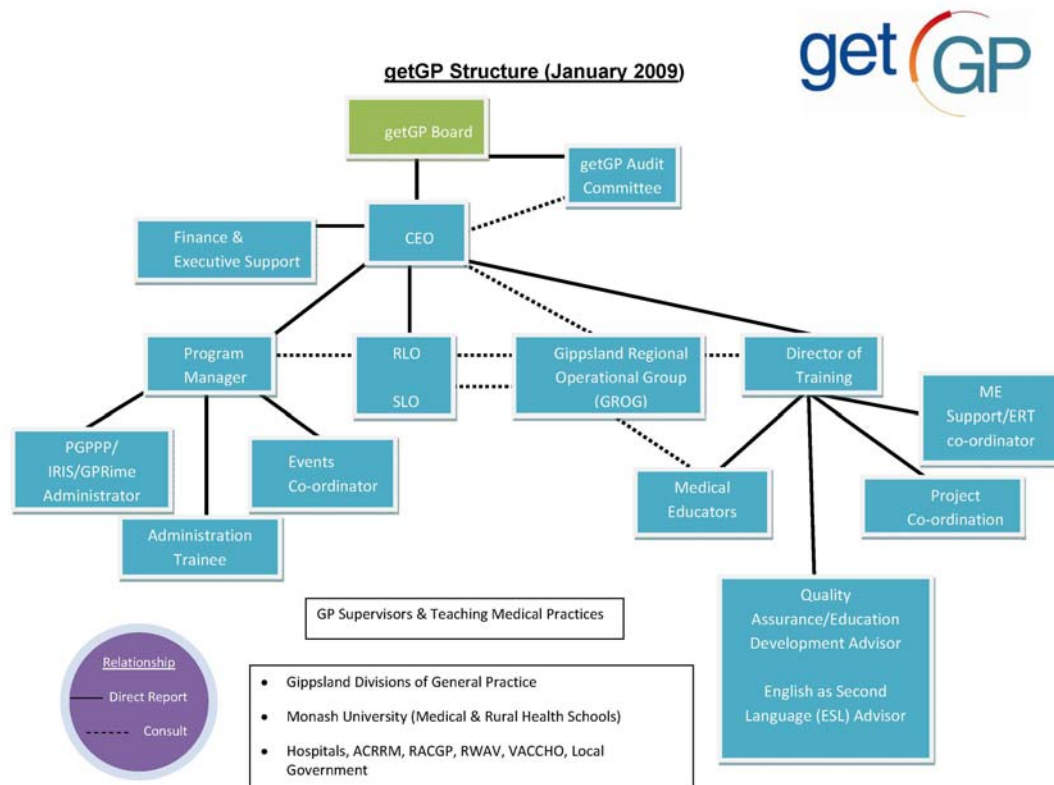
Mission

To provide high quality education and training for sustainable rural general practice through innovation, responsiveness, advocacy and collaboration with key strategic partners.

Values

- Integrity
- Equity & Access
- Pride & Respect
- Collaborative & Inclusive
- Community engagement

Organisation Chart of getGP



getGP has an ongoing process of review of its training policies and guidelines to incorporate flexibility and address any special needs within the Gippsland region. Operational matters are implemented and reviewed through the Gippsland Regional Operational Group (GROG) – made up of the CEO, Director of Training, all Medical Educators, Program Manager, Registrar Liaison Officer, Supervisor Liaison Officer, and Quality Assurance Officer.

The get GP Training Program is recognised for its innovation in quality education and training. The program is flexible, individualised and learner centred, facilitating each registrar's progress towards graduation as a competent unsupervised general practitioner. All training is based on the curricula of the RACGP and ACCRM.

Vocational recognition as a General Practitioner can be obtained by completion of training and assessment requirements for award of the Fellowship of the RACGP or award of the Fellowship of the ACCRM. Registrars undertaking the RACGP pathway must complete a minimum of 3 years of training to be eligible for the FRACGP. An additional year of training and completion of assessment requirements enables the registrars to obtain the Fellowship in Advanced Rural General Practice (FARGP). Registrars undertaking the ACCRM pathway must complete 4 years of training and satisfy ACCRM's assessment requirements to be eligible for the award of FACRRM.

The getGP training program is designed to meet the requirement of both colleges. A comprehensive education program includes practice based face-to-face teaching with GP supervisors throughout all GP terms, local group learning sessions (cluster groups), and regular educational peer workshops. Hospital teleconferences and on-line learning opportunities add to the experience. Through Monash University, there is access to educational resources and additional experience in education and research.

Registrars should recognise that Australian General Practice Training, although delivered regionally, is funded by the Government. Therefore, it carries with it some specific requirements for training and work place terms and conditions that are not negotiable or under the control of the local regional training providers.

getGP Offices

The getGP office is located at suite B2, at GREEN Inc in Churchill, adjacent to the Gippsland campus of Monash University. Our CEO, Program Manager and the administration team are based here. The CEO, Director of Training, Medical Educators and other operational members of the team work at these offices when they are not visiting practices, at state or national meetings or working in their own practices.

Major educational activities are held in the dedicated seminar room, and training resources are housed at the offices. However, local meetings, such as cluster groups, are held at convenient sites closer to registrars' own practice or hospital.

Regional Map

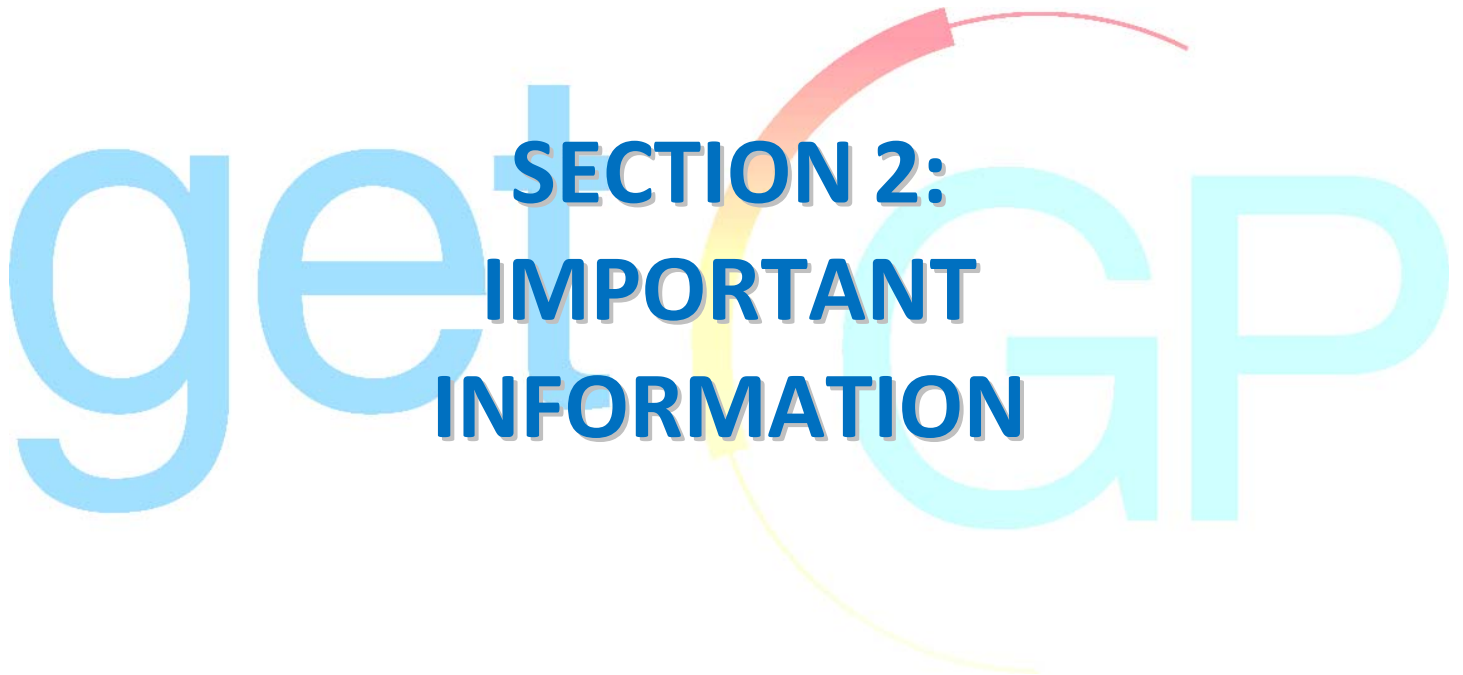
The Gippsland region covers the whole scenic south-east corner of Victoria from Phillip Island to Mallacoota. The diversity of Gippsland is one of its defining features; with opportunities to enjoy a wide range of work experiences in a single region. Gippsland medical practices reflect this diversity, located in seaside resorts, mountain villages, and traditional rural centres in East, South and West Gippsland. It also encompasses the vibrant Latrobe Valley, one of the state's major regional centres and the power generation heartland of Victoria.



getGP provides experience and training in both hospital and general practice settings. There are over 30 accredited RACGP and ACRRM training practices in large regional centres and some in small country towns spread throughout Gippsland.

The Gippsland region encompasses three Divisions of General Practice: East Gippsland (based in Bairnsdale) – now known as East Gippsland Primary Health Alliance, Central West Gippsland (based in Moe), and South Gippsland (based in Inverloch) – now known as General Practice Alliance – South Gippsland.

GP Divisions work with GPs to support them in contributing to population health outcomes, community health education, health programs, and links with other health professionals. getGP has established arrangements with Gippsland Divisions to provide administrative and social support for registrars.



**SECTION 2:
IMPORTANT
INFORMATION**

SCOPE

This section provides important information to enable the registrar to get started in their training attachments and ensure that they are aware of administrative requirements and relevant policies and procedures affecting them during training. The information is organised under two main headings:

1. *Essential Information for undertaking training*
2. *Important general information*

ESSENTIAL INFORMATION FOR UNDERTAKING TRAINING

Process for Registrars Prior to Commencing a General Practice Post

1. Contact practice manager – **at least** two months before term begins.
2. Ideally, meet face-to-face prior to commencing at the practice. Discuss employment terms and conditions including accommodation.
3. As soon as you are advised of your placement the following applications must be attended to:
 - 3.1. General Practice Registrar placement
 - 3.2. Provision of Provider Number
 - 3.3. Provision of Prescriber Number (for instructions re 3.1, 3.2 and 3.3, see next page)
Without these, other administrative processes cannot be finalised and you will not be able to commence work at the practice.
4. Registrar to provide for practice manager:
 - 4.1. Current certificate of registration from Medical Practitioners Board
 - 4.2. Proof of adequate current Medical Indemnity Insurance (including procedural if required)
 - 4.3. Relevant Practice forms/Various HIC forms – e.g. Immunisation Registration, Direct Billing – *forms can be obtained from the practice Manager*
 - 4.4. Tax File Number declaration form
 - 4.5. Details of nominated superannuation fund and fund membership number
 - 4.6. Password for billing and clinical software inclusion
 - 4.7. Prescriber number
 - 4.8. Letter from hospital confirming VMO appointment (if applicable)
5. **Carefully read this 2010 getGP Education, Training and Information handbook - if you haven't already done so. Familiarise yourself with the getGP website and GPRime.**

Process for Acquiring Provider and Prescriber Numbers

Prior to every new placement in general practice, it is vital that you have a provider number (for each site you will practice at) for access to Medicare payments. **Without it you cannot be paid.** Medicare cannot and will not backdate applications received after you have commenced work.

The documents described in the following paragraphs must be lodged with Medicare Australia *at least 28 days* before your commencement date at a practice. **It is your responsibility to lodge the documentation that defines your placement within an approved general practice.** In particular, the dates of placements must be recorded correctly. getGP administration and/or your practice manager is able to assist you with this.

Part of the reason why it is so important that you attend to this is that under current Privacy Law, getGP or the practice cannot access your individual provider number through Medicare Australia.

Application for a General Practice Registrar placement

- Go to AGPT website and the link '[For Registrars'](http://www.agpt.com.au/Registrars/GeneralInformation/) (<http://www.agpt.com.au/Registrars/GeneralInformation/>)
- Download form 'Application for a General Practice Registrar placement'
- Complete the sections Registrar Details and the Approved Training Practice Details
- Practice manager then completes Approved Placement section
- Supervisor completes the Supervisor/Mentor Details section
- Mail or fax the form to the getGP office ASAP. getGP sign off and forward to AGPT who further process and send to Medicare Australia. **Medicare Australia require this form before Medicare applications for provider numbers can be accepted.**

Application for Medicare Provider Numbers

- Go to [Medicare Australia website](http://www.medicareaustralia.gov.au/provider/index.jsp) (<http://www.medicareaustralia.gov.au/provider/index.jsp>)
- If you have never applied for a provider number in Victoria, please complete: *Application for an initial Medicare provider number for a Medical Practitioner*
- If you have applied for a provider number in the past, but need an application for an additional location/extension of current number, please complete: *Application for an additional location-Medicare provider/registration number*
- Post or fax directly to Medicare Australia
- Provider number notification will be posted to the registrar
- Once you receive notification of your provider number, contact your practice manager and notify them of your number(s)

Application for Medicare Prescriber Number

Prior to receiving a Prescriber Number, new medical practitioners are required to attend a short educational course (about three hours) on issues such as claims, accounts, the Australian Medicare Benefits Schedule and Pharmaceutical Benefits Scheme.

Further advice can be obtained by phoning Medicare Australia on 132 150.

Recognition of Prior Learning

Registrars with the required years of post-intern, or post-Australian Medical Council exam, hospital experience before enrolment can apply for RPL for this experience. An RPL assessment allows –

- A reduction in registrars training time by up to 12 months, or
- Substitute other training in appropriate elective areas (mandatory electives)

In some cases, experience during provisional registration can be used also to apply for substitution of hospital terms with mandatory electives.

Both RACGP and ACRRM have strict guidelines and processes for granting RPL. Approval of a reduction of training time under RPL policy is only given by the respective college Censors, **not** getGP. Recognition of Prior Learning, if approved, can shorten training time requirements by up to a maximum of one year.

Note: RPL with time reduction is not available for overseas trained doctors for experience gained in either Australia or overseas, *before* gaining unconditional medical registration in Australia.

Registrars should never assume prior experience will be approved and should submit any application as early as possible **in the first year of enrolment with the program**. Applications received after the first year of enrolment cannot be accepted.

If a registrar who makes an RPL application is not seeking a reduction in their training time, the RPL application can be assessed locally by the Director of Training. Such applications need to be supported by adequate documentation about prior learning, experience, participation in education and assessment activities. The assessment will include a plan for meeting the remaining training requirements.

RPL Application Process

On enrolment with getGP all registrars are required to detail their prior training experiences. getGP medical educators use this information to make an initial assessment of a registrar's capacity to apply for RPL.

Before commencement of training all new registrars will have a face to face meeting with a medical educator to provide advice on developing an individualised training pathway and advice on potential RPL. This meeting occurs at the 'Introduction to Training' session held around 6 Months prior to the commencement of training.

All RPL applications should be made as early as possible within the first year of a registrar's enrolment in GP training.

The formal process of RPL approval starts with registrars filling out application forms which are available on GPRime.

A portfolio of documentation (essay, educational activities, referees, documentation from the employing hospital) is required, to show evidence of the relevance of the prior learning to the learning objectives of GP training. It is important that the registrar complete these carefully and thoroughly, as they will otherwise be returned for further documentation to be supplied. An essay is required outlining your learning outcomes.

Initial assessment is then made via the getGP office. Approval of any post must be given by BOTH the getGP Director of Training AND the College Censor.

General Practice Registrar Information Management and Education (GPRime)

getGP maintains an information management and educational database for the use of registrars, supervisors, medical educators, administration and other groups associated with getGP.

GPRime is a major step forward in web based education and information management for general practice vocational training in Australia. It provides a highly efficient tool for managing learning plans, group communication and educational data management. GPRime streamlines the monitoring of registrar processes through training and the reporting of progress from the generation of a report through to reporting to AGPT.

For Registrars

GPRime provides a functional web-based learning planner with embedded learning needs analysis tools. The learning planner is designed to facilitate both private learning and learning within the context of GP supervisor teaching sessions. As a web based facility, the learning planner is accessible anywhere and at any time. GP registrars each have a personal portfolio that details progress through training and contains links to accumulated reports and feedback.

Each education group has a designated group page from which registrars have access to workshop agendas, pre-reading and shared documents.

For Supervisors and Medical Educators

GPRime streamlines many tasks typically assigned to supervisors and medical educators. GPRime provides the facility to submit reports on-line with a tool known as an iForm. An iForm is editable by its author until it is ready for submission. Following submission, the report is registered with the RTP administration and then appears via a link in the applicable registrar's portfolio. Supervisors and medical educators can view the learning plan and portfolio of a registrar who is under their guidance. This capacity adds significant value to teaching sessions with the registrar.

Supervisors and medical educators have access to a range of communication tools, resource sharing facilities and educational aids to enhance the training process and the sharing of ideas. Reports on training posts are also available that provides feedback to supervisors and medical educators.

For Administrators

GPRime provides administrators with the means of managing the input and editing of demographic and educational data for all users. Administrators can monitor the progress of each registrars training and can easily follow the completion of mandatory educational assessments.

STARs

GPRime provides access to STARs which is a web based platform containing a wide range of learning and teaching resources. It is organised in line with the RACGP and ACRRM curriculum statements. The platform is resourced and maintained by medical educators around Australia.

Registrar Remediation

The getGP approach is to assist registrars as much as possible to enable them to achieve their learning goals and meet training, education and assessment requirements. Key elements of this policy include the early detection and remediation of potential learning difficulties and a fair and transparent procedure for reviewing problems and difficulties.

During the registrar's time with getGP there will be ongoing teaching, supervision, assessment and feedback. It is possible that at some stage a specific problem is identified with a registrar's progress through training.

