The EV Training Practice Handbook is designed to provide information for supervisors, practice managers and staff of practices accredited to train general practice registrars with Eastern Victoria GP Training (EV). It is intended to be a guide and is subject to change if the training and operational guidelines of EV change.
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Overview

Policies Governing the Training Program
The Colleges, EV and Australian General Practice Training (AGPT) Program all have policies and procedures which underpin the rules of training and are updated on a regular basis.

The handbook does not replace the vocational training information and requirements detailed on the AGPT, ACRRM or RACGP websites. Practices should refer to the following websites for more details:


Information Management System
EV uses Pivotal as the information management system for registrars, supervisors, medical educators, program support staff and other groups associated with EV. Pivotal is a tool for managing learning plans and educational data management. EV uses Pivotal for the reporting of registrar progress to the Department of Health.

Email is the main form of communication between EV and registrars. **Emails should be checked regularly so important information is not missed.**

EV eLearning
EVE is an online learning environment containing high quality learning resources, which can be accessed at any time during training. Other modules and mock exams are also available and registrars may be required to complete specific modules as part of their training.

Many of the resources on EVE are interactive modules that are best viewed on screens with larger dimensions, such as desktops and laptops. Although built for many environments, it is most reliable in the Google Chrome web browser. Reliable internet connections are required.

EVE is a separate platform to the information management system and requires a separate account. Registrars are sent their user details on how to login to EVE at the start of their training.

Supervisor Liaison Officers (SLOs)
SLOs are responsible for liaison with GP supervisors in their training region to represent ideas and issues on GP training and registrar supervision. SLOs also provide input into the development and review of policies, procedures and activities affecting supervisors.

General Practice Supervisors Australia (GPSA)
GPSA supports supervisors across Australia and represents the views of GP supervisors.

Practices should refer to the current *National Terms and Conditions for the Employment of Registrars (NTCER)* available on the GPSA website.
The Australian General Practice Training (AGPT) Program

EV is a regional training organisation (RTO) which delivers training based on the Royal Australian College of General Practitioners (RACGP) and the Australian College of Rural and Remote Medicine (ACRRM) curricula. For both Colleges, obtaining Fellowship requires both passing the exams and assessments as well as successful completion of all components of the training program.
AGPT Program Components

In addition to examinations and assessments required by the Colleges, successful completion of the AGPT Program is a mandatory component for Fellowship of the Royal Australian College of General Practitioners (FRACGP) and for Fellowship of the Australian College of Remote and Rural Medicine (FACRRM).

*The ACRRM pathway offers flexibility in the sequence of the terms.

<table>
<thead>
<tr>
<th>Year of training</th>
<th>RACGP Qualification</th>
<th>ACRRM Qualification*</th>
</tr>
</thead>
<tbody>
<tr>
<td>First year</td>
<td>Hospital</td>
<td>Core clinical training time</td>
</tr>
<tr>
<td>Second year</td>
<td>GPT1 and 2 (6 month terms)</td>
<td>Primary rural and remote training</td>
</tr>
<tr>
<td>Third year</td>
<td>GPT3 and extended skills (6 month terms)</td>
<td>Primary rural and remote training</td>
</tr>
<tr>
<td>Fourth year</td>
<td>Advanced rural skills training (optional)</td>
<td>Advanced specialised training</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>FRACGP</th>
<th>FACRRM</th>
</tr>
</thead>
<tbody>
<tr>
<td>H</td>
<td>CCT</td>
</tr>
<tr>
<td>52 wks</td>
<td>52 wks</td>
</tr>
<tr>
<td>GPT1</td>
<td>PRR1</td>
</tr>
<tr>
<td>26 wks</td>
<td>Primary Rural Remote Training 1</td>
</tr>
<tr>
<td>26 wks</td>
<td>26 wks</td>
</tr>
<tr>
<td>GPT2</td>
<td>PRR2</td>
</tr>
<tr>
<td>26 wks</td>
<td>Primary Rural Remote Training 2</td>
</tr>
<tr>
<td>26 wks</td>
<td>26 wks</td>
</tr>
<tr>
<td>GPT3</td>
<td>PRR3</td>
</tr>
<tr>
<td>26 wks</td>
<td>Primary Rural Remote Training 3</td>
</tr>
<tr>
<td>26 wks</td>
<td>26 wks</td>
</tr>
<tr>
<td>ESP</td>
<td>PRR4</td>
</tr>
<tr>
<td>26 wks</td>
<td>Primary Rural Remote Training 4</td>
</tr>
<tr>
<td>26 wks</td>
<td>26 wks</td>
</tr>
<tr>
<td>ARST</td>
<td>AST</td>
</tr>
<tr>
<td>52 wks</td>
<td>Advanced Specialised Training</td>
</tr>
<tr>
<td>52 wks</td>
<td>52 wks</td>
</tr>
<tr>
<td>EA</td>
<td>EA</td>
</tr>
<tr>
<td>26 wks</td>
<td>Extension – Assessment</td>
</tr>
<tr>
<td>26 wks</td>
<td>26 wks</td>
</tr>
<tr>
<td>EAF</td>
<td>EAF</td>
</tr>
<tr>
<td>12 wks</td>
<td>Extension Awaiting Fellowship</td>
</tr>
<tr>
<td>12 wks</td>
<td>12 wks</td>
</tr>
</tbody>
</table>

Note: weeks refers to full time equivalent

Core Vocational Training refers to the following training terms:

- GPT1, GPT2, GPT3 and Extended Skills for FRACGP registrars
- PRR1, PRR2, PRR3, PRR4 and AST for FACRRM registrars
The role of EV

The responsibilities of EV include:

- Involvement in interviewing and selecting candidates for general practice training
- Ongoing recruitment and accreditation of suitable practices and supervisors
- Allocation of registrars to appropriate practices (the practice match)
- Provision of support and educational programs for registrars, including access to EVE
- Provision of support and professional development programs for supervisors and practice managers
- Maintenance of training records, both paper-based and on Pivotal and, the EV data management systems
- Ongoing formative assessments for registrars, including External Clinical Teaching Visits (ECTVs)
- A program of assistance for registrars in difficulty or with competence/professional issues
- Remuneration for accredited training practices and supervisors in the form of practice subsidies and teaching allowances
The Role of the Supervisor

What is a GP supervisor and what do they do?
GP supervisors are experienced GPs who are accredited by EV to train registrars in the AGPT program. They supervise registrars over the years spent in the general practice placements of training.

A supervisor has responsibility for practice-based learning of the registrar in their general practice setting. This has traditionally occurred under an ‘apprenticeship’ model. Each GP supervisor and training practice must be accredited by the relevant college. (See section in Part 5 on Accreditation for further detail.)

The supervisor provides professional role-modelling, one-to-one teaching, corridor advice, close supervision, feedback, support and detailed advice to the GP registrar. They also provide an assessment of the registrar’s clinical safety and competence.

The first and foremost requirement is enthusiasm for general practice and providing a positive learning environment. It is important that training in general practice is seen as a team activity for the practice and not the sole responsibility of the GP supervisor.

To support supervisors, EV provides:
- A Supervisor professional development program
- Education on adult learning principles and teaching techniques
- Teaching guidelines from AGPT and the Colleges
- SLOs
- Opportunities to meet and network with other GP supervisors

Supervisors are welcome to contact EV Medical Educators, Program Managers, the Practice and Supervisor Support Officers or the SLOs with any concerns or questions. Email addresses and phone numbers can be found on the EV website www.evgptraining.com.au.