When a problem is identified the following steps would normally be taken:

1. The area medical educator, the supervisor and the registrar will meet to develop strategies to deal with the issue.
2. If the problem remains unresolved, or is deemed to need greater intervention than can be achieved through the normal course of training, a focused learning intervention and plan will be constructed in discussion with the area medical educator, the supervisor, the registrar and the director of training. The focused learning plan will have agreed defined outcomes.
3. If the problem remains unresolved, the registrar will be required to undergo formal remediation as required under the AGPT PAMI policy. In this case the registrar's progress through training will be suspended until the issue is resolved to the satisfaction of the director of training and the relevant college censor.

Complaints and Grievances

Where a complaint or grievance arises over an aspect or incident within the overall training program which cannot be resolved informally, the getGP Complaints and Grievances Procedures should be followed. The getGP Remediation/Incident/Complaint Reporting Form should be used when needed. This form is available for completion and submission from GPRime.

IMPORTANT GENERAL INFORMATION

Training Pathways

getGP is exclusively a rural training provider. Therefore, all entrants to the Gippsland Training Program train and work via the *Rural Pathway* (as opposed to the General Pathway). GP registrars in the *Rural Pathway* complete most or all of their three or four years of general practice training within the region.

The getGP training program has been planned on the basis that doctors will live with their families and work in Gippsland.

General Pathway registrars enrolled with another RTP may complete a six-month rotation in a Gippsland accredited practice.

The recognised end point of AGPT is achieved via successful completion of the following requirements:

- The mandatory elements of training including required terms and assessment during training activities as stipulated by getGP and the RACGP/ACRRM
- The RACGP examination and or the ACRRM assessment requirements.

By achieving this end point, the registrar will be eligible to apply to Medicare Australia for Vocational Recognition.

Teaching Practice Accreditation

getGP policy is that its teaching practices will be accredited against the standards of both professional colleges.

getGP currently has over 30 RACGP and/or ACRRM accredited supervised training practices within the region. In Gippsland, all general practice terms, including GPT3/PR3, GPT4/PR4 and ASST, must now be undertaken in RACGP or ACRRM accredited supervised training practices. This ensures all teaching sites meet the standards of the ACRRM and/or RACGP. All practices are subject to a 3-year cycle of re-accreditation.

Registrar Patient Workload

The registrar should average at least eight patients per session in usual general practice situations although it is recognised that this may not always be possible with a predominance of prolonged consultations or home visits or where there is an external barrier to communication or consultation speed, e.g. Aboriginal health or consultations that involve a high travel component.

The registrar must not book more than four patients per hour in the first year in general practice. The workload of the registrar must be monitored and managed to ensure they do not see a particular group (age or gender) or presentation in an excessive proportion - this is very important for registrars entering a practice where they are the only female or only male doctor.

There must be an adequate patient load for the registrar. Consideration is to be given to the registrar's experience, time taken in teaching and the type of services rendered. The clinical load should mean the registrar is occupied most of the day. Registrars should participate fully in the breadth of general practice including after hours and off site care.

Registrar workload is recorded in the monthly Teaching and Consultation Report provided by the Practice to getGP.

Training in Two General Practice Attachments

Registrars are supported in securing at least two different general practice placements of high quality during their training. Registrars must undertake training in at least two different practices. This gives registrars a perspective on different approaches, philosophies and business practices, as well as the opportunity to gain from different supervisors or educators.

Registrar Supervision

getGP requires that training practices provide at least the minimum level of Supervision stipulated by the RACGP and ACRRM standards for training practices. This includes the following:

Onsite supervision:

First month of GPT1 – 100% consulting time

Remainder of GPT1 – 80%

GPT2 - 50%

GPT3 and extended skills – 20%

At all other times the supervisor or delegate must be available for advice by telephone and be able to attend if required.

If the practice has difficulties in providing the required supervision, the Director of Training must be consulted.

General Practice Terms where the Registrar has a Mandatory Role with the Local Hospital

In smaller communities where there is a hospital, the local GPs, including the registrar, have an essential role to play in the provision of services. There are significant benefits of this relationship between the hospitals and the practices:

- There are many opportunities for registrars to use existing skills
- Opportunities for registrars to extend their skills under supervision
- The after-hours is usually undertaken in a collaborative manner with the hospital, often with the hospital staff triaging patients presenting to after-hours care
- Registrars are able to admit patients under their own care in the local hospital, and thereby follow their progress through more serious illness
- The extended role within the hospital usually presents opportunities for significant additional remuneration

After discussion with the GP supervisors of practices where these attachments occur, getGP has developed the following guidelines for these GP registrar placements:

- All practices should develop their own registrar hospital attachment protocol incorporating the information which includes clear instruction to registrars as to their roles, responsibilities, obligations and benefits associated with the attachment;
- This protocol should be circulated to registrars before their placement commences and copies made available both at the hospital and the practice.

Practice Agreement

A signed agreement between each training practice, GP supervisor and getGP is negotiated on an annual basis. The practice agreement sets out the main obligations of the practice and getGP to ensure that high quality training, supervision and educational support is provided. Copies of this agreement can be obtained from the getGP office.

Terms and Conditions of Employment at Practices

All practices are required to have a signed written contract in place for each registrar placement. The General Practice Registrars Australia Ltd and the National General Practice Supervisors Association negotiate, produce and annually review a National Minimum Terms and Conditions document for GPT1/PR1 and GPT2/PR2 term registrars.

This document describes the minimum terms that must be offered when negotiating individual employment contracts. It is not a contract in itself. The current document is available on the GPRA website <http://www.gpra.org.au/national-minimum-terms-conditions> as well as GPRime.

getGP produces a minimum terms and conditions guide for GPT3/PR3 & GPT4/PR4 term registrars which is also available on GPRime.

Registrar transfers out of getGP to another RTP

From time to time registrars request transfers from getGP to other training providers. The reasons for transfer may be personal or professional.

getGP in principle endeavours to enable registrars to execute a transfer provided the registrar has met their outstanding commitments in Gippsland.

Except in extraordinary circumstances, transfers cannot be executed in the first six months of training and rural pathway registrars cannot transfer to the general pathway.

Requirements for executing a transfer:

- Acceptance of the transfer by the receiving RTP.
- Written Approval for transfer from the getGP CEO or Director of Training.
- Settlement of outstanding service, financial and training commitments prior to transfer.
- In the case of a planned clinical placement being shortened or cancelled, written consent from the practice or organisation hosting that placement.
- The recipient RTP is able to accommodate any restrictions on the registrar's provider number.

getGP Approval of a Transfer:

getGP will normally approve a registrar's transfer on the condition that the registrar has fulfilled their outstanding commitments and obligations.

Registrar commitments and obligations may include the following:

- Contracts for employment.
- Accommodation liabilities including rental and cost of utilities.
- Practice match commitments.
- Educational requirements for the terms completed.
- East Gippsland requirement.

Transfer prior to completion of a placement

Except under extraordinary circumstances, getGP will not approve a transfer while there are placement match commitments and contracts to complete. Ill health and unexpected misfortune are the usual justifications for a request for transfer while there are remaining outstanding commitments by the registrar. Consideration will be given to the type and severity of illness or misfortune prior to granting approval for transfer.

If a transfer is to be considered prior to completion of placement commitment the following are required:

- Written consent from the organisation/practice hosting the placement that will be foreshortened.

- Written justification by the registrar for transfer prior to fulfilling outstanding commitments.
- Verifying documentation for reasons for early transfer.
- An arrangement for reimbursement by the registrar to the placement host/practice of costs incurred as a consequence of the early termination of the placement.
- Consent by the registrar for information concerning the reasons for early termination to be shared with all relevant parties concerned. These include the host of the placement the registrar is foreshortening, getGP staff, the relevant staff of the receiving RTP and the practice the registrar is entering. Information provided by the registrar will be treated with confidentiality by these parties.

Accommodation rental and utility liability

Most Gippsland placements provide accommodation for registrars. Usually the provision of accommodation requires a rental commitment and contracts for utilities. Rental commitments are usually established following a matching of a registrar to a placement and generally cover the period of the intended placement. These commitments cannot normally be terminated at an unexpected withdrawal of a registrar from the placement. Furthermore, funding for getGP rental subsidies depends on the registrar occupying the associated post, departure of a registrar from a post results in the loss of funding for the rental subsidy. If a placement is cancelled or shortened, the accommodation rental costs and utility contracts will usually remain.

If a placement is cancelled or shortened at the instigation of the registrar, getGP approval of the transfer will be conditional on the registrar funding any rental and utility liability for the remaining period that they were committed to the post.

The RLO

The getGP RLO may provide an important role in providing advice and support to the registrar executing a transfer. It is important to acknowledge that the RLO's role focuses on process and procedure not in issues concerning medical health. If there are issues of medical health, these must be dealt with by the registrar's chosen medical practitioner who then functions as their advocate in these matters.

Mandatory East Gippsland Placement Requirement

getGP registrars are expected to complete a general practice term within the East Gippsland Division or at Yarram at some stage in their training. Financial incentives are available during this attachment. Registrars will also receive priority in the following practice match.

Some registrars may be excused from this requirement due to illness or other significant change in their own or family circumstances, or their inability to achieve a placement at a participating practice. Registrars who have relocated their families to another area for the duration of training may also be exempt.

General practice terms are usually for six months, however a shorter period may be negotiated with an individual practice.

Practice Match

The practice match process is intended to achieve the best possible linking of program requirements, registrar preferences and GP supervisor preferences in allocating registrars to practices for general practice placements. Registrars are required to undertake at least 6 months of their training in East Gippsland.

Registrars and practices are matched via a matching tool linked to GPRime. This tool provides a matching solution that maximises the desirability of the outcome for all participants.

The matching tool allocates a weighting in favour of:

- Matches where the practice has rated the registrar as highly desirable

- Matches where the registrar has rated the practice as highly desirable
- Registrars who have established the primary residence for themselves and their families in East Gippsland (the weighting for this is the highest value).
- Registrars who have established the primary residence for themselves and their families in other parts of Gippsland.
- Hospital year registrars who have trained at Latrobe Regional Hospital or other Gippsland hospitals (weighting applies only for GPT1/PR1 & GPT2/PR2 terms).
- Registrars who have undertaken a minimum of 6 months training in East Gippsland.
- Registrars who have interviewed at more than 3 practices.
- Practices located in East Gippsland

Registrars please note:

- Rating a practice as highly desirable does not guarantee the placement of a registrar at that practice as the matching tool maximises the value of the match for all participants and getGP priorities. Also Practices rate all registrars they interview and may rate more than one as highly desirable.
- Practices will only nominate registrars they have interviewed. Do not select any practices on GPRime that you have not been interviewed by as the system will disregard those entries.
- It is very important that you be interviewed by as many practices as possible. You will be in competition with other registrars for placements and if you have limited options entered onto GPRime, you may be unmatched, which will result in you going to the second round of matching, later in the year.
- It is an expectation that you live within the community you are placed in. Most practices do not look favourably on registrars who intend to commute from Melbourne.
- Once registrars are matched with a practice, it constitutes a commitment between practice and registrar. Changes will not be approved unless there are exceptional circumstances. You should not nominate a practice that you are not prepared to be matched with.

Practices please note:

- You must rate all registrars that you interview. Failing to do so will disadvantage registrars in the practice match.
- Please advise the getGP office by email of registrars who contacted you for an interview but for reasons beyond their control, you were unable to do so.

Pre-match Criteria:

Registrars may request a pre-match under the following circumstances:

- The placement is necessary for a specific training objective such as:
 - An Obstetric Bridging Post
 - A Small Town ARSP
 - Specifically designed extended skills posts e.g. palliative care, community psychiatry
 - Remediation
- They have completed the East Gippsland requirement, will have trained in two practices
AND
 - Have completed all the required training terms (and is either awaiting fellowship or still needs to sit the exam and is undertaking a mandatory elective)*OR*
 - They have established their family (partner and/or children) in Gippsland
- Extraordinary family issues
- They bring a particular skill that is integral to the functioning of the practice e.g. anaesthetics, obstetrics.
- They are practicing part-time and need an additional semester in a practice to complete a given GP term.

Pre-match Process

- Registrars should advise the Program Manager by email either personally or via their Training Advisor of their intention to apply for a pre-match.

- A Pre-match Application form must be completed, signed by the registrar and signed by either the supervisor at the proposed practice or the practice manager.
- This should be done as soon as the need for a pre-match is identified, preferably before the match is open, so that practice vacancies are not advertised unnecessarily.

Time Lines for Practice Match (subject to change)	
Early May	Registrars and Practices are invited to apply for the Practice Match
Mid May	Practices advise getGP of number of places available for the following year. Registrars confirm their intention to participate in the match
	Applications for pre-matching close (these should be submitted as early as possible).
Late May	Pre-match applications considered by getGP staff.
Early June	Data (registrars and practices) entered on GPRime.
	Practices and registrars notified by email that the match has opened, access to preference submission is activated.
	Interview period opens for 1 st round practice match including all levels of registrars enrolled in the program. Approximately 6 weeks allowed for interviews.
Late July	Interview period closes.
	Matching process activated.
	Notification of practice match outcome to registrars and practices
Mid September	Interview period opens for 2 nd round practice match for new cohort and unmatched registrars from 1 st round. Approximately 4 weeks allowed for interviews.
Early October	Interview period closes.
	Matching activated and results released.

Practice matching is a complex process that must take into account the needs and requirements of practice supervisors, registrars (both socially and educationally), the training program, AGPT, RACGP and ACRRM. There is no facility to accommodate registrar and practices making a private arrangement for a placement.

Rural Pathway Incentives

The General Practice Rural Incentives Program (GPRIP) commenced on 1 July 2010. The program aims to encourage medical practitioners to practice in rural and remote communities and to promote careers in rural medicine. It combines two previously separate retention incentives available to General Practitioners (GPs) and Registrars and provides a new relocation incentive. GPRIP comprises:

- GP component (previously known as the Rural Retention Program - RRP)

- Registrar components (previously known as the Registrars Rural Incentive Payment Scheme - RRIPS)
- Rural Relocation Incentive Grant (RRIG)

More information on GPRIP can be downloaded from:

<http://www.aqpt.com.au/Registrars/GeneralInformation/> and
<http://www.medicareaustralia.gov.au/provider/patients/rural-programs/general-practice.jsp>

Relocation and other Financial Assistance

getGP policy regarding financial and other forms of support is reviewed annually and is to:

- assist with relocation expenses with a higher level available to registrars:
 - whose families relocate to Gippsland
 - who relocate to getGP specified areas of need
- provide all registrars with a getGP email account if required and subsidise internet access
- reimburse registration fees for pre-approved courses/educational activities as per the conditions and limits set out in the current Payment Schedule - Registrars (available on GPRime)

Relocation support is:

- Provided in the form of reimbursement of expenses associated with furniture removal and transport to getGP approved locations.
- Travel allowance for mileage to relocate.
- Based on getGP rates and conditions contained in the Payment Schedule – Registrars.
- Only available for registrars who relocate their principal place of residence.
- Available as a once-only reimbursement to registrars relocating from another region to getGP approved locations .
- Available to registrars relocating from one location in Gippsland to another approved location.

Registrars undertaking activities to meet the education and training requirements of getGP are entitled to reimbursement of approved expenses eg. registration fee (as per the conditions/limits set out in the current Payment Schedule – Registrars).

Expenses will only be reimbursed for expenses incurred in the current financial period allowing up to one month after the close of the accounting period. Claims received after this time may not be reimbursed.

Registrar Accommodation Support

getGP usually pays accommodation subsidies to teaching practices who then are expected to provide registrars with rent-free or rent-reduced self-contained minimum of two-bedroom accommodation. The policy recognises that higher subsidies may be needed to provide additional encouragement to GP registrars who are prepared to relocate to more remote practices getGP has identified as an area of need.

Accommodation subsidies or support is available to:

- Hospital registrars working in Gippsland
- GPT1/PR1 and GPT2/PR2 GP term registrars
- GPT3/PR3 and GPT4/PR4 GP term registrars in designated areas

Key aspects of the accommodation support policy are:

- a. The subsidy is usually paid to the practice to enable the accommodation to be maintained and available on a long term basis. Under certain circumstances, it may be possible for getGP to pay a registrar directly if this arrangement has been pre-approved by getGP.
- b. For more remote practices, e.g. Orbst; for registrars with special family needs who have relocated to practices in East Gippsland Division or other areas of need specified by getGP;

and where there are other extenuating circumstances; higher subsidies may be considered where needed.

- c. Subsidised rent is not intended for registrars who do not occupy the accommodation.
- d. The rates for GP registrar rental subsidies are contained in the Payment Schedule –Registrars and are reviewed annually.
- e. Rental subsidies will be provided to practices who demonstrate that they provide accommodation for GP registrars which is in accordance with the 'National Accommodation Standards for Registrars' by meeting the following criteria:
 - A clean, reasonably furnished house/unit with adequate heating/cooling facilities;
 - The accommodation should be separately locked to allow the occupant to enter and exit at any time of the day or night at their discretion;
 - A separate bedroom with a double bed and adequate linen;
 - A second bedroom;
 - Reasonable provision for study;
 - Reasonable provision for the appropriate storage, preparation and consumption of food;
 - Reasonable provision for the storage, washing, drying and ironing of clothing;
 - Clean internal bathroom and toilet facilities;
 - Provision of a telephone in the residence that enables the registrar or medical student to make and to receive phone calls 24 hours a day;
 - Provision of a television and radio;
 - Provision of nearby car parking with adequate lighting and security; and
 - Accommodation should be adequately fenced.

Registrar Safety

getGP holds registrar safety as a high priority.

Registrar disclosure of risk factors

While getGP does not employ registrars, it has a responsibility to ensure that registrar safety is promoted and risk factors are minimised as far as possible. Acting on the advice of the Victorian Workcover Authority, getGP seeks to ensure that the following statement is disseminated widely:

Registrars are strongly advised to disclose and discuss with their Supervisor any medical condition which might place themselves, or their patients, at risk. This is particularly important in view of the work patterns of registrars in different hospital rotations and general practice attachments.

Different shifts, rosters, after-hours and on-call duties are all aspects of the work which registrars need to be aware of and manage effectively. Discussion with Supervisors will enable appropriate strategies for management of the work environment to minimise the potential for harm to themselves or patients.

Registrar safety training

Training in safety matters for registrars includes:

- Dealing with angry patients
- Dealing with drug seeking patients
- Recognising high risk situations
- What to do when feeling unsure or unsafe

Matters relating to registrar safety are included in appropriate parts of the educational release program, cluster group meeting and in-practice educational sessions.

Practice safety policies

The getGP – Practice Agreement includes a requirement that practices:

Provide registrars with a copy of the Practice Safety Policy which should cover matters including:

- *Duress alarm system for training consultation rooms*
- *Arrangements for flagging potentially difficult patients to registrars*
- *Out of hours safety arrangements*

And other relevant matters described in the getGP Registrar Safety Policy.

getGP safety promotion and risk minimisation policies

Registrars should not be on-call before an education release day where they are required to travel long distances to attend. Registrars who are required to travel a long distance from their practice to an educational release day may be offered accommodation on the preceding night.

Privacy Policy

getGP is committed to complying with National Privacy Principles in the Privacy Amendment (Private Sector) Act 2000, which commenced in December 2001, and the privacy provisions of all applicable legislation. The Office of the Federal Privacy Commissioner can provide further information about the National Privacy Principles.

This privacy policy covers all personal information getGP holds, that is, information, or an opinion, about an individual, whose identity is apparent, or can be reasonably ascertained, from that information or opinion. The policy also covers personal information that getGP has sourced from third parties.

getGP collects personal information from individuals, and in so doing seeks to ensure that this is done in a fair manner, and that individuals know where and how to contact getGP. getGP only collects information that is necessary for one or more of its functions or activities.

Whenever personal information is collected from third parties concerning an individual, getGP takes reasonable steps to advise that individual as soon as is practicable. getGP advises individuals of the purposes for which their personal information is collected, and of those third parties to whom the information is usually disclosed.

If getGP collects sensitive information (as defined under the Act) it will be treated with the utmost security and confidentiality. getGP will ensure that it is not collected for any purposes other than those for which getGP has obtained the individual's consent, unless the law requires otherwise, or other exceptional circumstances prevail as described under the Act.

Where an individual chooses not to provide requested information, getGP will advise that individual of what impact this may have.

getGP will only disclose personal information in accordance with the Privacy Act.

This means that personal information may be disclosed:

- For the purposes for which it is being collected, and for related purposes that the individual would reasonably expect,
- Where consent to do so has been given by the individual,
- As part of the arrangements for training to be done by an outside organisation or individual,
- As required by law, or
- Under other circumstances where permitted under the Act.

In the course of its business and training activities, getGP may need to disclose personal information to relevant individuals and organisations.

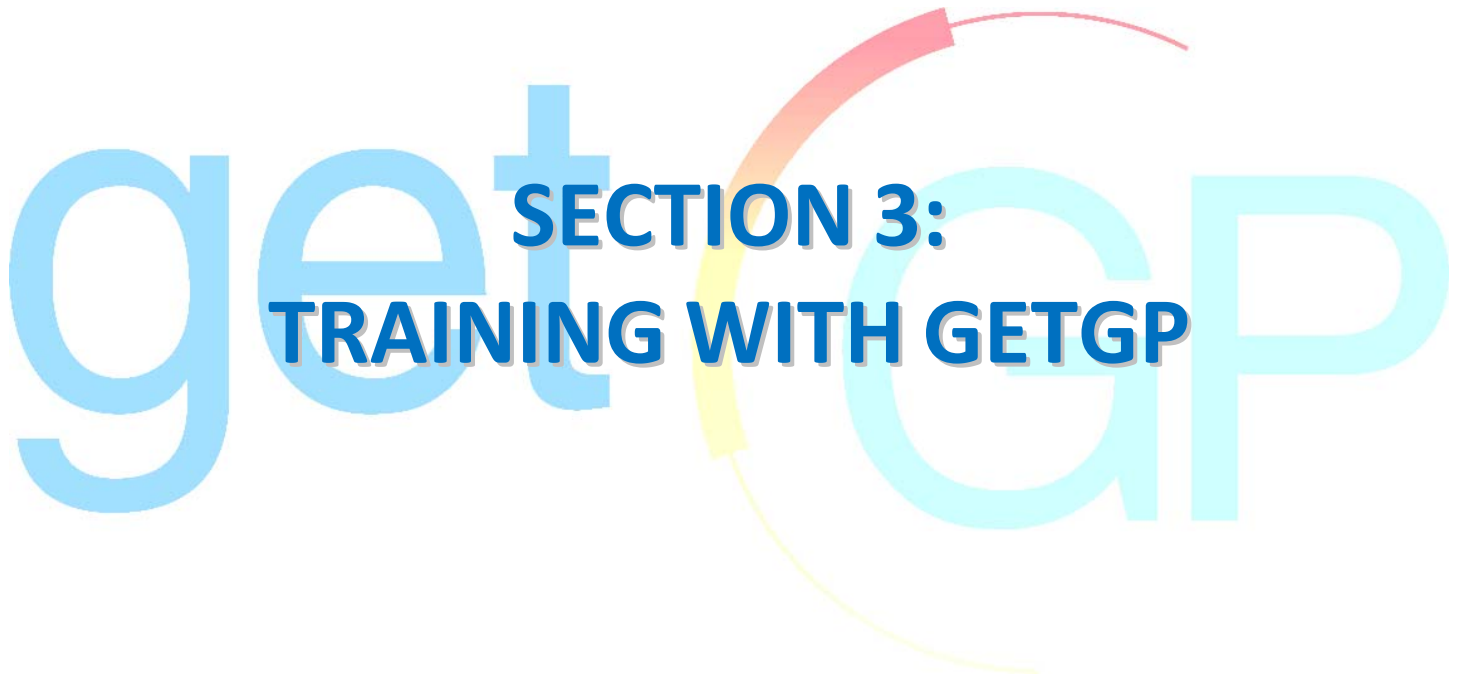
Unauthorised disclosure of, or access to, personal information by getGP employees, contractors or agents, will be regarded as a serious breach of this policy. Appropriate action (which may include disciplinary or legal action) will be taken in such cases.

getGP takes all reasonable steps to ensure that the data it collects is accurate, complete and up to date, and has been obtained directly from individuals or other reputable sources. The personal information collected by getGP will be protected and managed confidentially and securely and destroyed appropriately when no longer required.

Individuals are able to access their personal information upon request. getGP may need to deny access to information in accordance with the exemptions contained in the Act.

getGP Policy and Procedures Manual

The getGP Policy and Procedures Manual, available on the getGP website, should be used as a main reference for training policies. The following section is a summary of policies that may have a direct impact on a registrars training. There are numerous other policies which are relevant to registrars training. Registrars are encouraged to check the manual when questions about policy and procedures come to mind.

The logo for 'getgap' is displayed in a light blue, lowercase, sans-serif font. A vibrant rainbow-colored arc, transitioning from red at the top to yellow at the bottom, curves around the 'g' and 'a' of 'gap'.

**SECTION 3:
TRAINING WITH GETGP**

OVERVIEW OF TRAINING TERMS AND EDUCATION ACTIVITIES

The structure of the getGP Training Program is designed to comply with RACGP and/or ACRRM standards and also enable registrars to progress as far as possible within the Enhanced Rural Training Framework to attain either the FRACGP/FARGP or the FACRRM.

Hospital Term Registrar Requirements

Registrars who have not obtained RPL for their previous hospital time must undertake 12 months of hospital terms (normally year 1) as part of their training. During this time registrars are advised to gain experience in a range of disciplines to enable them to meet the RACGP/ACRRM requirements for experience in core and other disciplines. Both colleges require experience in the disciplines of Paediatrics, Emergency Medicine, Surgery and Medicine. ACRRM also requires experience in Anaesthetics and Obstetrics and Gynaecology. RACGP requires three disciplines in addition to the four core disciplines.

During hospital placements, registrars are required to participate in the getGP weekly teleconferenced educational meetings. They must participate in a minimum of 15. They are also expected to avail themselves of the educational opportunities provided by their host hospital.

Regular contact will be provided by a getGP medical educator. The medical educator will provide the registrar assistance in developing a learning plan. Registrars will be assisted in meeting the Assessment During Training tasks required for their chosen curriculum.

A supervisor report is required for each hospital placement. A registrar semester feedback report is required every six months.

GPT1/PR1 Term Registrar Requirements

Two GPT1/PR1 units are required to be undertaken.

- **Six months training in an accredited getGP training practice (two units)**
- **Maintenance of a Learning Plan**
- **Learning Plan Mentor Visit**
- **Maintenance of the Essential Procedural Skills Checklist**
- **Mandatory attendance at nine Peer Learning Workshops**
 - **Including:**
 - **Initial Training Needs Assessment (Consulting Skills & Applied Knowledge)**
 - **Aboriginal Health Workshop**
 - **Rural Emergency Skills Training Course**
- **Three hours per week of face-to-face teaching with Practice Supervisor (one hour in a protected time slot)**
- **External Clinical Teaching Visit due within first two months**
- **External Clinical Teaching Visit due by end of term**
- **Monthly attendance at assigned Regional Cluster Meetings**
- **Community Issues Project (or during GPT2/PR2 Term)**
- **Doctors Interpersonal Skills Questionnaire**
- **Satisfactory completion of an advanced resuscitation skills workshop such as the REST course**
- **Supervisor Report (supervisor feedback on registrars) nearing completion of semester**
- **Training Advisor Visit with Regional Medical Educator nearing completion of semester**
- **Submission of Registrar Semester Feedback Report at completion of semester**
- **Frequent opportunistic 'corridor teaching' and advice**

GPT2/PR2 Term Registrar Requirements

Two GPT2/PR2 units are to be undertaken. Usually GPT2/PR2 training commences immediately after completion of the GPT1/PR1 training units.

- **Six months in an accredited getGP training practice (two units)**
- **Maintenance of a Learning Plan**
- **Maintenance of the Essential Procedural Skills Checklist**
- **Mandatory attendance at nine Peer Learning Workshops**
- **Presentation of Peer Teaching topic at a Cluster Meeting**
- **Mid-term assessment in last Peer Learning Workshop**
- **Two hours per week face-to-face teaching with Practice Supervisor (one hour in a protected time slot)**
- **External Clinical Teaching Visit due within first two months**
- **External Clinical Teaching Visit due by end of term (Video consulting)**
- **Monthly attendance at assigned Regional Cluster Meetings**
- **Supervisor Report (supervisor feedback on registrars) nearing completion of semester**
- **Training Advisor Visit with Regional Medical Educator nearing completion of semester**
- **Submission of Registrar Semester Feedback Report at completion of semester**
- **Frequent opportunistic 'corridor teaching' and advice**
- **Community Issue Project**
- **Colleague Focused Assessment**

GPT3/PR3 Term Registrar

Two units of GPT3/PR3 GP experience are to be completed and cannot be commenced until after the completion of GPT2/PR2 GP terms.

- **Maintenance of a Learning Plan**
- **Maintenance of a learning and educational portfolio**
- **Maintenance of the Essential Procedural Skills Checklist**
- **External Clinical Teaching Visit**
- **One hour per week teaching with Practice Supervisor**
- **Attendance at four Peer Learning Workshops**
- **Satisfactory completion of RACGP Examination or ACRRM assessments**
- **Monthly attendance at assigned Regional Cluster Meetings**
- **Supervisor Report nearing completion of semester**
- **Training Adviser Visit with Regional Medical Educator nearing completion of semester**
- **GP Audit or research project**
- **Submission of Registrar Semester Feedback Report at completion of semester**
- **Opportunistic 'corridor teaching' and advice**
- ***Complete any activities not finalised in previous terms***

Extended Skills

Extended skills training may be undertaken in a range of environments including General Practice. An extended skills post must have clear learning objectives with the aim of extending the Registrar's skills set in an area of interest beyond the core skill set required for general practice. General Practice based extended skills posts can only be undertaken after completion of a GPT3/PR3 placement. Extended skills posts in other environments may be undertaken at anytime during training and be included as part of an RPL application. Preparation of an extended skills post often requires arrangement well in advance of a placement. Intentions for extended skills training is an important part of the formal six monthly discussion with the registrar's training advisor.

- **A Clear written statement of learning objectives and intended learning activities prepared prior to the commencement of the placement and signed by the supervisor, registrar and a getGP medical educator**
- **Attendance at relevant educational workshops and meetings**
- **Supervisor Report nearing completion of semester**
- **Training Adviser Visit with Regional Medical Educator nearing completion of semester**
- **Submission of Registrar Semester Feedback Report at completion of semester**

Advanced Specialist Skills Training Requirements

As part of the Enhanced Rural Training (ERT) Framework, Registrars are actively encouraged to undertake a fourth year of Advanced Specialist Skills Training in a discipline of their choice. ASSTs may be taken at any time during training and must be undertaken in order to complete the requirements for the FARGP or the FACRRM. Two six month ASSTs may be undertaken for the FARGP, one 12 month ASST is required for the FACRRM. Registrars undertaking ASSTs must complete the following requirements.

- **Maintenance of a Learning Plan**
- **Satisfactory completion of assessment tasks as specified in the relevant ASST Curriculum**
- **Attendance at relevant educational workshops and meetings**
- **Supervisor Report nearing completion of each semester**
- **Training Adviser Visit with Regional Medical Educator nearing completion of each semester**
- **Submission of Registrar Semester Feedback Report at completion of each semester**

FURTHER NOTES ON REQUIRED TRAINING

Hospital Experience

getGP policy regarding hospital training is that GP registrars are encouraged to complete their required hospital terms at Latrobe Regional Hospital or other hospitals within the Gippsland region. Accommodation subsidies, relocation assistance and priority preference for GP terms will be offered as incentives for registrars who undertake their required hospital year of training in Gippsland. Registrars may undertake hospital training outside the Gippsland region provided they obtain prior approval from getGP.

Mandatory Paediatric Training

It is a requirement that registrars must undertake a rotation that provides care for a sufficient number of acutely unwell children prior to undertaking a term in General Practice. Such posts must:

- include a high proportion of paediatric emergency attendances with appropriate supervision from paediatricians, and/or appropriately experienced general practitioners and/or emergency physicians in accredited hospitals; and
- have a significant focus on the recognition, diagnosis and management of the seriously ill child.

These posts are usually a hospital based general paediatric post or a placement in an emergency department with a significant load of acute paediatric presentations.

Registrars who utilise an emergency rotation with a high proportion of paediatric presentations to fulfil this requirement are required to submit a Paediatric Requirement iForm on GPRime, prior to their GPT1/PR1 general practice term, which will be documented in their portfolio for assessment of eligibility of completion of training. Registrars who utilise a paediatric specific rotation need to provide proof of this rotation.

Mandatory Elective Units

Registrars who gain approved recognition of prior learning but are not granted a time reduction are required to complete the three years of AGPT, by undertaking an appropriate number of mandatory elective units to make up a minimum of 12 active training units.

The units undertaken must be approved by getGP's Director of Training, and include any hospital core disciplines otherwise not previously undertaken. Mandatory elective units may be undertaken in general practice but only after completion of all GPT1/PR1, GPT2/PR2 and GPT3/PR3 units. These have the same supervision and teaching requirements as for Extended Skills training terms.

Optional Training Units

Elective Training

Elective training in addition to the minimum requirements for training may be taken by registrars:

- Who require extra or particular training experiences
- Who wish to gain skills for particular areas of practice
- To increase their breadth of experience
- To develop special interests in addition to Extended Skills

All elective time must be **approved prospectively** via the Director of Training.

International (Irish) Registrar Exchange

getGP registrars have the opportunity to undertake three months of their GPT3/PR3 or extended skills terms working in north-west Ireland with the Donegal Training Program for General Practice. There is an opportunity for registrars to extend this work for 12 months if they have passed the RACGP examination. Gippsland provides a reciprocal hosting.

Advanced Specialist Skills Training

Advanced Specialist Skills Training should be undertaken in Gippsland, unless the particular skills option is not available in the region, in which case application should be made to the Director of Training, after discussion with the registrar's training advisor. These posts must have prior approval and accreditation by the relevant Joint Consultative Committee, the RACGP Rural Faculty and/or ACRRM.

Extended Skills and Advanced Specialist Skills Training available to be undertaken throughout Gippsland consist of posts in *Aboriginal Health, Anaesthetics, Community Psychiatry, Paediatrics, Emergency Medicine, Obstetrics and Gynaecology, Pain Management, Small Towns Skills and Surgical Skills*. Specific details of each post are available from the getGP office upon request.

Academic GP Training

Academic GP registrar positions may be arranged to enable GP registrars to gain training experience in an academic environment, contribute to the development of teaching and research in general practice, and improve the academic status of general practice. In Gippsland, academic posts are particularly focused on the development of teaching and research and promoting the academic bases of rural general practice.

The posts may be taken as Extended Skills posts, in which case they are credited as training time, or as advanced academic posts which enables registrars to undertake this activity in addition to the current mandatory three years of training.

A minimum number of clinical sessions (3 per week) in an accredited training practice must be undertaken in parallel with advanced academic posts. The posts are normally located in university departments of general practice/rural clinical schools. The posts must be accredited by the RACGP.

Extension of Training after Unsuccessful College Examination Attempt

For those registrars who have been unsuccessful at the College Examination during their last six months of training, a six-month additional training period in General Practice may be approved, subject to the registrar having sufficient elective time available.

Full time and Part-Time Training

Full time training is a 38 hour working week. The working week for GP registrars includes face to face consulting time in and out of hours, administrative work, teaching time and release time for educational releases. AGPT policies provide a framework for calculating the requirements for full and part-time training. For clarity and consistency, getGP uses consulting time in a 'non-release day week' as a measure of full-time equivalent. This is because the time released for educational activity and the in-practice teaching time varies throughout training particularly for part-time registrars.