Summary of the key responsibilities of a GP supervisor
- Orientation to general practice and the training practice
- Ongoing career advice
- Availability for clinical guidance, supervision and support for the registrar
- Ensuring a suitable clinical caseload for the registrar as per College standards
- Providing protected teaching time
- Ongoing development of skills as a clinical teacher
- Participation in assessment of the registrar
- Assisting the registrar to develop and review a learning plan
- Assisting the registrar with ReCEnT – Registrars Clinical Encounters in Training activity
- Providing supervisor feedback to EV
- Providing formal and informal feedback to the registrar about their performance

Supervision requirements
General practice training is based around the apprenticeship model of training where access to timely assistance is vital. The level of onsite supervision will depend on the competence and level of training of the registrar and the context of the training post. Supervisors need to make an assessment of the level of competence of their registrars and match the level of on-site supervision...
appropriately. There is a minimum requirement of supervision for each level of registrar, see table below:

<table>
<thead>
<tr>
<th>Term</th>
<th>Onsite Availability</th>
<th>Availability by phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>GPT1/PRR1 – First month</td>
<td>100% consulting time</td>
<td>Not applicable</td>
</tr>
<tr>
<td>GPT1/PRR1 - remainder</td>
<td>80%</td>
<td>20%</td>
</tr>
<tr>
<td>GPT2/PRR2</td>
<td>50%</td>
<td>50%</td>
</tr>
<tr>
<td>GPT3/PRR3</td>
<td>25%</td>
<td>75%</td>
</tr>
<tr>
<td>ESP/PRR4/Elective</td>
<td>25%</td>
<td>75%</td>
</tr>
</tbody>
</table>

When not on site, an accredited supervisor must be available by phone 100% of the time with the ability to immediately attend if required.

**Supervisor leave arrangements**

Arrangements for the teaching and supervision of a registrar when a supervisor is on leave is the responsibility of the practice. In a multi-supervisor practice, there should be no disruption to supervision or teaching.

In a single supervisor practice, if the accredited supervisor is to be away and there is no other accredited supervisor to take their role, the registrar will need to be on leave at the same time. This should be discussed with and agreed to by the registrar at interview and included in the contract between practice and registrar.

In some circumstances, alternative supervision arrangements can be applied for, but must be approved by the RACGP and/or ACRRM Censor to ensure suitability. Review of these applications requires a minimum of four weeks’ notice to EV.
The Role of the Practice Manager

Practice Managers (PMs) have valuable expertise, which can be of great benefit to registrars and the smooth running of their training placement. PMs have skills in staff management, administration, business strategy, budgeting, rostering, computer systems and facilities management. They are also responsible for recruiting, training and supervising staff, and resolving issues and problems which may arise. The PM is often the first point of contact for complaints or other conflicts.

Specific support roles of the PM

- Training practice accreditation
- Navigating the practice match
- Assistance with paperwork – practice, supervisor and registrar
- Employment arrangements (interviewing, contracts, rostering and payroll)
- Inductions and orientation to the practice
- Educational support and scheduling
- Pastoral support
- Professional development requirements for practice and supervisor/s

What can a PM teach a registrar?

- Policies and procedures within the practice, including professional behaviour
- Paperwork and administration processes e.g. for Medicare
- Billing process, payments, the Medicare Schedule
- Interpersonal skills e.g. dealing with confrontation, conflict resolution, appropriate communication with staff and patients
- Technology skills
- Risk management processes e.g. review and recall systems
- Staff management skills
- Marketing for the practice

The role of other staff in the practice

Training in general practice is a team activity. All members of staff - receptionists, practice nurses and allied health practitioners have experience that is of benefit to the training registrar. Assistance with orientation, local knowledge and processes within the practice is crucial. Also, staff members often have expert knowledge (e.g. immunisation schedules or use of appropriate wound dressings) to share with the registrar.
Having a Registrar in Your Practice
Registrar training provides a vibrant dimension to general practices.

Training a registrar has much to offer:
- The opportunity to share your experience with a motivated learner
- The opportunity to benefit from the registrar’s up-to-date knowledge
- A new source of energy to the practice
- Financial benefits
- Real assistance with the clinical load of the practice
- A source of future doctors for the practice
- The opportunity to join an energetic group of supervisor colleagues

Developing a positive learning environment
A positive learning environment is created when the registrar, supervisor and training practice all share responsibility for the registrar’s training in a supportive, collegiate manner.

Factors that help contribute to the ideal learning environment include:
- Appropriate scheduling of work, at a pace which suits the registrar’s ability
- Appropriate supervision, such that the registrar feels safe and supported while encouraging autonomy and developing decision-making skills
- Encouragement to ask questions
- Enthusiasm for teaching and learning
- Learning opportunities relevant to the registrar’s needs
- Open communication within the practice team
- A culture of feedback, with emphasis on constructive suggestions for improvement
- Opportunity to debrief and socialise
- Encouragement to plan self-directed learning
- Participation in professional development, QI&CPD activities
- Role-modelling of effective leadership and management strategies

Physical aspects of the environment should also be considered. Before a registrar commences work in a practice, the following facilities are required:
- Equipped consulting room, including direct access to reference material.
- Private area for teaching, where the session will not be interrupted.

Orientation
Registrars at all levels of training should receive a thorough orientation in the practice. This is usually provided by the practice manager, practice nurse and supervisor (in most practices, a combination of the three). Especially for first-term registrars, the orientation process might occur over a series of days rather than all at once. In addition, EV runs an orientation residential for registrars who are starting their first GP term. This is held on the first Friday and Saturday of the term.

An orientation document, covering areas that are of particular interest and importance to a GP registrar commencing in a new practice, should be made available. This has been flagged as an important step to reduce medico-legal risk as written policies help to reduce misunderstanding.
A checklist has been included in Appendix B which provides a guide to the orientation process and a suggested process for orientation is available in Appendix C. An additional orientation module is available for registrars and practices in EVE.

**Rostering and patient bookings**

Patients when booking need to be made aware that they will be seeing a registrar. They should also be aware that they are able to see another doctor if they wish to do so. Information about the registrar at the practice as a GP in training can be made available on the practice website, in the reception area and at the time of booking.

Registrars who are commencing training usually spend the first day or two in orientation to general practice, sitting in with their supervisor/s or other doctors in the practice. During this time many of the logistics of general practice can be introduced, following up on the information presented at formal orientation.

Registrars in the first six months of training usually start seeing 1-2 patients per hour. They must have access to support from a supervisor at all times and should be given specific information about how best to make contact with the supervisor. Registrars in later terms will usually be ready to start seeing patients on the first day of their term.

After the first few weeks registrars will gradually increase their patient load. This will vary depending on the registrar’s prior experience. Appropriate caseload for registrars is displayed in the table below.

<table>
<thead>
<tr>
<th>GP Term</th>
<th>Ave Patients per Hour</th>
<th>Max Patients per Hour</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRR1/GPT1 (first 1-2 weeks)</td>
<td>1-2</td>
<td>4</td>
</tr>
<tr>
<td>PRR1/GPT1 1st 3 months</td>
<td>2-3</td>
<td>4</td>
</tr>
<tr>
<td>PRR1/GPT1 2nd 3 months</td>
<td>3-4</td>
<td>4</td>
</tr>
<tr>
<td>PRR2/GPT2</td>
<td>3-4</td>
<td>4</td>
</tr>
<tr>
<td>PRR3+/GPT3+</td>
<td>3-4</td>
<td>4</td>
</tr>
</tbody>
</table>

Supervisors should ensure that clinic staff who are involved in taking bookings are aware of the registrar’s current schedule. Other points to keep in mind are rostering for EV education activities and protected teaching time.

Patient numbers are recorded on the Recipient-Created Tax Invoice (RCTI). Numbers that are consistently too high or too low are flagged by EV and followed up by a medical educator to ensure the registrar’s learning is not compromised.

**Scope of practice**

Registrars undertaking the RACGP curriculum are required to gain experience in at least two different practices and are supported in securing these placements during their training. This gives them a perspective on different approaches, philosophies and business practices, as well as the opportunity to learn from different supervisors or educators.