In order to meet the AGPT minimum requirements getGP has the following requirements:

- **A full-time non-release day working week is deemed to be no less than 27 hours of face to face consulting per week with the remainder made up of teaching and administration time.**

- Face to face consulting may include clinical contact out of hours. Up to three hours a week or one session of afterhours work may be included in the required training time

getGP supports part-time training where full-time training imposes an unreasonable burden on a GP registrar or their immediate family. The registrar is required to make formal application to undertake part-time training and must provide sufficient reason for requesting approval to train part-time. The placement practice must consent to the registrar working part-time. These policies in no way exonerate the registrar or placement practice from any contractual commitments.

In order to enable accurate recording and administration of a GP registrar's training time, a registrar must submit an '*Application to Undertake Part-Time Training*' form to the getGP office and have this approved before they are permitted to commence part-time training. Any adjustment to the hours being worked must first be approved by getGP via the '*Adjustment to Part-Time Hours*' form.

- **The minimum hours of part-time face to face consulting in a non release day week are 9 hours per week or three standard clinical sessions with the remainder made up of administration and teaching time.**
- **The fraction that a part-time registrar is deemed to be undertaking is the number of consulting hours divided by 27.**

FURTHER NOTES ON EDUCATIONAL REQUIREMENTS

These notes provide more detailed information about the requirements described in the Overview with particular reference to the getGP educational processes and activities.

Mandatory Aboriginal Health Curriculum

It is a requirement of training stipulated by AGPT that Registrars complete the Aboriginal health curriculum and include evidence of completion in their portfolio.

getGP delivers the Aboriginal health training by assigning a full-day peer learning workshop in GPT1/PR1 term. The workshop covers two major areas of aboriginal health:

- Aboriginal culture, history, and an holistic view of health and well-being
- Factors related to the disproportionate percentage of Aboriginal people with poor health and increased mortality

Evidence of attendance at the Aboriginal health training workshop is documented in the registrars GPRime portfolio. Registrars cannot complete their training until they have evidence of participation in this or equivalent educational activity.

Advanced Life Support

Registrars must complete training in the early management of trauma and advanced life support in order to obtain and submit a certificate in competency.

getGP runs a Rural Emergency Skills Training (REST) course annually. It is mandatory for registrars to attend this workshop, usually in their first year of general practice terms.

Evidence of attendance and competency in REST will be documented in the Registrars GPRime portfolio.

Registrars are required to source their own training in Basic Life Support. The local divisions of general practice will usually provide courses in basic life support.

Cluster Groups

Cluster groups are learning groups, based in a geographical region corresponding to the GP divisions (with an additional Central group). GP registrars in hospital, GPT1/PR1, GPT2/PR2, GPT3/PR3 and Extended Skills terms are expected to attend and contribute to the cluster meetings which are held in the evening on a monthly basis. The structure of the meetings is decided among the group and facilitated by the regional medical educator.

2010 Cluster Group Information:

Central Gippsland Cluster Group

Towns covered: Heyfield, Maffra, Morwell, Sale, Traralgon (inc. LRH), Yarram, Churchill
Facilitators: Paul Coughlan & Michael Baker
Administrator: Sarah Wakefield
Meets: Last Tuesday evening of the month at Churchill or Maffra

West Gippsland Cluster Group

Towns covered: Moe, Neerim South, Trafalgar, Warragul
Facilitator: Chris Lampel
Administrator: Alexei Doherty
Meets: First Tuesday evening of the month at Moe

South Gippsland Cluster Group

Towns covered: Foster, Korumburra, Leongatha, Phillip Island, Wonthaggi
Facilitator: Elizabeth Bulling
Administrator: Mandy McDonald-Susic
Meets: Second Tuesday evening of the month at Inverloch

East Gippsland Cluster Group

Towns covered: Bairnsdale, Lakes Entrance, Mallacoota, Orbost
Facilitators: Margaret Niemann
Administrator: Julie Holmes
Meets: Second Wednesday evening of the month at Bairnsdale

Attendance at Cluster groups is compulsory. Attendance is monitored throughout the registrars training and recorded in their GPRime portfolio.

External Clinical Teaching Visits (ECTV)

The program provides a minimum of 5 sessions of direct or videotaped observation of registrar consultations by supervisors along with written feedback during the first 18 months of general

practice training. Registrars must have evidence of five feedback reports, each report pertaining to three hours of observed consultations.

The supervisor must undertake the direct observation sessions, and produce a written report.

In Gippsland, the GP registrar requirement for clinical teaching visits and consultation feedback is met by a visit to the practice by a GP supervisor from a neighbouring practice. Practices are 'buddied' so that a visiting GP supervisor will in turn have their practice visited by a GP supervisor hosting a registrar at the same stage of training. When visiting a practice, the GP supervisor sits in on a session of consultations with the GP registrar. Informed consent from patients is an integral requirement before GP registrars undertake this requirement.

Registrars in the FACRRM pathway can request that their ECTV be undertaken under the MiniCEX format to enable the visit to fulfil this component of the FACRRM formative assessment.

Minimum requirements:

- Two ECTV visits and subsequent feedback reports during GPT1/PR1 term (6 months)
- Two ECTV visits and subsequent feedback reports during GPT2/PR2 term (6 months) (second one should be videotaped)
- One ECTV visit and subsequent feedback report during GPT3/PR3 term (6 months)
- One ECTV visit and subsequent feedback report for each six months of an extended skills term in General Practice or a mandatory elective in General Practice

Registrars and Supervisors are notified of the ECTV matching at the commencement of each semester. Supervisors will not always be matched with a registrar from the practice they were matched with previously. It is important to check the match and take note of the scheduled dates for when visits need to occur by and when reports are due.

Once the visit has occurred, the visiting supervisor is required to submit an ECTV Report on GPRime. The report requires the supervisor to provide feedback on the registrar's communication skills, clinical competence, management of the consultation process and ability to self reflect and critique. From the supervisors log-in account, the ECTV report proforma can be accessed in the list of iForms.

Evidence of ECTV reports throughout training will be documented in the registrar's GPrime portfolio.

Peer Learning Workshops

getGP is required to provide at least 125 hours of peer/group learning via face to face meetings, teleconferences or video conferences over 18 months in general practice.

Hospital Term Based Meetings

Registrars completing hospital rotations are required to attend weekly teleconferenced educational sessions on core topics. A getGP Medical Educator directs these meetings with assistance from other health professionals. They are held on Monday evenings.

Satisfactory attendance at these meetings will be recorded in the registrar's GPrime portfolio.

GPT1/PR1 and GPT2/PR2 Term Peer Learning Workshops

The workshops augment the clinical experience and teaching which occurs in the practice and to enable registrars to meet and network with their peers.

The following are included in the GPT1/PR1 and GPT2/PR2 term peer learning workshops:

- Initial Training Needs Assessment
 - Applied Knowledge
 - Consultation Skills
- Aboriginal health
- Rural Emergency Skills Training (REST) Course

Registrars undertaking their GPT1/PRRT and GPT2/PRRT general practice terms in Gippsland are released from their practice for nine days a semester to participate in peer learning workshops. There are two residential workshops per semester.

GPT3/PR3 and Extended Skills Term Peer Learning Workshops

There are six educational days a year organised for registrars in their second year of in-practice training. Registrars undertaking their GPT3/PR3 and extended skills in general practice are released from their practice twice every six months. A further two workshops are held on Saturdays. There is a large exam preparation focus at these workshops. The dates are set around the training years scheduled RACGP Exam dates.

Attendance at peer learning workshops is compulsory. Any missed sessions must be made up unless extenuating circumstances exist, at the discretion of the peer learning facilitator(s). Satisfactory attendance at peer learning workshops throughout training are recorded in the registrar's GPRime portfolio.

Practice Based Teaching

The supervisor must be available for one hour per week of protected contiguous time for face to face teaching and discussion with the registrar for all general practice attachments.

The supervisor must be available for teaching, support and discussion for three hours per week for the registrars GPT1/PR1 term and two hours per week for the GPT2/PR2 term (this is inclusive of the one hour face to face for all supervisors described above).

The supervisor must provide a planned education session each week in the one hour face to face session – these sessions must be consistent with the registrars learning plan and at an appropriate level considering the registrars knowledge and experience – they may be prepared by the registrar. Recommended teaching activities for the weekly one hour protected contiguous face to face include the following:

- Clinical discussions based on the registrar learning plan
- Case based discussion
- The getGP monthly Curriculum theme
- STARS based activities
- Videotaped consultation discussion
- Preparation for getGP peer learning workshops
- Tutorials – registrar and supervisor
- Registrar risk assessment on 'red light' presentations
- RRMEO modules
- Review of clinical notes

The remainder of the in-practice teaching can be met with a range of teaching activities, These include:

- Further face to face teaching
- Corridor teaching – call ins and ad hoc discussions
- Telephone advice

- Attending patients together
- Consultation observation – by either registrar or supervisor
- End of the day debriefing
- Ward rounds together
- Practice orientation
- In car relevant teaching conversations
- Teaching by allied health workers engaged by the practice
- Participation in practice based clinical meetings and teaching sessions
- A Limited number of Practice management meetings provided that the registrar attendance is specifically structured as a learning event

It is a requirement that Registrars actively participate in teaching sessions within their Practice. In 2010, the practice based teaching is:

- GPT1/PR1 term – Three hours per week (one hour in a protected block)
- GPT2/PR2 term – Two hours per week (one hour in a protected block)
- GPT3/PR3 & Extended Skills term – One hour per week

Teaching time is recorded on the monthly emailed Teaching and Consultation Record. It is important that accurate records are kept as data is reported to AGPT and the registrar needs evidence of satisfying the required practice teaching time at each stage of their training to be eligible for certification of completion of training.

Registrars also at times take the role of teacher. Registrars can undertake teaching of medical undergraduates during their attachments, there are also teaching opportunities within their peer group, and of course there is much potential for their supervisors and other GPs in their practices to learn from the registrars.

Registrar Feedback

In order to maintain standards, registrars must provide feedback about their supervisor, training posts, and general practice training provider.

Registrars are required to submit a Registrar Semester Feedback iForm on GPrime towards the completion of each 6-month placement. The report requires registrars to provide feedback in regard to the practice environment, teaching and supervision, achievement of learning goals and the program. Registrar feedback submissions are monitored. Failure to submit semester reports may delay and in some cases, impede eligibility for completion of training.

Submitted reports are only viewable by administration unless the registrar chooses otherwise.

Training Advisor Meetings

Registrars must submit evidence of planned learning with review and reflection at 6 monthly intervals during training.

The GP registrar is required to meet with her or his Training Advisor at least once per semester. The designated Training Advisor provides overall advice and guidance to the GP registrar about their learning needs, plans and goals and the training and educational activities they should undertake.

The Training Advisor approves the initial learning plan and ensures that the plan and learning portfolio are reviewed and learning plans updated if necessary at least once each semester. The designated Training Advisor also reviews the GP registrar learning plan and learning portfolio at the end of training, as the basis for making a recommendation on satisfactory completion of requirements.

After each six-monthly visit, the Training Advisor is required to submit an iForm on GPRime, documenting the discussions held throughout the visit. Once the report is submitted and approved by an administrator, a copy of the report is viewable in the appropriate section of the registrar's GPRime portfolio.

ENHANCED RURAL TRAINING FRAMEWORK

The Enhanced Rural Training Framework (ERTF) ensures that registrars with an interest in rural or remote practice can access specific training and educational support as an integrated part of their vocational training within a structure that leads to a recognised qualification such as the RACGP's FARGP or Fellowship of the ACRRM. It also ensures that all general practice registrars undertaking rural training, whether rurally based or on rotation from metropolitan areas, experience placements and training opportunities based on their individual needs and interests that will be useful wherever they choose to practice in the future.

The ERTF presents registrars with the opportunity to undertake training in areas relevant to rural or remote medicine which are of interest to them. The getGP learning plan will be reviewed in consultation with a getGP ERT Medical Educator to ensure that it is consistent with the required ERT learning plan which is driven by the registrar's career goals. getGP medical educators will help registrars to customise their training to suit individual needs from the available training and educational options (some core, some elective).

Purpose of the Enhanced Rural Training Framework

The purpose of the ERTF is to:

- promote training opportunities that enable registrars to adequately prepare both culturally and clinically for compulsory and voluntary placements in a rural or remote setting;
- encourage registrars to undertake training in areas which are relevant to the provision of rural general practice or rural and remote medicine in specific contexts.; and
- establish a structure within AGPT that enables interested registrars to work towards a rural postgraduate award (the RACGP FARGP) and/or rural and remote medicine (Fellowship of the Australian College of Rural and Remote Medicine).

Levels of Enhanced Rural Training

Within the ERTF there are three levels of skills and knowledge development. Levels A, B and C of preparation for rural practice are recognised. Training offered through getGP is exclusively in the rural training stream. Consequently, the getGP education, training and assessment requirements are largely consistent with the ERTF requirements.

LEVEL A (Hospital and GPT1/PR1 Terms): During hospital and GPT1/PR1 terms, registrars should be developing core knowledge and skills for rural general practice and/or rural medicine. This can be learned anywhere – metropolitan, provincial, rural or remote context.

Registrars MUST complete the following:

- Attend Rural Orientation workshop prior to or early in their GPT1/PR1 term

Registrars SHOULD complete the following:

In addition to the general discipline requirement for registrars, it is recommended that ERT registrars experience the following in their hospital terms in preparation for rural practice:

- anaesthetics
- Indigenous health
- mental health
- obstetrics and gynaecology
- orthopaedics

LEVEL B (GPT2/PR2, GPT3/PR3 & GPT4/PR4 Terms): During GPT2/PR2, GPT3/PR3 and Extended Skills general practice terms, registrars should be developing the core knowledge and skills needed to be able to practice rural general practice and/or rural and remote medicine within a rural or remote community.

Registrars MUST complete the following:

- Enhanced Rural Training Learning Plan

Registrars SHOULD complete the following:

- Skills Courses – as well as workshops and educational releases, Level B ERT may also include skills development programs such as Advanced Paediatric Life Support and EMST courses.
- Commence work on relevant curriculum modules such as the RACGP's 'Working in Rural General Practice', and ACRRM curriculum module

LEVEL C (Advanced Specialist Skills Training): Learned in metropolitan, provincial, rural or remote context and applied in a rural or remote context.

Registrars MUST complete the following:

- Enhanced Rural Training Learning Plan – review and redevelop
- Complete specified curriculum modules for either the FARGP or FACRRM

Registrars MAY complete the following:

- An accredited Advanced Specialist Skills Training post
- An accredited extended skills post
- Meet all requirements for award of FACRRM and/or FARGP

LEARNING PLAN AND PORTFOLIO

Learning Plan

The GP registrar Learning Plan has two main functions.

Firstly it contains semester specific electronic documents agreed between the GP registrar, the supervisor and getGP, setting out how the GP registrar will meet their learning needs as well the curriculum and program requirements for each semester. It includes when mandatory activities and requirements will be undertaken plus other activities chosen by the GP registrar in consultation with their supervisor and their Training Advisor. Semester specific Learning Plans are prepared at the commencement of each semester or new training attachment, after discussion with the supervisor or designated Training Advisor.

Secondly the learning plan has the facility to function as a learning tool for the registrar to structure their day to day learning with and to guide their learning sessions with their supervisor.

The learning plan also includes a global learning plan that is prepared early in training in discussion with a getGP medical educator for the purpose of planning a registrar's overall pathway through training. This is used to plan ahead for placements that will enable the registrar to achieve their global training goals

Elements of the Learning Plan

1. A statement of the overall learning goals of the GP registrar for their total training
2. A documented learning needs analysis with reference to the RACGP and ACCRM curricula
3. A list of the specific learning goals for the semester being commenced
4. A list of the learning activities to be undertaken during the semester (including mandatory activities, assessment nodes etc., plus other activities chosen by the GP registrar in consultation with their supervisor and their designated Training Advisor)
5. A list of learning needs generated on a day to day basis together with planned activities to meet these learning needs
6. Target dates for completion of activities where appropriate
7. A description of the evidence of satisfactory completion for the learning activities included in the plan.

Utilising the Learning Plan through GPRime

On acceptance of a place in the getGP program, registrars are provided with a GPRime user account (access via the getGP website: www.getgp.net.au). Accessible through GPRime, the learning planner is central to the educational processes used in the getGP training program. The learning planner enables the learner to be highly self-directed in meeting his or her own learning needs.

Learning needs should be added and reviewed on at least a weekly basis. Registrars should refer to their learning plan at each supervisor teaching session and at meetings with the designated training advisor.

Registrars can use the learning needs analysis tools on GPRime to develop their list of learning needs. GPRime learning plan options:

- Add New/Edit/Archive Learning Need
- Learning Needs Analysis Tools
 - Semester Learning Plan
 - RACGP Training Program Curriculum
 - ACCRM & RACGP Curriculum Work Sheet
 - Patient Unmet Needs and Doctors Educational Needs
 - Global Personal Learning Goals
 - Common Consultations
 - Procedural Skills Checklist
 - ACCRM/RRMEO Learning Planner Matrix
 - Extended Rural Training Activities
- Gippsland Specific Mandatory Activities

Reflection on the progress of addressing each learning need should be documented by using the screen that appears when you click on a specific learning need. Once a learning need is deemed no longer current, it can be archived and no longer appears in the registrars' current learning plan. Learning needs are listed in order of the priority that the registrar assigns them followed by the date that the learning need is generated with the most recent at the top.

Learning Plan Training Advisor Visits

Medical Educators will meet with registrars early in their training to give guidance on preparing an initial learning plan. A report relating to this visit is submitted on GPRime, and appears in the registrars GPRime portfolio. After this initial visit, continued development and progress will be monitored at the six monthly Training Advisor visits. Additional learning plan assistance can be arranged upon request by the Registrar or Supervisor.

Learning Portfolio

Registrars are required to manage and document a portfolio of their work over the entire period of their training for both the ACRRM and RACGP pathways.

GPRime incorporates an on-line Learning Portfolio for every registrar.

The Learning Portfolio is an electronic file kept by each GP registrar containing documented evidence of placements, educational reports, attendance, learning plan, mandatory assessment, other documents pertaining to completion of educational activities, and completion of training assessment. The GPRime Learning Portfolio is equivalent to the AGPT's Log Book, and used to assess eligibility and completion of training.

The concept of the Learning Portfolio is that it is an aid to effective learning because it provides a basis for feedback on progress and provides clear evidence of educational accomplishments. The portfolio is central to monitoring GP registrar progress toward achievement of competence and assessing satisfactory completion of training.

The Learning Portfolio documents progress through the getGP training program as well as functioning as a tool to aid learning. The Portfolio should be kept up to date and it is the GP registrar's responsibility to keep it that way.



SECTION 4: ASSESSMENT REQUIREMENTS

INTRODUCTION

To be eligible for vocational recognition as a GP, Registrars must complete all training, education and assessment activities required as part of the getGP training plus pass the summative assessment specified by either the RACGP or ACRRM.

The assessment activities in the getGP Training Program are described in this section. Additionally, reference is made to the RACGP Examination and the ACRRM Assessment Program. Details of these are available from the websites of the respective Colleges.

getGP ASSESSMENT ACTIVITIES

getGP specifies that GP registrars undertake certain mandatory assessment requirements. These consist of:

- 1. Learning Plan**
- 2. Training Needs Assessment**
- 3. Essential Procedural Skills Checklist**
- 4. Doctors Interpersonal Skills Questionnaire (DISQ)**
- 5. Colleague Focused Assessment**
- 6. GP Supervisor Report**
- 7. ECTV Videotaped Consultation Assessment**
- 8. Mid Training Assessment [optional]**
- 9. Peer Teaching Assessment**
- 10. Community Issues Project**
- 11. General Practice Audit**
- 12. Research Activity Pilot**

The following pages provide a detailed description of each assessment activity.

1. Learning Plan

Overview

getGP fosters the use of learning planners amongst its registrars. Learning plans encourage users to identify and address learning needs. The aims of learning plans include:

1. To provide a record of your significant learning experiences
2. To help you get in touch and stay in touch with your self-development process
3. To provide a means of reflecting on your commitment to, and involvement in General Practice

Domains Covered

All 5 domains of General Practice but particularly

Domain 2: Applied Professional Knowledge and Skills

Domain 3: Population Health and the Context of General Practice

Domain 4: Professional and Ethical Role

Stage of Training

Throughout GP training but especially during general practice based terms

Process

Registrars have an electronic learning planner [LP] on the GPRime website. Various tools are available on GPRime to identify learning needs. Their GP supervisor can also add learning needs to this document. The registrars are encouraged to use the LP to drive their learning and use it in teaching sessions with their supervisor. Registrars are encouraged to reflect on and archive learnings that have occurred. The archived learning need will be checked at the completion of training to identify satisfactory use of the LP.

Assessment

Use of LP's are reviewed by the ME group during periodic Registrar Review meetings. Reviewing the LP will be part of the registrars assessment for the granting of the Certificate of Satisfactory Completion of Training. [CSCT]

Remediation

Unsatisfactory use of the LP will result in delays of granting CSCT.

2. Early Needs Assessment

Overview

This activity has two modules covering communication and applied knowledge skills. The assessment occurs earlier in training. The results for each registrar are used to guide tailoring of training for each registrar to meet individual needs.

Domains Covered (RACGP Curriculum)

Domain 1: Communication Skills and the Doctor-Patient Relationship

Domain 2: Applied Professional Knowledge and Skills

Stage of Training

Early in GPT1/PR1 – a peer- learning workshop will be assigned to this assessment.

Process

A half day is committed to the two stations. Station one is an MCQ in the style of the RACGP Exam. Station two is a consulting skills assessment based on actor-run scenarios. Because this is a complex activity to organise, it is essential that all registrars participate in this activity when it is scheduled.

Consulting Skills: This is an actor based session with assessments in developing rapport, non verbal communication skills, facilitating the patients agenda and ordering the consultation. This session may be videotaped for language assessment purposes.

Applied Knowledge: This consists of a mix of 50 multiple choice and extended match questions.

Assessment

Each segment provides a mark for each registrar as a means of benchmarking against peers. There is also detailed feedback on performance in each of the sub-sections. Individual results and feedback will be submitted in the registrar's GPRime portfolio.

Outcome

Detailed results of the assessment are provided to each registrar and posted into their GPRime portfolio. The raw scores are matched against the group spread.

Consulting upskilling will be achieved by additional tuition tailored for individual registrars based on a discussion with their training advisor and supervisor. Initiatives might include additional video-taped consultation review, additional ECTVs and observation of the consulting of experienced GPs.

Applied knowledge upskilling will be supported by mentoring with the registrar's training advisor and supervisor.

3. Essential Procedural Skills Checklist

Overview

To be able to provide comprehensive primary care, all GPs must possess a repertoire of procedural skills. This is particularly true of rural GPs who may be the only available and accessible source of medical attention for their communities.

Registrars are required to maintain their own on-line Essential Procedural Skills Checklist on GPRime. The registrars' portfolio will show the competency of procedures to a maximum of 87.

Educational Value

GPRime's on-line checklist is adapted from a tool contained in the RACGP curriculum companion that specifies essential procedural skills GP registrars need to acquire by the end of training. The checklist encourages self-monitoring and reflection on confidence and competence to perform procedural skills.

Domains Covered (RACGP Curriculum)

Domain 2: Applied professional knowledge and skills

Stage of Training

Progressively completed through all stages of training.

Process

The Essential Procedural Skills Checklist should be regularly updated by the GP registrar in her/his GPRime Portfolio.

Registrars, early in their training, should carefully scrutinise the checklist and assess their own level of competence for each item. As they progress through training and gain experience in performing different procedures, they should then use the checklist opportunistically to mark procedures off.

At regular intervals, the GP registrar and GP supervisor should discuss progress in gaining experience and mastering procedural skills. The Essential Procedural Skills Checklist on GPRime requires the registrar's supervisor and/or training advisor to verify the competency of each item (using the tick-box accessed from the supervisor and training advisor GPRime log-in).

Assessment

The assessment component of this activity is achieved by a combination of the GP registrar's self-assessment and the GP supervisor's assessment of GP registrar competence in performing the essential procedural skills. Satisfactory completion of the procedures is progressively marked off by the supervisor in the checklist.

Remediation

The checklist is designed as a tool that can be used to readily identify gaps in skills and experience. When used in conjunction with the learning plan review, it can form a basis for planning specific learning strategies and clinical experience to address gaps and weaknesses in performing particular procedures.

4. Doctors Interpersonal Skills Questionnaire (DISQ)

Overview

Communication skills are one of a GP's most important skills. The DISQ audit has been developed by an external research and evaluation agency and is a widely used and validated tool for assessing GP communication skills.

Education Value

The GP registrar experiences an external process of consultation critique. This encourages ongoing self evaluation of consulting skills.

Domains Covered (RACGP Curriculum)

Domain 1: Communication skills and the doctor/patient relationship

Stage of Training

During GPT1/PR1

Process

Registrars receive a package containing written instructions to GP registrars, GP supervisors and reception staff. DISQ is completed in accordance with a standardised process involving the agreement of the practice and the voluntary consent of patients. The receptionist/practice manager administers a questionnaire to 50 consecutive patients after the patient's consultation with the registrar. These are then sent for analysis. The GP registrar's results are bench marked against their peers.

Results of the audit are forwarded to the GP registrar and the supervisor receives notification that the process has been completed. The results of the DISQ audit are then discussed between the registrar and their supervisor. The supervisor is then required to submit a DISQ Audit report (accessed from the list of iForms) from their GPRime log-in account. Once submitted, the report can be viewed from the registrar's GPRime portfolio.

Remediation

In the event of a 'not yet to standard' survey report, a repeat survey is performed three to six months after the initial survey. The GP registrar receives additional teaching sessions on the doctor/patient relationship and consulting skills from their GP supervisor and one of the medical educators.

Other Comments

The Supervisor must submit an iForm outlining discussions held with the registrar (the DISQ Audit) on GPRime. A copy of the form will be viewable in the appropriate section of the registrar's portfolio in GPRime.

If a registrar wishes to complete a follow-up DISQ Audit, please contact the getGP office.

5. Colleague Focused Assessment

Overview

Feedback obtained from a wide spectrum of colleagues has been found to be a reliable way to assess a doctor's interpersonal and communicative ability. In combination with the DISQ audit undertaken in the GPT1/PR1, this assessment will give a 360 degree assessment of a doctors interpersonal and communication abilities.

Education Value

The GP registrar experiences an external process of consultation critique. This encourages ongoing self evaluation of consulting skills.

Domains Covered (RACGP Curriculum)

Domain 1: Communication skills and the doctor/patient relationship

Domain 2: Applied Professional Knowledge and Skills

Domain 3: Population Health and the Context of General Practice

Domain 4: Professional and Ethical Role

Domain 5: Organisational and Legal Dimensions

Stage of Training

During GPT2/PR2 term

Process

CFET is a validated tool designed to provide doctors with feedback from a range of colleagues including medical colleagues, other healthcare professionals and non-clinical staff. Registrars nominate 9 colleagues with whom they have contact regularly. Designed to be undertaken primarily online, feedback is confidential and hassle-free for participating colleagues. Doctors will also complete a self assessment

The information collected is analysed and fed back in a constructive and sensitive manner within a clear, comprehensive report. All evaluation scores will be benchmarked against other participating clinicians.

The results should be discussed with your GP supervisor. The registrar and supervisor complete an iForm to complete the activity. Once submitted, the report can be viewed from the registrar's GPRime portfolio.

Remediation

In the event of a 'not yet to standard' survey report, a repeat survey is performed three to six months after the initial survey. The GP registrar receives additional teaching sessions on the doctor/patient relationship and consulting skills from their GP supervisor and one of the medical educators.

6. GP Supervisor Report

Overview

Assessment by a clinical supervisor has been only intermittently and variably used in Australian GP training in recent years. An attempt at an objective assessment by a GP supervisor is important as the GP supervisor is the doctor who has worked most closely with the GP registrar during the attachment.

Educational Value

This builds on the accepted value of feedback to all adult learners.

Domains Covered (RACGP Curriculum)

The GP supervisor assessment should cover all the domains of general practice.

Stage of Training

At the completion of each term/semester of training.

Hospital term: Clinical supervisors are required to submit a report for each hospital discipline undertaken by the registrar. (If completing a 6 month placement in the one discipline, only one report is required at the end of the placement. If completing a 12 month placement in the one discipline, two reports are required - one every 6 months).

Practice term: Practice supervisors are required to submit a report at the completion of each semester (every 6 months).

Process

Guiding principles are:

1. There should be no surprises for GP registrars in this assessment. Regular feedback sessions during the term should have already addressed or flagged problem areas.
2. GP supervisors should conduct regular feedback sessions. GP registrars are encouraged to be proactive in seeking feedback also.
3. The GP supervisor report is completed as an iForm on GPRime. Once submitted and verified by an administrator, the report is viewable from the registrar's portfolio.

Assessment

Assessment will be satisfactory or in need of remediation. The later should not be viewed as a failure but rather an opportunity to address perceived problems. As long as the difficulties associated with a report stating a need for remediation can be dealt with, a GP supervisor report should principally aim at giving a good global assessment of where a GP registrar stands for their level of training.

Remediation

It is acknowledged that GP supervisors may have difficulty if the report suggests a need of remediation. For this reason the supervisor may add some confidential comments. When this situation arises, the involvement of medical educators will be requested with a view to possible further training. Again, the need for remediation should not be perceived as a failure but rather an opportunity to address perceived problems.

If remediation is required, regional medical educators will discuss the situation with the GP supervisor concerned and then meet with the registrar to develop a plan of remediation. All cases requiring remediation will be discussed at the Gippsland Regional Operational Group meetings to agree on the remediation process and to determine when remedial measures have been satisfied.

Other Comments

The Supervisor report template is available on GPRime for the use of supervisors. Once the report is submitted by the supervisor and approved by an administrator, a copy of the report will be viewable in the appropriate section of the registrar's portfolio in GPRime.

7. ECTV Videotaped Consultation Assessment

Overview

The process involves a debrief and critique of videotaped registrar consultations at the second GPT2/PR2 term External Clinical Teacher Visit. The process fulfils the requirement of one ECTV.

Domains Covered (RACGP Curriculum)

Domain 1: Communication Skills and the Doctor-Patient Relationship

Domain 2: Applied Professional Knowledge and Skills

Stage of Training

The second ECTV of a GPT2/PR2 term.

Process

Registrars are required to obtain informed consent (see over page) from patients before videotaping their consultations. The GP registrar ensures at least five videotaped consultations of their choosing are ready for their ECT Visit. Videos are viewed, debriefed and assessed by the registrar and visiting ECTV supervisor.

Time commitment: One ECTV session - 3.5 hours (this can be completed outside consulting hours by mutual agreement).

Participants: ECTV visitor, GP registrar +/- GP supervisor

Preparation: Prior to this activity, the GP registrar should be exposed to video debriefing in two ways:

- Video debrief at a peer learning workshop using a medical educator's video-taped consultation
- Video debrief of GP registrar videos with GP supervisor

Videotaped cases: Cases should be from within one day's consulting. It is NOT intended that the GP registrar collect a large number of consultations from which to select a few to present. The GP registrar may choose to preview their taped consultations. At least one of the cases should be a consultation that was a challenge to the GP registrar, preferably with multiple issues.

Assessment

Each videotaped consultation should be discussed with the registrar. The patients clinical notes should also be viewed. The supervisor is then required to submit an ECTV Videotaped Consultation Assessment Report available as an iForm on GPRime. Once submitted and verified by an administrator, the report will be viewable from within the appropriate section of the registrar's electronic portfolio.

Remediation

If the ECTV is deemed not to standard, arrangement will be made to view further videotaped consultations with a medical educator for further assessment.

Practical Comments

The videotapes, with consultation starting points marked, and a video player needs to be ready prior to the ECTV visitor's arrival.

It works best if the GP registrar controls the playing of the tape and also makes the first comment for assessment of the consultation.

PATIENT CONSENT FORM – REGISTRAR TRAINING



Gippsland Education and Training for General Practice

Medical Practice: _____

This practice is an accredited RACGP and ACRRM Training Practice, taking GP registrars for training terms on rotation.

These fully qualified doctors are an integral part of our general practice workforce at this medical centre and for our community.

As an invaluable part of the registrars training, supervisors spend some time sitting in observing the registrar consultations.

Registrars also at times record some consultations on video and, for teaching purposes only, review the video with their supervisor. Any physical examination is NOT videotaped.

These doctors are covered by ethical standards regarding patient respect and confidentiality.

It is within your rights to refuse to have another doctor present at your consultation, or to have your consultation recorded.

We need your informed consent on each occasion before this can proceed.

Please indicate your preference to the receptionist or the doctor.

I acknowledge that I have been advised of my rights and give my consent to having my consultation with the doctor observed and recorded.

Patient Signature

Patient Name

Date

8. Mid Training Assessment

Overview

The activity has two components. An MCQ paper of 150 questions and an OSCE activity. The MCQ results are matched to the curriculum RACGP matrix and provide direct feedback on performance in these curriculum areas. The OSCE activity allows registrars to act as both candidate and observer at a number of stations. Written feedback is given by examiners, most of whom are experienced GP supervisors. This activity is not mandatory but all registrars are encouraged to undertake it as preparation for their fellowship exam.

Educational Value

This activity reflects the type of summative assessment that is used in the FRACGP exam. Registrars have in the past rated this type of activity very highly.

Domains Covered

All 5 domains of General Practice

Stage of Training

This occurs at the last GPT1/GPT2 workshop of the calendar year.

Process

This is a full day activity.

Assessment

Registrars will receive extensive feedback from this activity including individual MCQ scores, the marking of the MCQ will reflect areas of the RACGP curriculum and registrars will receive marks related to each area on the curriculum matrix. They will also receive their score benchmarked against their peers. They will also receive qualitative and quantitative feedback on their performance in the OSCE stations.

Remediation

Results will indicate those who have performed poorly and registrars in this category can plan, with the help of medical educators, to address deficiencies identified.

9. Peer Teaching Assessment

Overview

The word *doctor* is derived from the Latin word for teacher. While this meaning is less important nowadays, it still holds true that teaching is one of our roles. Vertical and horizontal integration of learning is also an important one. These concepts talk about learning from various sources including peers and sometimes learning from those who maybe junior to us. All doctors as they progress through their careers will have opportunities to teach. We can teach our patients, students, registrars or peers. This activity is planned to encourage and refine this role. Examples of Peer Teachings undertaken in the past can be found in the GPRime online document library.

Educational Value

Teaching is one of the best means of learning. The process reinforces the ethic of passing on professional knowledge and skills to peers and juniors in the profession.

Domains Covered (RACGP Curriculum)

Domain 1: Communication skills and the doctor-patient relationship

Domain 2: Applied professional knowledge and skills

Domain 4: Professional and ethical role

Stage of Training

GPT2/PR2 term

Process

Each GP registrar will prepare and give a 20-45 minute teaching session to their peers during a peer learning workshop or cluster meeting.

Assessment

The registrar will submit a copy of their presentation to GPrime. The Medical educator in attendance will assess the teaching session at its completion. The assessment will be confidential and will be posted in the registrar's portfolio on GPrime. The medical educator, as part of their assessment, will sometimes recommend the presentation to be posted to the GPrime on-line document library, in the peer teaching folder.

Remediation

In the event of a 'not yet to standard' presentation, the GP registrar will be debriefed by the medical educator involved and will be required to prepare a further teaching session under closer supervision from the educator. The new session may be delivered in practice.

10. Community Issues Project

Overview

This project recognises that GP's have a role in the Community other than just one on one consulting. The Registrar undertakes a community project, with the advice and agreement of their GP supervisor. They must identify an issue, review any relevant literature, formulate and deliver a project or initiate an investigation and give a short verbal presentation to their supervisor and/or peers. Examples of Community Projects undertaken in the past can be found in the GPRime online document library.

Education Value

This activity provides the registrar with an experience of public health.

Domains Covered (RACGP Curriculum)

Domain 2: Applied professional knowledge and skills

Domain 4: Population health and the context of General Practice

Stage Of Training

GPT1/PR1 or GPT2/PR2 term.