General pathway registrars are required to work in at least three different practices throughout their Core Vocational Training.
Registrars undertaking the ACRRM curriculum are expected to cover the broad range of learning experiences. These learning experiences can be grouped into three broad categories:

- Community primary care and population health
- Hospital and emergency care, and
- Rural and remote context

For further information, refer to *ED-Org-8.9 Training Obligations*.

**Provision of services at local hospital (rural pathway)**

- In smaller rural communities where there is a hospital, the local GPs, including the registrar, have an essential role to play in the provision of services.
- After-hours services are usually undertaken in a collaborative manner with the hospital, often with the hospital staff triaging patients who present themselves to after-hours care.
- There are significant benefits of this relationship between the hospitals and the practices. These include, but are not limited to:
  - Many opportunities for registrars to use existing skills;
  - Opportunities for registrars to extend their skills under supervision;
  - Registrars are able to admit patients under their own care in the local hospital, and thereby follow their progress through more serious illnesses;
- The extended role within the hospital usually presents opportunities for additional remuneration.
- All practices should develop their own registrar hospital attachment protocol, which includes clear information to registrars about their roles, responsibilities, obligations and benefits associated with the attachment. This should include who and when to ask for assistance. This protocol should be circulated to registrars before their placement commences and copies made available both at the hospital and the practice.
- The registrar is required to complete the credentialing requirements of the local hospital before VMO rights are granted. This should be done well before the commencement of the placement.

**Pre-existing personal relationships and employment at practices**

EV discourages the placement of registrars during their first two terms of training in a practice where a first-degree relative is either the primary supervisor or a practice owner.

Training placements where there is a pre-existing personal relationship may be considered for subsequent terms providing:

- There is an independent accredited supervisor approved by EV
- A written employment agreement is in place that is equivalent to other registrar employment contracts, and
- The registrar is not a part or full owner of the practice

It is the responsibility of registrar to notify EV of any pre-existing personal relationships as defined above prior to entering a practice match. Exemptions need to be approved by the CEO prior to matching with such a training practice.

**Therapeutic relationships between registrars, supervisors and practice staff**

Registrars and supervisors should not enter into formal therapeutic relationships with each other while the registrar is undertaking a training term within the practice of the supervisor.
Registrars and supervisors should not prescribe or put pressure on each other to provide prescriptions for themselves, their families or friends.

Practice staff (including other GPs), are not permitted to seek medical care or prescriptions for themselves (or their families) from registrars in the practice.

In the rare event of an emergency requiring the registrar or supervisor to provide treatment to the other, the incident will be disclosed to the Director of Training (DoT) who will review the incident, provide debriefing (where necessary) and consider issues regarding the continuation of placement.
Administration and Paperwork

Accreditation
EV training posts are accredited to the vocational training standards set by the RACGP and/or ACRRM. Training practice accreditation is separate from AGPAL/GPA accreditation and relates to ensuring the practice is appropriate and equipped for the training and education of registrars.

To become a training practice, a practice must demonstrate they can meet the vocational training standards, including:

- Accreditation of GP supervisor/s
- Accreditation of the training practice
- An orientation program
- Provision of a positive learning environment
- Provision of protected teaching time
- Adequate supervision
- Adequate appraisal, assessment and feedback
- Availability of clinical guidelines
- Exposure to an appropriate level of clinical activity
- Appropriate tasks relating to the training doctor’s learning plan

Practices initially submit an Expression of Interest which is taken to the EV Accreditation Panel to decide whether to proceed with the application. If accepted, further information is collected including an application form and documentation for each trainer (primary and additional GP supervisors) regarding registration, fellowship status, CPD and time worked in general practice. After the paperwork is received, an accreditation visit is performed by an EV accreditation visitor and prospective supervisors need to complete initial pre-accreditation training. Following this, a recommendation for accreditation comes before the EV Accreditation Panel. The Panel can approve accreditation on behalf of the RACGP. Where applicable, a recommendation is forwarded to ACRRM for their approval. Accreditation is then current for three years and prior to the completion of that time, the practice can apply for reaccreditation. All practices and supervisors are monitored on an ongoing basis to ensure that they are meeting the RACGP and/or ACRRM standards.

New practice review
A formal process of review will be conducted after a practice has completed their first two registrar placements. This provides EV with more information about the practice and the practice with feedback about the placement they are providing. The review consists of a reflection by the practice about the supervision, teaching and support they have provided and feedback from EV in relation to the practice. This feedback is based on information from registrars, MEs and EV records. A practice visit may form part of the process and a report which includes areas for improvement for the remaining time until reaccreditation is provided.

Reaccreditation
After three years as a training practice, a reaccreditation review will be arranged. There are three outcomes to be targeted:
1. Fulfil EVs accreditation requirements set by EV, the RACGP and/or ACRRM
2. Provide supervisors and practices with useful feedback
3. Enable practices to maintain and improve the quality of training that they provide to registrars.

EV may collect feedback on the practice from a variety of sources:
- EV semester feedback reports
- Submitted teaching and consultation records
• EV records of attendance at supervisor workshops
• Informal registrar feedback given to EV MEs and staff

The practice will be asked to submit:
• A completed application for re-accreditation which includes a self-reflection component
• Supporting evidence as required

A practice visit will also be arranged. A report is then completed by an EV accreditation visitor and a recommendation made to the Accreditation Panel.

Unlike registrars, practices do not have to participate in GP training. They may choose not to continue at any stage.

On occasions, issues can arise in a placement and this will be discussed with the practice and support will be offered. If issues persist, and where a practice fails to meet accreditation standards their accreditation may not be renewed or may on occasion be withdrawn. However, even where a practice meets the accreditation standards, EV may choose not to allocate registrars to a practice if it is felt that the practice is not providing adequate training and support for registrars. Decisions relating to the accreditation status or the allocation of registrars to a practice are made by the Accreditation Panel.

For further information refer to:

1. The RACGP Vocational Training Standards
2. The ACRRM Standards

**EV Practice Agreement**
A signed agreement between each training practice, supervisor and EV is negotiated and reviewed on a regular basis and this document must be signed by an authorised delegate of the practice and each accredited GP supervisor. The practice agreement sets out the main obligations of the practice and EV to ensure that high quality training, supervision and educational support is provided.

**Practice match**
The practice match is a process conducted annually to place registrars with training practices. The practice match is for **both semesters of the following training year**.

It is generally conducted over two rounds:
• Round 1: Commences in June or July and is open to those registrars undertaking their GPT2/PRR2, GPT3/PRR3 or ES/PRR4 (GP) terms in the following training year.
• Round 2: Commences in September or October and is open to:
  o those registrars undertaking their GPT1/PRR1 term from the beginning of the following training year, and
  o any registrars remaining unmatched from Round 1.
• Further matches may be undertaken, if necessary.

Specific guidance on the detail of the annual practice match for both general and rural pathways, will be provided to each accredited training practice, prior to the commencement of each round.
It is recommended that practices:
- Only accept CVs and organise interviews in the set time-frame for the practice match.
- Only preference registrars that they are prepared to work with as the match results are final.
- Check their practice profile as many registrars will use this information when deciding which practice to apply to. An up-to-date, comprehensive practice profile is of great benefit in attracting the right registrar to the right practice. Information including the size of the clinic, patient demographics, opening hours, and special interests is helpful to registrars in making decisions for their training. If the practice is in an outer-metro or rural location, local information about the area is also useful. Also, it saves the practice time if all of the registrars applying have some knowledge of what the practice is like. A template for a practice profile is available at Appendix D.