Process

There are several suggested types of activity to complete this project:

1. *Community health presentation:*
Example: Approach a community service group (such as Rotary etc.) and arrange to give a short presentation to the group on an issue of relevance to the audience (such as life style issues in cardiovascular disease prevention etc.).
2. *Investigate a community service:*
Example: Visit the local infant welfare sister and join in an education session and one of the 'child check' sessions. Other services include Aboriginal health services, child protection services. Write a two-page report.

3. *Local epidemiology issue:*

Examples: Investigate attitudes at year 10 level towards smoking by running a focus group; do an observational survey of glove use among food handlers in town. Write a report with findings and recommendations.

Assessment

The activity is completed by preparing and delivering a short report (or other agreed-on presentation) to the GP supervisor (the assessor for this assessment). The report may also be offered to any organisation involved and may be used as a presentation to a GP registrar group at a peer workshop or cluster group meeting.

Satisfactory completion of this activity will be assessed using the following criteria:

- Formulation of the project or question
- Relevance
- Initiative
- Preparation/collection of data
- Delivery/report

Registrars must submit details of their presentation/report/reflections on GPRime using the dedicated iForm. The supervisor must approve the submission before it can be viewed in the registrars' portfolio.

Remediation

In the event of a 'not yet to standard' presentation/report, the GP registrar will be provided an opportunity to complete or repeat the project within an agreed time frame. The GP registrar may also receive educational support from a medical educator.

Other Comments

This research and presentation may also benefit other local general practitioners, as it will aid them in directing patients to appropriate resources for their particular situation and make them aware of facilities and supports in their community.

11. General Practice Audit

Overview

The idea of an audit is that clinicians should periodically take time to review and reflect on their practice, to consider what worked well and what did not, and then to 'close the audit loop' by making any necessary improvements. Audit is – 'the systematic, critical analysis of the quality of medical care, to help provide reassurance that the best quality of service is being achieved, having regard to available resources'.

Educational Value

Audit is an accepted tool for quality improvement that has seen increasing use over the past decade.

Domains Covered (RACGP Curriculum)

All 5 domains of General Practice but particularly

Domain 2: Applied Professional Knowledge and Skills

Domain 3: Population Health and the Context of General Practice

Domain 4: Professional and Ethical Role

Domain 5: Organisational and Legal Dimensions

Stage of Training

GPT3/PR3 or GPT4/PR 4.

Process

All registrars are expected to research a suitable audit topic within their practice. This should be done in consultation with their GP Supervisor and other medical educators. The Audit should look at an aspect of the registrar's practice and be designed to look at the whole of the practice rather than just the registrar's patients.

At GPT3/GPT4 term workshops, time will be given to Audit discussions under the framework:

- What is the question I'm trying to answer?
- Who can I seek help and support about this activity from?
- Literature search – what reading around the topic have I done?
- What evidence will need to be collected?
- How will I collect this evidence?
- How will I analyse the data?
- What follow up activity could I undertake to close the audit cycle?

Where registrars are granted an exception from GPT3/GPT4 term workshops they will be expected to submit update reports about their audit to the relevant Medical Educator. This is the responsibility of the registrar.

Ethics

The registrar's practice will be asked to consent to the registrar undertaking the audit within their practice. The data the registrar collects is to be collated from practice records. As soon as possible after collecting the data it is to be de-identified by the registrar. There is to be no contact with patients as part of the audit activity. Registrars are not expected to survey patients and are not expected to trial therapeutic interventions. Undertaking any of these tasks becomes a research project that is outside the scope of the audit activity.

Note: Registrars may choose the option of undertaking a 'research project' which would include their Peer Teaching, Community Project and Audit node requirements. This should be discussed with a Medical Educator.

Assessment

Assessment of the audit will be completed by Medical Educators. The registrar will present the results of their audit to their supervisor and other practice staff for the benefit of the practice, then at a GPT3/GPT4 term workshop for assessment. For registrars undertaking a GPT3/GPT4 term (i.e. Specials/Extended Skills) outside Gippsland, arrangements will have to be made to present their audit. A summary of the audit will be posted by the registrar in their portfolio on GPRime. Following this, a rating form will be completed by the Medical Educator and posted on GPRime.

Remediation

If the Audit is not considered to be of a satisfactory standard, further work will need to be undertaken to bring it to an acceptable level. Note until a satisfactory rating is given, a certification of satisfactory completion of training will not be granted.

Other

Undertaking this audit should leave the practice with some useful information to improve the quality of care given in the practice. It will allow the registrar to leave a lasting mark on the practice.

12. Research Activity [Optional]

getGP is keen to foster Research in General Practice and will actively aid any registrar who elects to undertake a research project in General Practice. This activity will carry the option of replacing the audit, the community issues and the peer teaching activity [9,8,7]. If you elect to undertake a research project please submit, in writing, your Research ideas to the Director of Training. The getGP research committee will then liaise and advise re development of the project.

RACGP EXAMINATION

The registrar must be assessed by the FRACGP Examination as competent for unsupervised for general practice anywhere in Australia.

The RACGP College Examination is a formal assessment of a registrar and is undertaken towards the end of the three years of training. Registrars are strongly advised to be thoroughly familiar with the examination by reading the RACGP College Examination Handbook obtainable at www.racgp.org.au/assessment/examination. This handbook outlines the objectives, processes and general information in relation to the exam. The handbook also explains the components of the examination in detail and outlines any specific requirements the College has for registrars wishing to enrol for the examination.

Eligibility for enrolment for registrars to sit all segments of the RACGP College Examination follows eight active units of training, including two GPT1/PR1 and two GPT2/PR2 GP term units. RPL may contribute up to four units, be they hospital or Extended Skills units. The eight active units must be completed by the printing deadline for examination papers (usually the end of the semester during which enrolment is open).

Registrars can elect to sit just the Applied Knowledge Test (AKT) segment of the examination following completion of six active units of training, including two GPT1/PR1 term units.

Prior to enrolment, evidence of the completion of the required active units must be obtained from the getGP office. Registrars must also provide evidence of satisfactory completion of Basic CPR in the three years prior to opening of enrolments.

Registrars will be assessed by a Medical Educator prior to applying to sit the exam, and will be noted as 'certified of readiness to sit the RACGP exam' on their individual learning portfolio in GPRime. Evidence of satisfactory completion of the College Exam will also be documented in the registrar's GPRime portfolio.

ACRRM ASSESSMENT PROGRAM

The ACRRM Assessment Program is designed to provide GP Registrars in the ACRRM training pathway with assessment components which are both formative and summative. The formative components include:

1. Annual Multi-Source feedback (Year 1 and 2)
2. Mini-CEX 3 monthly throughout training until summative MiniCEX year 3 or 4
3. Procedural logbook to be completed by the end of training
4. Four RRMEO based modules
5. Case report or research project
6. 2 Advanced emergency skills courses
 - EMST / ELS / PHTLS/APLS /ALSO
7. Up to date RRMEO Learning Plan/Portfolio
8. Satisfactory supervisor reports

The summative components include:

1. Clinical Skills Logbook
2. Multiple Choice Written Exam

3. Summative Multi-Source feedback
4. Summative MiniCEX
5. Structured Assessment using Multi Patient Scenarios (StAMPS) Examination

Registrars are strongly advised to refer to the ACRRM website: www.acrrm.org.au to obtain more details of the ACRRM Assessment Program.



**SECTION 5:
SUPPORT, RESOURCES AND
CONTACTS**

TRAINING AND EDUCATIONAL SUPPORT

getGP Staff and Supervisors

The getGP Administration team, Director of Training, CEO, Registrar Liaison Officer and the Supervisor Liaison Officer are always happy to assist registrars with queries. In addition, registrars will have regular contact and receive feedback from the following people:

General Practice Supervisor

GP supervisors are the primary teachers and role models of general practice in the Gippsland GP training program. The GP supervisor is an experienced GP accredited in accordance with RACGP and/or ACRRM standards to provide supervision in an accredited teaching practice. GP supervisors are the principal providers of practice-based education during GPT1/PR1, GPT2/PR2 and GPT3/PR3 GP terms.

Using an apprenticeship model, GP supervisors provide professional role modelling, advice, one-to-one teaching, supervision, feedback and assessment. The GP supervisor group meets three times a year (two separate full-day workshops and one two-day residential) for professional development and collectively contribute to the development and implementation of the program. They also take part in external clinical teaching visits with other practices.

GP supervisors provide general support and guidance to registrars and, especially in rural areas, play a key role in familiarising the GP registrar with the area and providing local information and support to assist the registrar and his/her family.

Medical Educators

The role of medical educators is to help GP registrars achieve the stated learning objectives of the program. As experienced and practicing GPs, they have a unique mix of educational experience and practical knowledge and experience in the general practice environment. Medical educators liaise with GP supervisors, organise and conduct external education activities and provide both advice and support to GP registrars and teacher training and support for GP supervisors. They also act as Training Advisors and Enhanced Rural Training Advisors to individual GP registrars.

Training Advisors

Each GP registrar will have a designated training advisor assigned to him/her by getGP each semester of training. This is normally the medical educator in the divisional region in which the GP registrar is located. The role of this staff member is to meet at least once per semester (6-monthly) with the GP registrar to approve their learning plan, discuss progress, review evidence of completion of learning activities and discuss further learning needs and revisions to the learning plan. The training advisor is also available to the GP registrar to provide general advice and support regarding education and training requirements.

The training advisor also fulfils the role of learning plan mentor. Registrars commencing GP training will have a meeting with their assigned training advisor to introduce them to GPRime and the learning planner.

Registrar Liaison Officer/Supervisor Liaison Officer

The RLO and SLO provide support and advice to registrars and supervisors on a wide range of issues relating to training and education. The RLO and SLO have an advocacy role and represent registrar and supervisor interest across a range of decision making forums. They also help to address any issues or problems that registrars or supervisors wish to bring to the attention of the training provider.

QA and Education Development Advisor

The quality assurance and education development officer undertakes evaluation and development work to ensure that the getGP program is a high quality vocational training program in terms of meeting registrar learning needs, meeting AGPT quality criteria and RACGP and ACCRM standards, regularly monitoring and evaluating the program, and developing strategies for promoting the quality of the program and for recruitment of future registrars.

ESL and Communication Skills Advisor

The ESL Adviser undertakes communication skills assessment, training and support to assist registrars to communicate effectively with patients and peers.

Please note that all these people will be actively encouraging you to use GPRime as the means of obtaining information, undertaking learning planning and recording and submitting completed learning activities.

Accredited Training Practices and Hospitals

getGP provides experience and training in both hospital and general practice settings. getGP has over 30 accredited RACGP and ACCRM training practices spread throughout Gippsland, all are in rural locations which attract payments under the General Practice Rural Incentive Program. Some practices are in large regional centres and some in small country towns, with or without a local hospital. All GP registrars are placed in accredited practices for all general practice training terms. Practices are located in the following areas of Gippsland:

South Gippsland

- Cowes, Foster, Korumburra, Leongatha, Wonthaggi (2), Yarram, Lang Lang

Central-West Gippsland

- Moe (2), Morwell (3), Neerim South, Trafalgar, Traralgon (3), Warragul (2) Drouin, Churchill

East Gippsland

- Bairnsdale (2), Heyfield, Lakes Entrance (2), Maffra, Mallacoota, Orbost, Sale (2)

Latrobe Regional Hospital (LRH)

On the Princes Highway at Traralgon West, LRH is the largest public healthcare facility in Gippsland, providing acute, surgical and orthopaedic, paediatric, aged care, rehabilitation and psychiatric inpatient services as well as community psychiatric services.

Princes Highway, Post Office Box 424, Traralgon VIC 3844

Telephone: 03 5173 8000 Website: www.lrh.com.au

West Gippsland Hospital (WGHC Group)

WGHC is an 83-bed acute-care facility in Warragul, providing medical, surgical, obstetric, sub-acute, paediatric, emergency and high dependency services, with a full range of allied health services.

Landsborough St, Warragul, 3820

Telephone: 03 5623 0611 Website: www.wghg.com.au

Central Gippsland Health Service (CGHS)

CGHS located in Sale provides comprehensive, primary, acute, aged and community health care.
Guthridge Parade, Sale, 3850
Telephone: 03 5143 8600 Website: www.cghs.com.au

Gippsland Southern Health Service (GSHS)

GSHS located in Leongatha, Foster and Korumburra, provides a range of services, including medical and surgical care, birthing, residential aged care and primary and community services.
Koonawarra Road, Leongatha, 3953
Telephone: 03 5667 5555 Website: www.qha.net.au/qshs/

Gippsland General Practice Divisions

The Gippsland region encompasses three Divisions of General Practice: East Gippsland (based in Bairnsdale) – now known as East Gippsland Primary Health Alliance, Central West Gippsland (based in Moe), and South Gippsland (based in Inverloch) – now known as General Practice Alliance – South Gippsland.

GP Divisions work with GPs to support them in contributing to population health outcomes, community health education, health programs, and links with other health professionals. They support GPs in new initiatives and government programs and requirements.

GP registrars automatically become members of their local Division. Involvement is encouraged for the opportunity to meet other GPs, expand educational options, benefit from its services and possibly participate in committees or the Board in the future.

Administrative Support through the GP Divisions

getGP has established contractual arrangements whereby each Division of General Practice provides specified administrative support for getGP. The activities are:

- Provision of administrative support for regional cluster group meeting, including room bookings and communication with registrars
- Regular liaison with the getGP office regarding training and registrar matters
- Processing of ECTV reports, registrar attendance data and other information related to registrar activities
- Provide support for registrars in accessing resources, arranging accommodation, etc.
- Organisation and coordination of teleconferences, meetings, seminars and short courses
- Use of the getGP website for submitting ECTV reports, registrar attendance data and other information and accessing reports and information
- Maintaining an appropriate and accurate filing system for regional registrar activities
- Preparation of contributions for the getGP newsletter and annual report
- Liaison with getGP staff including divisional medical educators/cluster group conveners
- Regular reporting on activities

Social Support through the GP Divisions

getGP has contracted with each GP Division to provide support specifically targeted to assist registrars and their families. Each GP Division on behalf of getGP arranges social support and activities for registrars and their families living in Gippsland.

The purpose of these arrangements is to facilitate optimal social integration for registrars and their families and provide professional and social support.

- Provision of assistance and support to families of GP registrars coming to live in Gippsland
- Early contact with newly enrolled GP registrars, including those in their hospital year of training to establish support needs
- Facilitate contacts and arrange introductions to local government, community agencies, schools and social groups

- Inclusion of GP registrars and families in social activities and events organised through the Division
- Advocacy on behalf of GP registrars and families regarding specific social and support needs where required
- Regular follow-up with registrars and families
- Liaison with getGP staff including divisional medical educators/cluster group conveners
- Regular reporting on activities, contacts made, support and assistance provided

Registrars are strongly advised to make contact with their local Division regarding social support and assistance with integrating into community life.

Contact Numbers

East Gippsland Primary Health Alliance Telephone: 03 5153 0383

Central-West Gippsland Division Telephone: 03 5126 2899

General Practice Alliance - South Gippsland Telephone: 03 5674 0900

General Practice Registrars Australia (GPRA)

GPRA is the peak national representative body for GP registrars. GP registrar representation has played an integral role in maintaining educational relevance and standards. GPRA provides essential feedback on registrars' issues to relevant stakeholders and represents future GPs.

The main objectives of GPRA are:

- To recognise and support the needs of general practice registrars in Australia
- To strive for the unification of the profession of general practice, with the goal of ensuring a strong future for general Practice
- To strive for excellence in general practice education and training, thereby ensuring improved health care outcomes for the Australian community
- To be involved in the GP training program environment at all levels
- To promote the profession of general practice in Australia

getGP CONTACT DETAILS

Chair of getGP Board

Mr Geoff Dean

E-mail: Geoff.Dean@getgp.net.au

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Accounts and Executive Support Officer

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Ms Sarah Wakefield

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PGPPP Coordinator

Ms Karen Alexander

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Trainee Receptionist

Ms Danielle Cook

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ESL and Communications Skills Advisor

Ms Julie Murray

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Medical Educators

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East Gippsland Training Advisor

East Gippsland Learning Plan Mentor

GPT3/ES Peer Learning Workshop Facilitator

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Dr Elizabeth Bulling

South Gippsland Cluster Group Facilitator

South Gippsland Training Advisor

South Gippsland Learning Plan Mentor

GPT3/ES Peer Learning Workshop Facilitator

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Central Gippsland Cluster Group Facilitator

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Registrar Liaison Officer

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Supervisor Liaison Officer

Dr Fred Edwards

Email: drfrede@hazelwoodhealth.com.au

DIVISIONAL ADMINISTRATIVE AND SOCIAL SUPPORT CONTACTS

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Facsimile: 03 5153 0384

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East Gippsland Division of General Practice getGP Administrator

East Gippsland Division of General Practice getGP Social Support Officer

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3 Ollerton Avenue, Moe

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Facsimile: 03 5126 2890

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Mr Rhett McLennan

South Gippsland Division of General Practice getGP Social Support Officer

Email: r.mclennan@qpasouthgippsland.com.au

GIPPSLAND TRAINING PRACTICES

[BAIRNSDALE MEDICAL GROUP](#)

Primary Supervisor: Dr David McConville

Practice Manager: Mr Piero Baglioni

438 Main Street, Bairnsdale Victoria 3875

Telephone: 03 5152 4123

Facsimile: 03 5152 1549

[BANK PLACE MEDICAL CENTRE](#)

Primary Supervisor: Dr Michael Crameri

Practice Manager: Ms Noeleen Goss

4 Bank Place, Drouin Victoria 3818

Telephone: 03 5625 3000

Facsimile: 03 5625 4108

BREED STREET CLINIC

Primary Supervisor: Dr Paul Brougham
Secondary Supervisors: Drs Allin Marrow, Roger Fitzgerald, Neville Steer
Practice Manager: Mr Peter Wallis
37 Breed Street, Traralgon Victoria 3844
Telephone: 03 5176 1933 Facsimile: 03 5174 6165