The role of the practice manager in this process varies from practice to practice, however generally would include:
- Liaising with applicants
- In conjunction with the supervisor, selecting and interviewing candidates
- Liaising with EV
- Ensuring paperwork is completed and submitted on time

**Preparing for your registrar**

Once you have been matched with a registrar, you should make contact with them to make them feel welcome and to establish a good relationship prior to the registrar starting in your practice. They may have further questions about your practice and the community they will work and live in.

Prior to the registrar commencing in your practice, the following must occur:
- Negotiate an employment agreement in accordance with the current National Terms and Conditions for the Employment of Registrars (NTCER). An employment agreement must be signed before the term starts
- Ensure all documentation is in place
- Ensure the consulting room is appropriately equipped
- Consider accommodation arrangements (if applicable)

**Practice-based reports**

Each month, all practices submit reports to EV through RCTIs via Pivotal with details of registrar patient numbers, teaching times and leave taken. Once the report is lodged with EV, payments are made to the training practice for payment of their services in training. The RCTI also collects information about teaching topics, namely the broad topic (or at most three or four topics) within each session of face-to-face protected teaching time.

The information is checked by EV program support staff each month to identify certain indicators which could signal potential issues. These indicators include:

- Low patient numbers (below two per hour, averaged over the month)
- High patient numbers (above four patients per hour, averaged over the month)
- Teaching time not consistent with the training level of the registrar
- Teaching topics not specific or too general

The presence of any of these triggers is flagged and, in most cases, this will be followed up by program support staff or a ME. Not all triggers indicate a significant problem and often the issue can be resolved by gathering further information from the registrar, the practice manager or the
supervisor. Adequate documentation, adherence to guidelines for teaching time and patient load, and reporting of these, is the simplest way to avoid unnecessary follow up. If the issue cannot be resolved or is of a more serious nature, the matter will be brought to the attention of the DoT.

A practice-based teaching session payment cannot be claimed if:
- The GP registrar does not attend (document this event should it occur and notify EV)
- The GP registrar is on holidays/sick leave/leave at short notice.

Registrar paperwork
While it is the registrar’s responsibility to ensure the forms listed below are submitted in a timely fashion, it is important that the practice confirm this has occurred.

AHPRA registration and medical indemnity insurance
Registrars are required to maintain an adequate level of medical indemnity insurance cover throughout their training. A copy must be provided to the practice prior to commencement of training. Insurance must fully cover the registrar for the type of practice and/or procedural activity involved as well as for actions in negligence. Registrars should discuss their individual circumstances with their insurer.

Registrar contracts and the National Terms and Conditions for the Employment of Registrars (NTCER)
Registrars negotiate their terms and conditions of employment with the training practice. All practices should have a written contract between themselves and their registrar. This should include details related to payment, rosters, leave and expectations. It should be discussed at interview and agreed upon and signed before the placement starts. Variations to the conditions of a contract should only be through the agreement of both parties.

Practices should become familiar with the NTCER - http://gpsupervisorsaustralia.org.au/ntcer/ when preparing the contract. The NTCER is negotiated every two years in its entirety by GPRA (General Practice Registrar Association), GPSA (General Practice Supervisors Australia) and the AMA (Australian Medical Association). Once negotiations are complete, the finalised NTCER acts as a contractual instrument for registrar salaries and employment conditions. The NTCER is indexed annually via the Medicare Benefits Scheme (MBS).

Registrars are given guidance by GPRA on how to approach remuneration negotiations or may contact the RLOs (Registrar Liaison Officers). Practices can access advice about contracts and employment from GPSA or they can contact the SLOs (Supervisor Liaison Officer).

EV does not become involved in contract and remuneration negotiations unless the minimum requirements are not being adhered to. Disputes will normally be referred to GPRA or GPSA. Registrars must be an employee of the practice, not a contractor or associate, for the duration of their training, including ‘awaiting fellowship’ terms. GPRA obtained legal advice on this issue as well as information from the Australian Tax Office that clearly states that registrars are legally viewed as employees. It is illegal to incorrectly treat employees as contractors.
Medicare provider number

A registrar must apply, via EV, for a Medicare provider number for each placement. A registrar must have a valid Medicare provider number for every new placement in general practice.

If working at various branches of a practice, or at the local hospital or nursing home, a separate Medicare provider number is required for each location. Provider numbers are approved for a maximum of one training year. Medicare provider numbers must be renewed even if not changing practices for the following year.

Unless this process is completed, access to Medicare patient rebates is not possible. Medicare will not backdate applications received after the commencement of a placement. A S19AB exemption requires a minimum 28-day application period, from the date of submission of the form.

The registrar is responsible for ensuring a valid Medicare provider number is in place for each in-practice placement, before consulting any patients.

Detailed guidelines are sent out to registrars prior to the commencement of each semester. For further information, refer to AGPT website/./Application forms.

Full-time and part-time training

Registrars are required to train full-time unless otherwise approved by the CEO. Under particular circumstances, arrangements for part-time training are available by negotiation.

Prior to commencing part-time training, a registrar must submit a ‘Part-Time Training Application’ form to Program Staff including justifiable reason for training part-time. This must be approved prior to commencing part-time training. Any adjustment to hours being worked during a training placement must also first be approved by EV, via this form.

<table>
<thead>
<tr>
<th>Training Time</th>
<th>0.5 FTE</th>
<th>0.75 FTE</th>
<th>1.0 FTE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Minimum scheduled patient consulting time per week (Note 1)</td>
<td>13.5</td>
<td>20.5</td>
<td>27.0</td>
</tr>
<tr>
<td>Minimum number of days per week</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Total working hours in a non-workshop week</td>
<td>19.0</td>
<td>28.5</td>
<td>38</td>
</tr>
</tbody>
</table>

Note 1: scheduled patient contact time does not include teaching, admin or educational release time.

Registrars wishing to train at less than 0.5 FTE will only be considered on an exceptions basis, and is subject to approval by the CEO.

Part-time registrars are expected to meet their workshop attendance requirements in the first 6 months of a term as if they were full-time so as not to compromise the continuity and educational value of the workshops.

ACRRM discourages part-time training at less than 0.5 FTE.
Leave from training
Employment-related leave is governed by the National Terms and Conditions for the Employment of Registrars (NTCER) and must be included in your employment contract with the training practice. This covers employment related annual/recreational leave and personal leave.

Registrars cannot take leave prior to commencing training unless under exceptional and unforeseen circumstances and approved by the CEO.

Category 1 – Legislated Leave
- Parental (maternity/paternity) leave
- Sick leave with valid certificates
- Carer’s leave with valid certificates

Category 2 - Additional Leave
- Discretionary leave
- Study leave
- Any other purposes not included under Category 1 leave

Category 3 – ADF Leave
- ADF Service Leave
- Full-time members of the ADF
Education

Education for GP registrars consists of practice-based teaching within their work environment, and a program of educational activities arranged by EV. Practice managers are of great assistance in scheduling ECTVs, ensuring the registrar is not booked to see patients on workshop days, and ensuring that teaching time with the supervisor is appropriately scheduled and protected from interruptions.

Learning plan

It is essential that the learning needs of a registrar are identified and documented in a formal learning plan (LP) that guides them through their time in the AGPT program. The LP is the individual registrar’s responsibility, but is regularly updated and discussed with their GP supervisor. A discussion about the plan should include:

- An assessment of the registrar’s learning needs
- Articulation of what knowledge, skills and abilities the registrar needs to learn
- Identification of the learning opportunities available for the semester

Registrars are required to document a LP by the end of week 4 each semester with details of how they intend to use the training opportunities in their placement to meet their learning needs. This learning plan must be discussed with their supervisor early in the semester and reviewed at the 20-week registrar/supervisor feedback review.

Practice-based learning

The principal supervisor is responsible for planning and coordinating the education of their registrars. This task can be performed alone, or in conjunction with other members of the practice team. Teaching occurs in the registrar’s usual working hours and is part of their paid employment.