CENTRAL CLINIC

Primary Supervisor: Dr Roberto Celada
Secondary Supervisors: Drs Kethees Ketheeswaran, Floarea Roman
Practice Manager: Mr Duncan Feder
27a Victoria Street, Warragul Victoria 3820
Telephone: 03 5622 3377 Facsimile: 03 5623 6079
155 Queen Street, Warragul Victoria 3820
61 Commercial Place, Drouin Victoria 3818
Telephone: 03 5625 5044 Facsimile: 03 5625 5045

CLOCKTOWER MEDICAL CENTRE

Primary Supervisor: Dr Lloyd Waters
Secondary Supervisor: Dr Rakesh Nandha
Practice Manager: Ms Glenda Byers
284 Raymond Street, Sale Victoria 3850
Telephone: 03 5144 4788 Facsimile: 03 5143 1242

CUNNINGHAME ARM MEDICAL CENTRE

Primary Supervisor: Dr David Campbell
Practice Manager: Ms Sue Goding
8 Whifers Street, Lakes Entrance Victoria 3909
Telephone: 03 5155 2300 Facsimile: 03 5155 2499

DESAILLY MEDICAL CENTRE

Primary Supervisor: Dr Iain Nicholson
Practice Manager: Ms Cassandra Mayman
49 Desailly Street, Sale Victoria 3850
Telephone: 03 5144 5766 Facsimile: 03 5143 1609

FOSTER MEDICAL CENTRE

Primary Supervisor: Dr David Polmear
Secondary Supervisors: Drs David Iser, Owen Casson, Phillip Worboys, Mike Fitzgerald
Practice Manager: Ms Maureen Buckley
97 Station Street, Foster Victoria 3960
Telephone: 03 5682 2088 Facsimile: 03 5682 2900
4 Welshpool Road, Toora Victoria 3962
Telephone: 03 5686 2091

GIPPSLAND LAKES COMMUNITY HEALTH CENTRE

Primary Supervisor: Dr Patrick Kinsella
Secondary Supervisor: Dr Andrew Peters
Practice Manager: Ms Cheryl Bush
22 Jemmeson Street, Lakes Entrance Victoria 3909
Telephone: 03 5155 8300 Facsimile: 03 5155 4057

HAZELWOOD HEALTH CENTRE

Primary Supervisor: Dr Fred Edwards

Practice Manager: Ms Sue Meall
9a Georgina Place, Churchill Victoria 3842
Telephone: 03 5122 2555

THE HEALTHCARE CENTRE

Primary Supervisor: Dr Ian Webb
Secondary Supervisor: Dr Jocelyn Apostol
Practice Manager: Ms Julie Sullivan
239 Princes Drive, Morwell Victoria 3840
Telephone: 03 5133 9966 Facsimile: 03 5134 6635

HEYFIELD MEDICAL CENTRE

Primary Supervisor: Dr Peter Stevens
Secondary Supervisors: Dr Lynden Derrick
Practice Manager: Ms Dianne Sundermann
19 Tyson Road, Heyfield Victoria 3858
Telephone: 03 5148 2201 Facsimile: 03 5148 2936

HOLLIE DRIVE MEDICAL CENTRE

Primary Supervisor: Dr Fred Edwards
Practice Manager: Julie Bannister
5 Hollie Drive, Morwell Victoria 3840
Telephone: 03 5135 3555

KORUMBURRA MEDICAL CENTRE

Primary Supervisor: Dr Mark Bensley
Practice Manager: Ms Nadine Smith
50 Radovick Street, Korumburra Victoria 3950
Telephone: 03 5655 1355 Facsimile: 03 5655 1537
13-17 Clarence Street, Loch Victoria 3945
Telephone: 03 5659 4315

LANG LANG COMMUNITY FAMILY MEDICINE

Primary Supervisor: Dr Howard McCormick
Practice Manager: Ms Fiona Oakley
5 Whitstable Street, Lang Lang Victoria 3984
Telephone: 03 5997 5799 Facsimile: 03 5997 5733

LEONGATHA MEDICAL GROUP

Primary Supervisors: Drs Roz Giles, Tim Linton, Graham Toohill
Practice Manager: Ms Judy Robb
14 Koonwarra Road, Leongatha Victoria 3953
Telephone: 03 5662 2201 Facsimile: 03 5662 4604
32 Jeffrey Street, Leongatha Victoria 3953
Telephone: 03 5662 2201
18 Reilly Street, Inverloch Victoria 3996
Telephone: 03 5674 2700

MACLEOD STREET MEDICAL CENTRE

Primary Supervisor: Dr Myles Chapman
Secondary Supervisor: Dr Susan George
Practice Manager: Mr Wayne Howlett
93 Macleod Street, Bairnsdale Victoria 3875
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MAFFRA MEDICAL GROUP

Primary Supervisor: Dr Michael Baker
Practice Manager: Ms Julie Steele
160 Johnson Street, Maffra Victoria 3860
Telephone: 03 5147 1011 Facsimile: 03 5147 2400

MALLACOOTA MEDICAL CENTRE

Primary Supervisor: Dr David Appleton
Secondary Supervisor: Dr Jennifer Schlager
Practice Manager: Mr Mark Ginnivan
21-23 Maurice Avenue, Mallacoota Victoria 3892
Telephone: 03 5158 0798 Facsimile: 03 5158 0668

MID VALLEY FAMILY MEDICINE

Primary Supervisor: Dr Fred Edwards
Practice Manager: Ms Elaine Alexander
Shop 59, Mid Valley Shopping Centre Prince Drive, Morwell Victoria 3840
Telephone: 03 5134 3888 Facsimile: 03 5134 8988

MOE MEDICAL GROUP

Primary Supervisor: Dr Charles Perry
Secondary Supervisor: Dr Chris Lampel
Practice Manager: Dr Charles Perry / Mr Thomas Perry
5-7 Lloyd Street, Moe Victoria 3825
Telephone: 03 5127 3333 Facsimile: 03 5127 5062

NEERIM SOUTH MEDICAL CENTRE

Primary Supervisor: Dr Elizabeth Fitzgerald
Secondary Supervisor: Dr Stephan Jedynak
Practice Manager: Dr Elizabeth Fitzgerald / Ms Faye Phillips
53 Main Road, Neerim South Victoria 3831
Telephone: 03 5628 1302 Facsimile: 03 5628 1608

ORBOST MEDICAL GROUP

Primary Supervisor: Dr Hulme Hay
Practice Manager: Ms Tracey Wait
Corner Tyndall Street and Boundary Road, Orbost Victoria 3888
Telephone: 03 5154 6777 Facsimile: 03 5154 6791

PHILLIP ISLAND MEDICAL CENTRE

Primary Supervisor: Dr Henryk Struk
Secondary Supervisor: Dr Allan Powles
Practice Manager: Ms Gill Scrase
164 Thompson Avenue, Cowes Victoria 3922
Telephone: 03 5951 1800 Facsimile: 03 5952 1087
123 Marine Parade, San Remo Victoria 3925
Telephone: 03 5678 5402

SOUTH GIPPSLAND FAMILY MEDICINE

Primary Supervisor: Dr Fred Edwards
Secondary Supervisor: Dr Howard McCormick
Practice Manager: Ms Wendy Notely
Times Square, Shop 5, 1 Billson Street, Wonthaggi Victoria 3995
Telephone: 03 5672 4111 Facsimile: 03 5672 4011

ST. LUKE'S MEDICAL CENTRE

Primary Supervisor: Dr Jocelyn Apostol
Practice Manager: Mr Teddy Apostol
2/33-35 Grey Street, Traralgon Victoria 3844
Telephone: 03 5173 6464 Facsimile: 03 5173 6450

TANJIL PLACE MEDICAL CENTRE

Primary Supervisor: Dr Sue Clarke
Secondary Supervisors: Drs Colin Speck, Leslie Thurman, Mark Fontaine, Paul Remyn
Practice Manager: Ms Joanne Troy
46-48 Albert Street, Moe Victoria 3825
Telephone: 03 5126 1344

TRAFALGAR MEDICAL CENTRE

Primary Supervisor: Dr Michael Kunze
Secondary Supervisor: Dr James Brown
Practice Manager: Ms Sheryl Smith
24a Contingent Street, Trafalgar Victoria 3824
Telephone: 03 5633 2211 Facsimile: 03 5633 2505

TRARALGON MEDICAL CENTRE

Primary Supervisor: Dr Paul Coughlan
Practice Manager: Ms Dawn Donaldson
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Telephone: 03 5174 5350 Facsimile: 03 5174 8747

WEST GIPPSLAND MEDICAL CLINIC

Primary Supervisor: Dr Cleo Sahhar
Secondary Supervisor: Dr Steve Hall
Practice Manager: Ms Nasia Sahhar
11 Barkly Street, Warragul Victoria 3820
Telephone: 03 5623 2251 Facsimile: 03 5623 5754

WONTHAGGI MEDICAL GROUP

Primary Supervisor: Dr John Hackett
Secondary Supervisor: Dr Leon Malzinskas
Practice Manager: Mr John Turner
42 Murray Street, Wonthaggi Victoria 3995
Telephone: 03 5672 1333 Facsimile: 03 5672 4219

YARRAM MEDICAL CENTRE

Primary Supervisor: Dr Llewellyn Testro
Practice Manager: Ms Elaine Ripper
91 Commercial Road, Yarram Victoria 3971
Telephone: 03 5182 0333 Facsimile: 03 5182 6136

ADDITIONAL TRAINING AND SUPPORT CONTACTS

Australian General Practice Training (AGPT)

Website: www.agpt.com.au

Royal Australian College of General Practitioners (RACGP)

Website: www.racgp.org.au

Australian College of Rural and Remote Medicine (ACRRM)

Website: www.acrrm.org.au

Medicare Australia

Website: www.medicareaustralia.gov.au

General Practice Registrars Australia (GPRA)

Website: www.gpra.org.au

Rural Workforce Agency Victoria (RWAV)

Telephone: 03 5175 0372

Website: www.rwav.com.au

Rural Medical Family Network (RMFN)

The RMFN is a volunteer organisation formed to help meet the needs of families of rural GPs. Sharing of difficulties, ideas and information brings families together through their common experiences and bonds. Social and orientation activities can be facilitated through this group.

Contact: Gina Lambe, Program Development Officer

Telephone: 03 8610 6318

Website: <http://www.rmfn-vic.com>

Doctors' Health Advisory Service

An independent, confidential service that offers 24 hour professional medical help to colleagues, their families and medical students in Victoria, in times of personal crisis. Incoming calls are handled by a panel of senior General Practitioners experienced in the health problems of their colleagues.

Telephone: 03 9349 3504



APPENDIX
TRAINING STANDARDS
AND
CURRICULA

REQUIREMENTS OF AGPT

Please refer to the AGPT website for further information: <http://www.agpt.com.au/Registrars/Guide/>

Recognition as a General Practitioner while in AGPT

- When accepted into AGPT, registrars become eligible for recognition by Medicare Australia as a general practitioner while they are in their GP attachments. This recognition is granted through the allocation of a provider number for the purposes of accessing Medicare rebates. Registrars cannot work in general practice without this recognition.
- Recognition as a general practitioner for AGPT registrars is dependent upon:
 - engagement in active training;
 - working in an accredited education placement; and
 - approval by the RTP and GPET.

Responsible Engagement in Training by AGPT Registrars

- Registrars who have accepted a place in AGPT in the region are required to satisfactorily undertake and complete the minimum training requirements specified by the ACCRM or RACGP and getGP. All proposed training attachments and other education and assessment activities must be approved by the Director of Training or his delegate and the relevant College censor.
- Registrars enrolled in AGPT are required to comply with the following contractual obligations to:
 - maintain medical registration in the appropriate state(s) or territory;
 - immediately advise their RTP of any change to their medical registration;
 - maintain adequate and appropriate professional indemnity insurance;
 - provide current contact details to their regional training provider;
 - are not eligible to be enrolled in any other Fellowship medical training program except for the Fellowship of the Australian College of Rural and Remote Medicine and the Fellowship of Public Health Medicine (FPHM) of the Royal Australasian College of Physicians.
- Registrars enrolled in AGPT are required to comply with the following undertakings to:
 - actively seek relevant clinical and training experiences to achieve competence in a range of clinical activities and services;
 - attend meetings/make regular contact(s) with medical education staff (e.g., GP supervisor, medical educator, regional coordinator);
 - review achievements against their learning plan and identify and develop progressive learning objectives linked to their career plans and educational needs;
 - maintain and review their log book, and review records on formative assessment and database entries related to their training held by RTPs;
 - attend formal meetings with educators to review learning plan and log book at least twice a year (including meeting any RTP requirements);
 - undertake training as per current government requirements for AGPT.

Assessment Requirements

- Satisfactory completion of all of the requirements of AGPT includes:
 - meeting the educational requirements as determined by RTP;
 - completing the curriculum requirements of the relevant college;
 - passing the RACGP examination or ACCRM assessment requirements whilst in AGPT;
 - formal sign-off by the RTP of Completion Of Training (COT).

- Assessment requirements for Completion of Training include:
 - participation in the formative assessment processes of AGPT including the maintenance of a comprehensive log book or record of training activities;
 - completion of mandatory paediatric training;
 - completion of the requirements of the RACGP Aboriginal and Torres Strait Islander Health Curriculum;
 - completion of RTP requirements;
 - completion of an approved advanced life support program.
- When the medical educator and the censor agree that a registrar has major deficiencies or problems:
 - a special training intervention shall be developed and implemented for that registrar; and
 - successful completion of training may not be attained until satisfactory participation in an intervention and completion of all other requirements.

Registrar Re-Enrolment

Re-enrolment is the annual process by which a registrar applies to continue to participate in Australian General Practice Training. This process occurs towards the end of each calendar year of training. Applications for re-enrolment must be made and received by the regional training provider office on the relevant form not later than the advertised closing date. To be eligible for re-enrolment, a registrar must meet all training requirements by the end of the training year. Failure to re-enrol will result in the registrar losing their place in AGPT. If they wish to recommence training, application will be through the normal selection process.

REQUIREMENTS OF RACGP

Please refer to the RACGP website for further information:

<http://www.racgp.org.au/vocationaltraining/standards>

The RACGP requirement is a minimum three years, full-time equivalent training during which registrars must satisfactorily undertake and complete 12 compulsory units in RACGP accredited teaching posts. A training unit is defined as three months (13 weeks) recognised full time training (or part-time equivalent). Standard training includes a minimum of 12 months of accredited hospital training and 18 months of general practice training under accredited GP Supervisors.

The compulsory units of training to be eligible for completion from AGPT are:

- 4 hospital units (4 H units)
- 2 GPT1/PR1 general practice units (2 B units)
- 2 GPT2/PR2 general practice units (2 A units)
- 2 GPT3/PR3 general practice units (2 G units)
- 2 Extended Skills units (2 ES units)

Doctors undertaking vocational training in the RACGP pathway for general practice must meet all the following requirements:

Experience

Doctors must have completed:

- 1 year of hospital rotations in addition to and after completing:
 - the first postgraduate year (PGY1 or intern year), or
 - both parts of the Australian Medical Council examination.These hospital posts must be accredited by the RACGP and/or state or territory Postgraduate Medical Council or equivalent.
- 18 months general practice experience:
 - in RACGP accredited general practice training posts

- under the guidance of a RACGP accredited trainer
- while enrolled with an approved regional training provider (RTP).

Not more than 12 months of this core general practice experience can be undertaken in special training environments. These environments include Australian Defence Force posts and rural hospitals accredited for general practice training.

- 6 months training in an area of extended skills training approved by the RACGP. These skills posts can be undertaken in various settings, e.g.:
 - further experience in general practice based on an extended skills learning plan
 - general practice in a setting requiring particular skills such as a small rural town or Aboriginal health
 - Academic posts in general practice
 - community or general practice based palliative care
 - Extended or advanced skills in a hospital with an approved learning plan such as obstetrics, acute medicine, emergency medicine, paediatrics, surgery or anaesthetics.
- A rotation that provides care for a sufficient number of acutely unwell children. Rotations deemed to meet this requirement are:
 - paediatric rotation of one hospital term
 - paediatric emergency rotation of one hospital term
 - rural hospital rotation which covers paediatrics of one hospital term
 - general emergency medicine rotation of one hospital term where children are seen first by the resident medical officer.

It is essential that you check the status of any post you propose to use to meet this requirement with your regional training provider and/or the state censor.

- Sufficient variety of experience in general practice. This will involve working in more than one approved general practice training post unless otherwise prospectively approved by the state censors.

Recommendations for quality training

Doctors should have:

- Worked in a training post that services a community, which has health indicators significantly below the national average or reduced access to primary healthcare.
- Undertake a rotation which provides sufficient experience in emergency medicine. Rotations deemed to meet this requirement are:
 - General emergency medicine rotation of 3 months, or
 - General rural hospital rotation which includes emergency of 6 months.

Education

Doctors must:

- Complete at least 3 years of training recognised by the RACGP. Any applications for recognition of previous training undertaken while not enrolled with the general practice vocational training program must be submitted to the state censor for approval.
- Be enrolled for at least 24 months with a general practice training provider accredited by the RACGP and complete the education program.
- Have completed the Aboriginal health curriculum and include evidence of completion in the Fellowship portfolio.
- Provide feedback about their trainer, training posts, general practice training provider and their program as required by the RACGP.
- Complete training in the early management of trauma and advanced life support (ALS). ALS is a requirement for a registrar to complete vocational training. ALS requirements for successful completion are demonstrated skills in:
 - Basic CPR
 - Management of airway using bag and mask, and inserted airway (e.g. Guedel's or nasopharyngeal) including knowledge of use of suction and MacGill's forceps to clear airway
 - Stabilisation of neck using stiff collars
 - Defibrillation

- Use of doctors' bag drugs in scenario simulations of emergencies

These may be undertaken using a pre-existing course, e.g. early management of severe trauma, ALS or rural emergency skills training, or may be undertaken internally by the RTP within their educational program. Internal programs should be accredited prospectively by the RACGP Education Department.