Other members of the practice team involved in teaching can include:

- Additional accredited supervisors
- Other doctors
- Practice nurse
- Allied health
- Practice manager

Weekly teaching times

Teaching times are dependent on the level of training of the registrar and are pro rata for GPT1/PRR1 and GPT2/PRR2 but not for GPT3/PRR3. There is no mandated teaching time for ES/PPR4.

<table>
<thead>
<tr>
<th>Term</th>
<th>FTE Hours per week</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0.50</td>
</tr>
<tr>
<td>GPT1/PRR1 (1 hr protected)</td>
<td>1.50</td>
</tr>
<tr>
<td>GPT2/PRR2 (1 hr protected)</td>
<td>1.00</td>
</tr>
<tr>
<td>GPT3/PRR3 (protected)</td>
<td>0.75</td>
</tr>
<tr>
<td>ESP (GP)/PPR4</td>
<td>0.00</td>
</tr>
</tbody>
</table>

At least one hour of the teaching time each week must be a planned education face-to-face session. These sessions must be consistent with the registrar’s learning plan and at an appropriate level considering the registrar’s knowledge and experience.
Recommended activities for the weekly one hour protected face to face teaching include the following:

- Clinical discussions or formal tutorials based on the registrar’s learning plan and/or procedural skills checklist
- Case-based discussion e.g. reviewing registrar’s last session of patients, case notes review or discussion of cases raised by the registrar
- Direct observation which can be:
  - registrar sitting in on supervisor’s consultations
  - supervisor sitting in on registrar’s consultations
  - videotaped consultation or role play
- Preparation for or follow-up of EV registrar workshops
- Registrar risk assessment especially of high risk presentations
- Orientation to the practice – including orientation with practice manager, nurse, or visit to local hospital or nursing home
- Demonstration of procedures
- Discussion of ReCEnT report
- Teaching by allied health workers engaged by the practice
- RRMEO (Rural and Remote Medical Education Online) modules (ACRRM)

The remainder of the in-practice teaching time can be met with a range of teaching activities. These include any of the above activities as well as:

- Corridor teaching – call-ins and ad hoc discussions where these are of a significant time (i.e. at least 10-15 minutes, not a simple single question/answer)
- Attending patients together
- End of the day debriefing
- Ward rounds together
- In-car relevant teaching conversations
- 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

A question or request for advice from a registrar should be treated by the supervisor as a learning opportunity, not as an interruption. For this to occur, it is important that the supervisor’s own patient load is appropriate, particularly in the early months of the registrar’s term.

As part of the orientation process, the registrar needs to know how best to contact the supervisor. Some supervisors prefer a phone call, while others use instant messaging on their computer or a knock on the door.

Registrars may also at times take the role of teacher. Registrars can undertake teaching of medical students 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.

Joint educational sessions (i.e. more than one registrar): Each registrar will have individual learning needs and it is worthwhile discussing this early in the term. This may change throughout the term, so regular review would be valuable. Hence joint teaching can occur some of the time but it must always meet the registrar’s learning needs.
Video recording as a teaching tool

Videotaping and review are a valuable teaching resource. However, legal advice to EV has suggested that video recordings are considered health information under the Health Records Act 2001 (Vic). This Act also outlines the Health Privacy Principles. Practices would be aware from their clinical practice records there are specific requirements around health information storage, access and destruction. The consent obtained from the patient for videotaping should reflect the anticipated use and other relevant information. In addition, it may also be prudent to have the registrar participating in the recording consent to their participation in the retained record.

The use of video is considered an extremely useful educational tool in training registrars but practices are encouraged to seek up to date information related to the legislation as it applies to recordings made in the practice. Although it is still possible to record actual patient consultations, there are some alternatives.

These include:
- Videotaping in the usual consultation room with a volunteer role-playing the patient. The volunteer may be a fellow registrar, a practice staff member, a medical educator or anyone else for whom there was not a medical service being provided or billed.
- Videotaping in a video lab facility a consultation with a volunteer role-playing the patient.
- Live streaming of a consultation as no record is made.

Options for cases to role play

There will be a variety of sources of possible cases for role-playing for videotaping. These could include:
- Cases inspired by consultations that have happened in the practice
- Cases that the role-player has knowledge of and is happy to role-play
- Cases developed within the practice to focus on specific challenges for the registrar
- Where there are multiple registrars in the practice, one registrar role-playing the patient in a consultation they have recently been involved in
- Cases developed by EV. These are available in the documents on Pivotal.

Initial assessment of competency

Risk assessment

It is an accreditation requirement that supervisors conduct a risk assessment of the registrar’s ability to deal with consultations known to be high risk within the context of the general practice environment. This should take into account the level of supervision in their current stage of training and the registrar’s clinical experience. Often the supervisor will need to directly observe the registrar in areas that have an increased risk of adverse outcomes and litigation. A list of potentially high-risk situations has been developed from accreditation guidelines and with the input of supervisors and is available at Appendix F. Many practices use this list to assess their registrar’s competency early in the term.

If any deficiencies are identified, a plan to address these will need to be formulated and in the meantime the registrar must be closely supervised when dealing with these presentations.

Initial assessment

For all GPT1/PRR1 registrars, a formal documented assessment of competence is required. The assessment process is comprised of three elements; one competence-based and two performance-based.
The assessment process is comprised of three elements; one knowledge assessment and two performance assessments.

- Registrars’ knowledge is assessed by the completion of a 140 Multiple Choice Questions (MCQ) paper via EVE prior to the orientation workshop. The registrar will receive the results (by topic area) by the end of the first three weeks of GPT1/PRR1.

- Registrars’ performance is assessed by:
  - A practice-based assessment, which is led by each registrar’s primary supervisor, and
  - A subsequent External Clinical Teaching (ECT) visitor.

The registrar’s primary supervisor will use a variety of methods to assess performance to make a preliminary overall judgement which is then discussed with the registrar. The primary supervisor is responsible for completing the In-practice Performance Assessment form and returning it to EV by the end of the first six weeks of GPT1.

A second judgement of performance will be made after an External Clinical Teaching Visit (ECTV). On the basis of the observed consultations, the ECT visitor will make an overall judgement of the registrar’s performance relative to their stage of training and submit an ECTV report preferably by the end of the first six weeks of GPT1.

Registrars will receive feedback from each element of these three assessments which are uploaded to the registrar’s online portfolio in Pivotal. Results can be used by the supervisor and registrar for discussion to inform training, education and supervision.

**Feedback**
Feedback is information about performance that is judged against a standard and given for the purpose of improving performance. For registrars to improve they must have the capacity to monitor the quality of their own work and supervisors need to be able to judge their work against the level that would be expected at their stage of training. Competency descriptors and expected outcomes at the varying levels of training are available on Pivotal. This important information helps supervisors to assess whether their registrar is performing at the expected standard for their level of training.

Self-monitoring and self-assessment are a key component of the work of all professionals, and registrars should be actively encouraged to critically examine and comment on their work. When this occurs, assessment can become dialogue rather than monologue and hence improve educational outcomes.

Providing regular feedback on performance and including all involved in the feedback process is part of developing a culture of feedback within a practice. Registrars value feedback from their supervisors as most are grateful to receive information on where they are progressing well and where their performance could be improved. This feedback can be provided informally as a continuous dialogue between supervisor and registrar. In addition to this informal feedback, formal feedback is required at certain key points in a term.