Assessment

Doctors must:

- Submit evidence of completion of training requirements in the form of a Fellowship portfolio that includes:
 - a log of key capabilities referenced to the college curriculum and signed by their trainer
 - a log of educational events attended during training signed by a representative of the RTP
 - five feedback reports from medical educators – each report pertaining to 3 hours of observed consultations
 - evidence of planned learning with review and reflection at 6 monthly intervals during training
 - documentary evidence of completion of the Aboriginal health curriculum
 - certificate in competency in management of trauma and advanced life support
 - the educational program for the 6 months extended skills training and certificate of satisfactory completion signed by the supervisor.
- Be assessed by the FRACGP Examination as competent for unsupervised general practice anywhere in Australia. Eligibility criteria for enrolment in the FRACGP Examination can be found in the College examination handbook.

Award of FRACGP

Successful completion of training, successful completion of the college examination and meeting other such requirements as may be required by the RACGP leads to eligibility for the award of Fellowship of the RACGP. Application forms are available from the RACGP Victorian office.

Fellowship in Advanced Rural General Practice (FARGP)

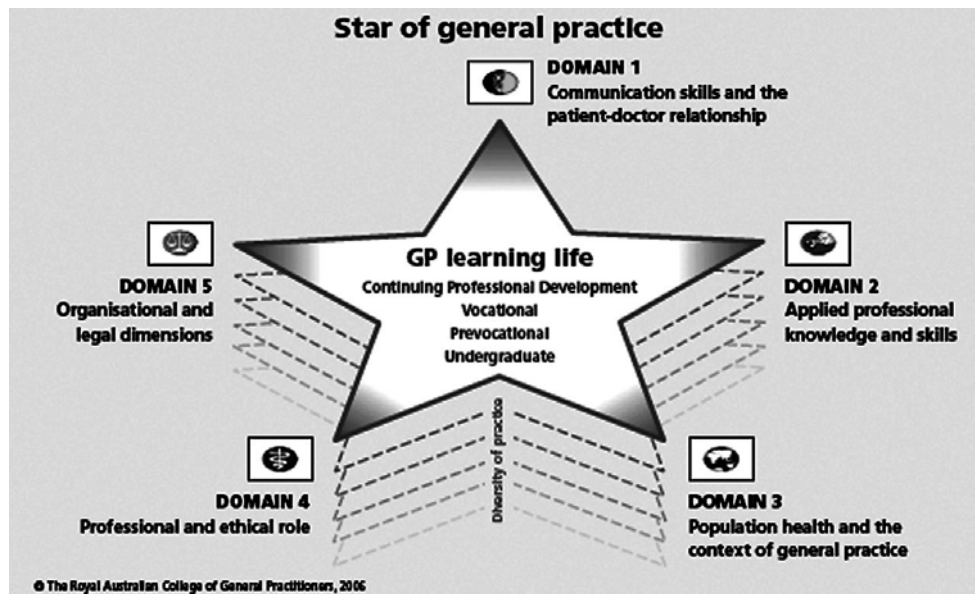
The FARGP is offered by the National Rural Faculty of the RACGP in recognition of the additional and different educational requirements needed for general practice in rural communities. The FARGP is designed for GP registrars enrolled in vocational training or for experienced general practitioners who wish to undertake a recognised educational program to further develop their knowledge and skills in rural general practice. For GP registrars, the requirements of the FARGP includes a further year in Advanced Rural Skills Training, modules in 'Emergency Medicine' and in 'Working in Rural General Practice' and 160 hours of Elective educational activities. More information can be sourced at <http://www.racgp.org.au/fargp>.

RACGP Training Curriculum

Please refer to the RACGP website for further information: www.racgp.org.au/curriculum

The RACGP curriculum for General Practice covers all stages in the learning life of the GP. The core framework is represented by the Star of general practice.

Framework Overview



Domains of General Practice

The curriculum is based on five domains of general practice. They represent the critical areas of knowledge, skills and attitudes necessary for competent unsupervised general practice. They are relevant to every patient consultation. It is envisaged that all teaching and learning is based on these domains:

- **Communication Skills and the Patient-Doctor Relationship**
Communication skills, patient centeredness, health promotion, whole person care
- **Applied Professional Knowledge and Skills**
Physical examination and procedural skills, medical conditions, decision-making
- **Population Health and the Context of General Practice**
Epidemiology, public health, prevention, family influence on health, resources
- **Professional and Ethical Role**
Duty of care, standards, self-appraisal, teacher role, research, self-care, networks
- **Organisational and Legal Dimensions**
Information technology, records, reporting, confidentiality, practice management

Patient Presentations

General practice primarily involves providing advice to individual patients in the treatment and management of medical conditions. GP's manage the majority of medical presentations in the community. The curriculum reflects the type of patient presentations that will come to the attention of a GP:

- Problems which significantly contribute to morbidity and mortality
- Common presentations which exemplify general practice
- Presentations requiring Extended Skills
- Health problems which present differently with different population groups
- Presentations with a public health significance
- Health problems which have been shown to be preventive

National Health Priorities

The RACGP has a responsibility to train GPs who will provide high quality primary health care services relevant to individual and community needs. It is therefore important for the training program to develop registrars' understanding of Australia's overall health needs and priorities:

- **Current Priorities**
 - Cardio-vascular health
 - Cancer control
 - Injury prevention and control
 - Mental health
 - Non-insulin dependent diabetes
- **Strategies**
 - Reducing the level of health inequalities
 - Improving health care access for individuals and communities, including improving their participation in decision making at all levels of health care planning and service delivery
 - Increasing inter-sectoral action at State and Federal levels to promote healthy public policy and environments
 - Promoting a healthy lifestyle

Common Learning Objectives

The learning objectives are organised under the five domains of general practice, which are relevant to consulting with all patients. These incorporate the minimum and essential knowledge and skills.

Domain One: Communication Skills and the Patient-Doctor Relationship

The registrars will be able to:

- establish rapport and be empathic with patients;
- develop good listening and language skills appropriate to the patient;
- adopt appropriate verbal and non-verbal communication styles for different situations (e.g. emotional states, state of health, disadvantage, cultural background);
- elicit the patient's issues, problems and concerns;
- engender confidence and trust (and advocate on the patient's behalf, where appropriate);
- use body language and touch in an appropriate manner, to establish trust in a therapeutic relationship;
- find common ground with patients about their problems and expectations;
- negotiate an effective management plan and agree on respective responsibilities and limits with the patient and their family;
- communicate effectively and appropriately with significant others (e.g. partner, family);
- recognise opportunities for health promotion and education and respond appropriately to increase the patient's capacity for self care;
- confirm the patient's understanding of the problem, management, advice and follow-up (safety netting).

Domain Two: Applied Professional Knowledge and Skills

The registrar will be able to:

- take a history and perform a physical examination relevant to the presenting problem(s);
- develop a working diagnosis from their knowledge and experience, and the information gathered;
- critically use investigations, and interpret the results, to refine the working diagnosis;
- recognise and manage the significantly ill patient;
- consider the possibility of serious illness inherent in many common presentations;
- competently manage common problems (including undifferentiated illness);
- negotiate, prioritise and implement management plans;
- prescribe safely and cost-effectively from an informed knowledge base;
- use hospital and community-based expertise, resources and networks effectively;
- make valid and timely decisions about referral and follow-up;
- develop and maintain essential procedural skills. (See the list of essential procedural skills (Tool 4) in the Companion);
- recognise their own abilities and limitations, responding appropriately;
- accept and manage uncertainty;
- be critical and discriminating in the use of information from a variety of sources;

- consistently apply universal precautions principles.

Domain Three: Population Health and the Context of General Practice

The registrar will be able to:

- elicit and take into account a patient's socio-political, economic, work, spiritual and cultural background and needs, and their relationships with family and significant others in relation to their health;
- understand and respond to the special needs and characteristics of their practice population, including:
 - disease prevention and health promotion;
 - screening and recall systems, and
 - access and equity issues.
- use a working knowledge of, and be involved in assisting the health of the community locally, regionally and nationally, including:
 - participation in community-based prevention and education strategies;
 - accessing available health services;
 - networking with other general practitioners, GP organisations and health care providers, and
 - involvement in public health systems and strategies (e.g. notifiable diseases and environmental issues);
- understand and utilise the Australian health care system (including its funding planning, services, policies and community resources).

Domain Four: Professional and Ethical Role

The registrar will be able to:

Special Duty of Care

- *Responsibility*: have responsibility for the optimal care for patients (including acting on patient cues, respecting patient-doctor boundaries and confidentiality, recognising their own limitations, ensuring appropriate reporting and follow-up, and undertaking advocacy as appropriate);
- *Respect*: show respect for a patients' culture and values, and an awareness of how these impact on the therapeutic relationship;
- *Rights*: understand the rights of patients to access competent, compassionate care, to be fully informed, and to self-determination.

Reflective Skills and Self-Appraisal

- develop the capacity for self-awareness, reflection and self-appraisal;
- develop the skills of lifelong learning;
- develop basic skills in clinical audit, critical appraisal and critical incident analysis;
- develop professional networks for personal and clinical support
- develop time management and coping skills sufficient to maintain care of self and family.

Maintenance of Professional Standards

- achieve and maintain professionally defined clinical practice standards;
- adhere to the professional codes of ethics;
- contribute to the development of general practice by gaining skills in areas such as teaching, research and evaluation.

Domain 5: Organisational and Legal Dimensions

The registrar will be able to:

- use personal, organisational and time management skills in practice;
- make accurate and legible recordings of consultations and referrals, to enable continuity of care by GP's and other colleagues involved;
- use and evaluate practice management skills relating to:
 - patient access guidelines;
 - staff management;
 - teamwork;
 - office policies and procedures;
 - financial and resource management.

- manage information and data systems relating to:
 - clinical standards, guidelines and protocols;
 - medical records;
 - information technology;
 - communication and transfer of patient-related information;
 - screening, recall and related systems;
 - access and confidentiality.
- incorporate medic-legal knowledge and responsibilities relating to:
 - certification;
 - confidentiality;
 - legal report writing;
 - prescribing;
 - informed consent;
 - duty of care;
 - litigation.
- work within statutory and regulatory requirements, and
- meet acceptable practice standards.
 1. Aboriginal Health
 2. Ethnic Health

REQUIREMENTS OF ACRRM

Please refer to the ACRRM website for further information: www.acrrm.org.au

The Australian College of Rural and Remote Medicine (ACRRM) was formed in 1997 as an acknowledgment of:

- The emergence of Rural and Remote Medicine as a distinct discipline;
- The need for appropriate vocational preparation and continuing medical education for rural medical practitioners; and
- The need to address the shortage of rural and remote doctors in Australia by providing them with a separate and distinctive professional body.

In the first half of 2007, Fellowship of ACRRM was approved as a pathway to vocational recognition. The ACRRM Vocational preparation pathway is provided under the auspices of the AGPT by ACRRM accredited RTPs. getGP is an ACRRM accredited RTP.

Vocational Preparation Pathway to FACRRM

The ACRRM pathway consists of a 4 year training program which includes:

- core clinical training
- primary rural and remote training and
- advanced specialised training

Applicants must:

- Successfully gain a position on the Australian General Practice Training Program administered by GPET.
- Enrol with a Regional Training Provider approved by ACRRM which will facilitate and provide:
 - A broad range of clinical experience in Rural Medicine and related specialties, in approved training posts and practices;
 - Approved Rural Training Supervisors for each stage of the training program;
 - Development of written training goals and a plan for experiential learning;
 - Structured learning and assessment opportunities;
 - Peer review in an interdisciplinary environment; and
 - Ongoing feedback and review opportunities to gauge training progress.

- Be able to demonstrate achievement of all learning outcomes and training requirements in an approved rural medical setting within a four-year full time equivalent period.
- Successfully complete all assessment requirements as outlined by ACRRM.
- Comply with ACRRM admission and administration procedures, including payment of any fees, levies or charges etc.

Duration of Program

Registrars are required to complete a minimum of 48 months of vocational training in practices and posts approved by ACRRM in accordance with the requirements of the Fellowship pathway covering training and examinations. In summary these are:

- 12 months Core Clinical Training in an ACRRM accredited metropolitan, provincial or regional/rural Hospital
- 24 months Primary Rural and Remote Training in a combination of Rural or Remote ACRRM accredited hospital, Aboriginal Medical Service or community based facility
- 12 months (min) Rural Specialised Training in ACRRM accredited Advanced Specialist Skills Training Posts in at least 1 discipline. Accreditable disciplines include Surgery, Obstetrics, Anaesthetics, Aboriginal Health, Emergency Medicine, Psychiatry, Adult Internal Medicine, Population Health, Paediatrics, Remote Health
- Documentation of all training activities in the ACRRM electronic Learning Planner including goals, training posts, log book activity, educational activities (both RTP and self-directed) and formal courses
- Satisfactory formative appraisal by the supervisor at the summation of each term
- Active involvement in ACRRM online modules including the completion of at least 1 online module per year (min 4 in total)
- Participation in a range of ACRRM accredited educational activities (both RTP and self-directed)
- Satisfactory completion of at least 2 Emergency Courses as approved by ACRRM e.g. EMST/ELS/PHTLS or equivalent, APLS, ALSO or equivalent
- Completion of a Case Report, Research Project or Project as approved by the ACRRM Standing Committee on Assessment
- Successful completion of ACRRM Fellowship Assessment

Specialty Rural Skills Training is a requirement for all Fellows of ACRRM. It is strongly recommended that this training is completed whilst enrolled with the Australian General Practice Training Program. It should be noted that specialty rural skills posts are highly competitive and re-entry to an appropriate training post may be difficult. It is not recommended that registrars defer training without first discussing the situation with their Training Advisor.

ACRRM pathway registrars are able to apply for RPL for past intern experience gained prior to enrolment.

Assessment

The ACRRM assessment program includes a variety of methods used to assess registrar competence through training and is intended to cater for different learning needs and learning styles of registrars and provide ongoing feedback about their progress towards meeting the requirements for Fellowship of ACRRM. The main assessment components are classified into 2 groups:

1. Formative – for monitoring and providing feedback on learning. These consist of:
 - Learning portfolio
 - Multi-source feedback
 - Mini clinical evaluation exercises
 - Four RRMEO based modules
 - Case report or research project
 - 2 Advanced emergency skills courses
 - EMST / ELS / PHTLS/APLS /ALSO
 - Up to date RRMEO Learning Plan/Portfolio

- Satisfactory supervisor reports
2. Summative – results count towards the final assessment for Fellowship. These consist of:
- Clinical skills log book
 - Multi source feedback
 - Mini clinical evaluation exercise
 - Multiple choice examinations
 - Structured Assessment using Multiple Patient Scenarios (StAMPS) Examination

getGP is currently reviewing its assessment requirements with the intention of adapting existing assessment nodes to enable ACRRM assessment components to be integrated into the getGP program.

Award of FACRRM

The FACRRM will be awarded by application from the candidate following demonstration of satisfactory completion of all training and assessment requirements of ACRRM. Application forms for Fellowship are available via the ACRRM office.

The names of successful candidates for Fellowship will be added to the College's vocational register indicating that the doctor has attained the necessary skills, knowledge, behaviour and experience to be considered a qualified specialist in the discipline of Rural and Remote Medicine. ACRRM requires all Fellows to participate in an approved program of ongoing professional development in order to maintain their professional standards and Fellowship status.

ACRRM Training Curriculum

The primary curriculum of the ACRRM aims to produce graduates who can function as safe and independent doctors across a range of rural and remote settings in Australia and who are prepared to begin advanced studies in selected subject areas which are relevant to the practice of rural and remote medicine in Australia. This includes 7 domains of rural and remote medicine integrated through 22 curriculum statements.

The domains are described as "domains of practice" and intended to define and exemplify the breadth and depth of rural and remote medicine and provide an integrating framework for the curriculum and learning outcomes and assessment requirements. The domains are:

1. Core clinical knowledge and skills for generalist practice.
 - Communication skills
 - Diagnostic skills
 - Investigative skills
 - Clinical procedural skills
 - Management skills
 - Primary and secondary clinical care
 - Best practice
2. Extended clinical practice
 - Extended clinical skills
 - Extended management skills
 - Extended procedural skills
 - After hours care
 - Tertiary care
 - Teamwork skills
3. Emergency care in generalist practice
 - Retrieval medicine
 - Emergency medical skills
 - Management of common rural and remote emergency conditions
 - Disaster management

- Post disaster management
- 4. Population health in generalist practice
 - Population health models
 - Public health infrastructure and interventions
 - Prevention and health promotion
 - Epidemiological concepts
 - Early detection
 - Systems and organisation of chronic care
- 5. Aboriginal and Torres Strait Islander health in generalist practice
 - Cultural influences on health
 - Health status
 - Culturally safe practice
 - Social and emotional well-being
 - Primary health care and community control
 - Managing conditions in remote indigenous populations
- 6. Professional, legal and ethical practice in generalist practice, and
 - Ethical practice in small communities
 - Professional role
 - Legislative issues
 - Information technology
 - Occupational health and safety
- 7. Rural and remote context in general practice
 - Understanding rural and remote communities
 - Survival skills
 - Interprofessional teams
 - Self-care

Curriculum Statements

The subject matter of the curriculum is organised according to the major disciplines or topics that make up the speciality of rural and remote medicine. The ACRRM curriculum is divided up into 22 curriculum statements. Each curriculum statement defines overall educational outcomes and specific learning objectives expressing what rural doctors need to be able to do in that discipline. The learning areas covered are as follows:

1. Aboriginal Peoples and Torres Strait Islander Health
2. Adult Internal Medicine
3. Aged Care
4. Anaesthetics
5. Child and Adolescent Health
6. Dermatology
7. Emergency Medicine
8. Information Technology/Information Management
9. Management
10. Musculoskeletal Medicine
11. Obstetrics/Women's Health
12. Ophthalmology
13. Oral Health
14. Palliative Medicine
15. Population Health
16. Principles of Rural and Remote General Practice
17. Psychiatry/Mental Health
18. Radiology
19. Rehabilitation
20. Research and Evidence Based Medicine
21. Strategic Skills in Rural Medical Practice
22. Surgery

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