**Formal feedback to EV**
Two-way formal feedback is given at weeks 6 and 20 using Supervisor Feedback forms that rate the competence of the registrar against the EV Domains of Practice. Registrars are also asked to rate the practice against specific domains. This feedback is jointly discussed and submitted to EV via Pivotal twice a semester. The Supervisor Feedback form is replaced by the In-Practice Performance Assessment form at week six for registrars commencing GPT1/PRR1.
Ideally feedback should be sought from several sources such as other doctors, staff, practice nurses and practice managers in the practice as well as patients and should focus on the registrar’s progress, and not on any comparison to other registrars past or present. At the same time, registrars can discuss the placement with their supervisor and this should be seen as an opportunity to improve. The focus of these meetings is about dialogue and feedback to support the ongoing development of both registrar and practice. It does not replace the need to provide ongoing feedback in an informal manner.

**EV education program**

**Peer learning workshops (PLWs)**

Education workshops are delivered by EV for registrars during their training. These workshops provide a combination of lectures, small group work, case-based discussions, practical skills sessions and networking. The topics are relevant to general practice and the programs are designed to be delivered at the appropriate stage of training. Details of the workshops are made available online and the program is sent to practices at the start of the term.

The frequency of workshops is as follows:

<table>
<thead>
<tr>
<th>Term</th>
<th>General</th>
<th>Rural</th>
</tr>
</thead>
<tbody>
<tr>
<td>GPT1/PRR1</td>
<td>10 workshops including 2-day orientation</td>
<td>10 workshops including 2-day orientation</td>
</tr>
<tr>
<td>GPT2/PRR2</td>
<td>6 workshops</td>
<td>7 workshops</td>
</tr>
<tr>
<td>GPT3/PRR3</td>
<td>3 workshops</td>
<td>3 workshops</td>
</tr>
</tbody>
</table>

Part-time registrars are expected to meet their workshop attendance requirements in the first six months of a term as if they were full-time so as not to compromise the continuity and educational value of the workshops.

It is expected that registrars will attend 100% of workshop education with absence permitted only on the basis of personal leave, annual leave or other statutory leave. If a registrar is on leave or for any reason misses part of the PLWs, they are required to satisfactorily complete a Catch-Up Program (CUP).

The CUP will cover the curriculum objectives of the missed workshop(s). Alternately and only if available, the registrar may attend another workshop containing the same educational content.

Registrars should ensure all workshops dates are blocked out of the appointment book and should not be on-call the day prior to a workshop.

**External clinical teaching visits (ECTVs)**

ECTVs are a learning opportunity for registrars to receive teaching and feedback on their observed consultation skills.

The ECT visitor (accredited supervisor or medical educator) will provide both verbal and written feedback on the registrar’s communication skills, consulting skills, clinical knowledge and skills, contextual awareness and knowledge and, professional behaviour and identity. The ECT visitor should aim at giving a good global assessment of where a registrar stands for their level of training.
Where there are significant concerns, the ECT visitor will refer the registrar to the Registrar Support & Progress Coordinator (RSPC) for further assessment and assistance. This should be seen as an opportunity to further discuss and address perceived problems.

The purpose of ECTVs are to:

- Help improve the registrar’s skills, both as a GP and as a professional,
- Assist the registrar to develop a vision of what constitutes excellence in general practice consulting, and
- Make an appraisal as to whether the registrar’s knowledge and clinical skills are appropriate for their level of training.

The ECTV involves:

- Observation of at least four patient consultations during a session
- Informed consent from patients is an integral requirement before registrars undertake ECTVs (forms are available to download from Pivotal).
- Feedback throughout the visit and at the end of the session a report (and where applicable miniCEX forms) is submitted to EV by the due dates for that semester.
- Registrars to review their learning plan and take advantage of any suggestions that may be provided.
- The registrar’s supervisor in a three-way discussion to ensure the registrar’s relevant learning needs are considered during the ECTV, and the learning needs identified are addressed by the registrar and supervisor subsequent to the visit.

All registrars have a minimum of five visits where the ECT visitor sits in on a session of consultations with the registrar. Two visits will be in GPT1/PRR1 (first ECTV to be completed within first six weeks of the semester), two visits in GPT2/PRR2 and one in GPT3/PRR3. Thereafter, additional ECT visits may be required at the discretion of the DoT or RSPC.

**Scheduling of ECTVs in General Pathway**

An ME will contact the practice (both supervisor and practice manager) and the registrar to organise a time for the ECTV (and post-ECTV meeting with the supervisor) to be scheduled. In GPT1 and GPT2, the first visit will be at approximately six (6) weeks into the term. During the visit, a second visit will be arranged for later in the term. In GPT3, the visit will be arranged for later in the term.

**Scheduling of ECTVs in Rural Pathway**

The ECTV is conducted by an ECT visitor (accredited supervisor) from a neighbouring practice. Practices are ‘buddied’ so that a visiting supervisor will in turn have their practice visited by a supervisor hosting a registrar at the same stage of training. The registrar and ECT visitor are notified of the ECTV match at the commencement of each semester. It is the registrar’s responsibility to organise the ECT visit and notify EV once it has been booked.

**Mini Clinical Examination Exercise (miniCEX)**

The Mini Clinical Examination Exercise (miniCEX) is a well-recognised valid and reliable method of simultaneously observing and assessing the clinical skills of registrars. This is a mandatory activity for all ACRRM registrars.
The miniCEX consists of two key components:

- A short encounter between a registrar and patient which is observed by a supervisor.
- Discussion of patient management and provision of feedback to the registrar by the supervisor to assist the registrar in planning future patient encounters.

ACRRM registrars are required to undertake a minimum of nine formative miniCEXs (five submitted before end of PRR2 and four before end of PRR4). The nine miniCEX consults must include:

- Reasonable range of types of consults, age groups and both genders,
- Minimum of five physical examinations, each from a different body system, and
- Detailed history taking of at least one new patient or details updating patient database information on a returning patient (of at least medium complexity).

**Scheduling of miniCEX**

The miniCEX is usually conducted within the context of the registrar’s ECT visits or anytime at the instigation of the registrar or supervisor.

- At least three miniCEXs should be completed at each ECT visit before end of PRR2 (minimum five),
- A further four miniCEX must be completed in the last ECT visit before the end of PRR4, and
- If further miniCEXs are required, the registrar can request their ECT visitor or supervisor to undertake a miniCEX.

The nine miniCEX assessment should be conducted by at least three different reviewers. At least three must be conducted by a medical educator or ACRRM accredited supervisor (ECT visitor) from EV.

It is the registrar’s responsibility to ensure the miniCEXs are completed and carried out in accordance with the ACRRM guidelines as outline in the Fellowship Assessment Handbook.

**Training Advisor Visits**

The role of the TA is to provide advice and guidance to the registrar in progressing through their training. They provide advice on training planning, addressing learning needs, meeting personal goals and completing the requirements of the training program.

The TA reviews the learning and training plans, ensuring that the learning plan and registrar portfolio are up to date. It also provides an opportunity to identify if the registrar is encountering any difficulties and whether extra assistance is required.

All registrars will have a medical educator assigned to them during their training in the program. In the rural pathway, this is usually the medical educator from the region in which the registrar is located. In the general pathway, this will be the medical educator which is undertaking their ECTV(s) in the semester.

The TA will contact the registrar to book a visit of approximately one hour in their appointment schedule. Under most circumstances the TA will want to meet with the supervisor at the conclusion of the visit, to discuss the registrar’s progress and any issues that may arise. Practice managers can assist in booking the meeting times.
In the metro area, this discussion with the registrar about their learning plans and meeting with the supervisor will occur as part of the ECTV.

The TA meeting will include review of:
- Registrar’s planned learning,
- Registrar’s training plan,
- Registrar’s log of educational events attended
- Registrar’s self-reflection on competencies referenced against the curriculum,
- Feedback from the supervision team, and
- Feedback from ECT visitors (where applicable).

TA contact during training terms:
- Hospital/CCT: two per semester; the first one at a workshop (or teleconference) before the end of week 4 and a second contact before the end of week twenty.
- GPT1/PRR1: two per term before the end of week six and twenty
- GPT2/PRR2: two per term before the end of week six and twenty
- GPT3/PRR3: two per term before the end of week six and twenty
- ESP/PRR4: up to two per term
- Elective and Extensions: up to two per term
- ARST/AST: up to two visits per semester, the first one at a workshop (or teleconference) before the end of week 4 (only if undertaking ARST/AST prior to GPT1/PRR1) and a second contact before the end of week twenty.

Part-time registrars (0.5 and 0.75 FTE) will receive the same number of TA visits per training term but the visits will be scheduled over the 12 months of the registrar’s placement.

Registrars are required to meet either face-to-face, by telephone or videoconference to plan/review their placement. After each visit, the TA completes a report documenting the discussions held throughout the visit which is available in the registrar’s online portfolio.

Other requirements of training
There are other activities that registrars should complete during their training. In some cases, the activity will be completed in the practice. Practices should refer to the EV Registrar Handbook for further information.

Summative assessments

RACGP
The RACGP College Examination is a formal assessment of a registrar and can be undertaken after the registrar has completed 12 months in general practice. The RACGP exam consists of three segments:

Written components
- Applied Knowledge Test (AKT) – multiple choice test conducted online (150 questions completed over 4 hours)
- Key Feature Problems (KFP) – multiple choice and short answer test conducted online (26 questions completed over 3 hours and 30 minutes)
Clinical component
• Objective Structured Clinical Examination (OSCE) – a series of 14 clinical cases conducted over four hours with examiners and role players

ACRRM
The ACRRM assessment process has been designed to provide registrars with a valid and reliable assessment of their knowledge, skills and attitudes that comprehensively reflects the educational outcomes of the training program, and is relevant to the rural and remote context.

All registrars training towards FACRRM must complete the following Primary Rural and Remote Training summative assessments:
• Multiple Choice Question exam (MCQ) Pass grade
• Multi-Source Feedback (MSF) Satisfactory completion
• Case Based Discussion (CBD) Pass grade
• Structured Assessment using Multiple Patient Scenarios (StAMPS) Pass grade
• Procedural Skills logbook satisfactory completion, and
• AST discipline assessment pass grade

Registrars are also required to obtain a pass grade in each of the assessments for their chosen Advanced Specialised Training (AST) discipline.

Extensions of training time
Registrars may seek an Extension Awaiting Fellowship term for 12 calendar weeks if they have completed all of the education and training requirements of the AGPT program, successfully completed their training time and passed the required fellowship exams and/or assessments.

In some cases, registrars may apply for a six-month (calendar) Extension for Assessment Purposes to meet their educational and training obligations or to pass outstanding college assessments. For more information, refer to the EV Registrar Extensions of Training Time policy (http://www.evgptraining.com.au/wp-content/uploads/2016/02/ED-Org-8.15-Registrar-Extension-of-Training.pdf)
Registrars at Risk

Promoting safety and risk minimisation

Registrar safety
The training practice and the supervisor have a responsibility to ensure the safety of the registrar. This includes adequate orientation (see checklist in Appendix B) in particular with reference to dealing with aggressive or violent patients, a safe working environment and appropriate supportive care, including time for discussion and debriefing. Supervisors and practice managers need to be aware of issues of stress and fatigue that may affect themselves and their registrars.

Safety in the clinic
Depending on the registrar’s level of training and competence, it is recommended that at least one other staff member is on site when they are working. It is strongly advised that registrars have access to a duress alarm and the practice have a protocol for responding to a duress alarm. Practices should demonstrate the duress protocol as part of the registrar’s orientation. Known drug-seeking or frequently abusive patients should not be allocated to be seen by a registrar in their first term of practice.

Safety after-hours
No registrar should be expected to enter a situation unaccompanied where they feel unsafe. Registrars who are on-call should have reliable phone access to a nominated supervisor and there should be clear processes by which a registrar can request to be accompanied in a call-out situation in which they perceive there may be a potential threat to their safety.

Safety on the road
EV recognises that long distance driving poses a risk to registrar safety and discourages registrars from long distance commuting and strongly advocates that in rural placements registrars live with their family in the community in which they work.

Registrar disclosure of risk factors
Registrars must inform EV of any changes to personal circumstances that may have an impact on their training; this includes any medical conditions or changes in medical registration that could place the registrar’s patients at risk or have significant impact on training.

They must also advise the DoT of any AHPRA restrictions prior to commencing a training placement.

While EV does not employ registrars, it has a responsibility to ensure that registrar safety is promoted and risk factors are minimised as far as practicable. Acting on the advice of the Victorian Workcover Authority, EV 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.
Mandatory reporting legislation
Health professionals and employers are mandated by law to report notifiable conduct relating to a practitioner. In relation to health professionals, notifiable conduct means the practitioner:

- Practised their profession while intoxicated by drugs or alcohol
- Engaged in sexual misconduct in connection with the practice of their profession
- Placed the public at risk of substantial harm in the practice of their profession because they have an impairment
- Placed the public at risk of harm because they practised their profession in a way that constitutes a significant departure from accepted professional standards.

In the event of a registrar engaging in notifiable conduct, in addition to contacting EV, the supervisor is required by law to report to AHPRA. Further details can be found at http://www.ahpra.gov.au.

Bullying and harassment
EV expects all registrars, MEs, supervisors and practice staff to behave in a professional manner and to treat each other with dignity and respect. All staff are encouraged to report bullying and harassment promptly, so that appropriate measures can be taken.

All staff including practices have a responsibility to:
- Comply with policies and procedures of EV and the workplace where they are working.
- Offer support to anyone who is being bullied and/or harassed and advise them where they can obtain help and advice.
- Maintain complete confidentiality if they provide information during the investigation of a complaint. Staff should be aware that spreading gossip or rumours may expose them to a defamation action.


When problems arise
EVs approach is to assist registrars as much as possible to enable them to achieve their learning goals and to meet training, education and assessment requirements. Most registrars will progress through the program without major concerns. However, EV has a process for supporting registrars who are experiencing difficulties during their time on the AGPT program whether professional or personal in nature. Key elements of this process include the early detection, support and focused intervention for reviewing problems and difficulties by applying a fair and transparent process.

Performance problems are not simply confined to deficiencies in clinical knowledge and skills. Often other, more serious issues, are found to underlie a performance problem. Problems can be broken up into the following broad areas:

- Capability: clinical knowledge and skills
- Work environment
- Health: physical and mental
- Attitudes and professional behaviour

The earlier a problem is identified, the better the outcomes that can be achieved by an intervention process. Supervisors are in a key position to identify problems early on because of their regular contact with the registrar. Information may come from:
• Discussion with the registrar of the results of their Initial Assessment at the beginning of the term (GPT1 registrars only)
• Regular appraisal of the registrar in various situations (tutorials; direct observation by sitting in on consultations; case discussion)
• Feedback from other doctors in the clinic, reception staff and patients

Supervisors are also encouraged to complete the supervisor feedback form as honestly as possible and to encapsulate the registrar’s performance during that term as well as the level attained with respect to their clinical skills. If they have concerns, they are encouraged to contact the RSPC or the ME who will be doing the ECTV or TA visit.

When a problem is identified the following steps would normally be taken:
1. The ME, 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 plan will be constructed in discussion with a medical educator, the supervisor, the registrar and the DoT. The focused learning plan will have agreed outcomes.
3. If the problem remains unresolved, the registrar will be required to undergo formal remediation as required under the AGPT Remediation Policy. In this case the registrar’s progress through training will be suspended until the issue is resolved to the satisfaction of the DoT and the relevant College Censor.

Complaints, grievances and appeals
Where a complaint or grievance arises and cannot be resolved informally, the EV Complaints, Grievance and Appeals procedure should be followed. The EV procedure and form should be used and is accessible on the EV website.
Professional Development

Supervisors
As a requirement of ongoing accreditation, all supervisors must complete professional development (PD) in areas relevant to their GP supervisor role.

For the PD program, supervisors are categorised according to their level of experience:
1. Pre-accreditation supervisors are those applying to become accredited
2. New supervisors are those in their first three years of accreditation
3. Experienced supervisors are those that have been accredited for more than three years

Mandated
1. All supervisors need to complete at least six hours PD per year, irrespective of category and whether they currently have a registrar in their practice or not.
2. At least one supervisor from each practice should attend a residential workshop annually.

Workshop content
- Pre-accreditation supervisors need to complete two core workshops to become accredited
- New supervisors need to complete the core workshop program in their first three years. There are eight core workshops in the program; two are completed as part of the accreditation process. Each workshop is a three-hour activity.
- Experienced supervisors are those who have been accredited for more than three years and have completed all the core workshops. These supervisors need to undertake at least six hours of PD per year. Experienced supervisors’ attendance at workshops is seen as vitally important for them to keep up to date with program business as well as helping program development and for the essential networking with their peers and newer colleagues. Agendas for these workshops will vary to maintain engagement of experienced supervisors.

EV workshop program
- Two 1.5-day residential workshops for supervisors, one in each semester; the program is repeated and supervisors may attend one or the other but not both.
- Half and one-day workshops are run regionally for supervisors. There are currently four centres for these workshops, North-East and South-East Metro, Mornington Peninsula and Churchill.
- Additional core workshops are run as half day or evening workshops
- For all activities organised by EV, QI&CPD points will be applied for from both Colleges.

Funding
Supervisors are paid for attendance at workshops. In the rural area, a travel allowance is also paid.

Payment for attendance at the residential is capped at six hours but travel costs (time and distance) will be paid to all participants. Meals and accommodation are included.

Practice managers
EV also conducts PD sessions for all practice managers. They are not compulsory but are a great opportunity to ask questions, learn of new developments in general practice training and interact with their colleagues. EV welcomes feedback and new ideas for future content of these days.

For further information, refer to the GP Supervisor PD Guidelines available on the EV Help site www.evhelp.com.au.
### Appendix A

**Abbreviations and acronyms commonly used**

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACRRM</td>
<td>Australian College of Rural and Remote Medicine</td>
</tr>
<tr>
<td>AGPT</td>
<td>Australian General Practice Training</td>
</tr>
<tr>
<td>AHPRA</td>
<td>Australian Health Practitioner Regulation Agency</td>
</tr>
<tr>
<td>AKT</td>
<td>Applied Knowledge Test (RACGP)</td>
</tr>
<tr>
<td>ALS</td>
<td>Advanced Life Support</td>
</tr>
<tr>
<td>AMC</td>
<td>Australian Medical Council</td>
</tr>
<tr>
<td>APLS</td>
<td>Advanced Paediatric Life Support</td>
</tr>
<tr>
<td>ARST</td>
<td>Advanced Rural Skills Training (RACGP)</td>
</tr>
<tr>
<td>AST</td>
<td>Advanced Specialised Training (ACRRM)</td>
</tr>
<tr>
<td>CEO</td>
<td>Chief Executive Officer</td>
</tr>
<tr>
<td>CCT</td>
<td>Core Clinical Training (ACRRM)</td>
</tr>
<tr>
<td>CUP</td>
<td>Catch-Up Program</td>
</tr>
<tr>
<td>DoT</td>
<td>Director of Training</td>
</tr>
<tr>
<td>DH / DoH</td>
<td>Department of Health</td>
</tr>
<tr>
<td>DHS</td>
<td>Department of Human Services</td>
</tr>
<tr>
<td>DWS</td>
<td>District of Workforce Shortage</td>
</tr>
<tr>
<td>ECTV</td>
<td>External Clinical Teaching Visit</td>
</tr>
<tr>
<td>ELS</td>
<td>Emergency Life Support</td>
</tr>
<tr>
<td>EMST</td>
<td>Emergency Medicine Severe Trauma</td>
</tr>
<tr>
<td>ES</td>
<td>Extended Skills (RACGP)</td>
</tr>
<tr>
<td>EV/ EV GP T</td>
<td>Eastern Victoria General Practice Training</td>
</tr>
<tr>
<td>EVE</td>
<td>EV e Learning – Eastern Victoria online learning environment</td>
</tr>
<tr>
<td>FACRRM</td>
<td>Fellowship of the Australian College of Rural and Remote Medicine</td>
</tr>
<tr>
<td>FARGP</td>
<td>Fellowship in Advanced Rural General Practice</td>
</tr>
<tr>
<td>FGAMS</td>
<td>Foreign Graduate of an Accredited Medical School</td>
</tr>
<tr>
<td>FRACGP</td>
<td>Fellow of the Royal Australian College of General Practitioners</td>
</tr>
<tr>
<td>GLGN</td>
<td>Gippsland Local Government Network</td>
</tr>
<tr>
<td>GPRA</td>
<td>General Practice Registrars Australia</td>
</tr>
<tr>
<td>GPSA</td>
<td>General Practice Supervisors Australia</td>
</tr>
<tr>
<td>GPS</td>
<td>General Practice Supervisor</td>
</tr>
<tr>
<td>GPT</td>
<td>General Practice Term</td>
</tr>
<tr>
<td>HIA</td>
<td>Health Insurance Act</td>
</tr>
<tr>
<td>HIC</td>
<td>Health Insurance Commission</td>
</tr>
<tr>
<td>IGPRN</td>
<td>Indigenous GP Registrars Network</td>
</tr>
<tr>
<td>IMG</td>
<td>International Medical Graduate</td>
</tr>
<tr>
<td>KFP</td>
<td>Key Features Problems (RACGP)</td>
</tr>
<tr>
<td>LMS</td>
<td>Learning Management System</td>
</tr>
<tr>
<td>LNA</td>
<td>Learning Needs Analysis</td>
</tr>
<tr>
<td>LP</td>
<td>Learning Plan</td>
</tr>
<tr>
<td>MCCC</td>
<td>Murray City Country Coast GP Training</td>
</tr>
<tr>
<td>MCQ</td>
<td>Multiple Choice Questions</td>
</tr>
<tr>
<td>ME</td>
<td>Medical Educator</td>
</tr>
<tr>
<td>miniCEX</td>
<td>Mini Clinical Examination Exercise</td>
</tr>
<tr>
<td>MMI</td>
<td>Multi Mini Interview</td>
</tr>
<tr>
<td>MUDRIH</td>
<td>Monash University Department of Rural Indigenous Health</td>
</tr>
<tr>
<td>NPS</td>
<td>National Prescribing Service</td>
</tr>
<tr>
<td>Abbreviation</td>
<td>Description</td>
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<tr>
<td>--------------</td>
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</tr>
<tr>
<td>OSCE</td>
<td>Objective Structured Clinical Examination (RACGP)</td>
</tr>
<tr>
<td>OTD</td>
<td>Overseas Trained Doctor</td>
</tr>
<tr>
<td>PD</td>
<td>Professional Development</td>
</tr>
<tr>
<td>PHN</td>
<td>Primary Health Network (Gippsland, South Eastern Melbourne, Eastern Melbourne)</td>
</tr>
<tr>
<td>PIPs</td>
<td>Practice Incentives Payment</td>
</tr>
<tr>
<td>Pivotal</td>
<td>EV registrar and information management system</td>
</tr>
<tr>
<td>PRRT</td>
<td>Primary Rural and Remote Training (ACRRM)</td>
</tr>
<tr>
<td>PM</td>
<td>Practice Manager</td>
</tr>
<tr>
<td>PMCV</td>
<td>Post Graduate Medical Council of Victoria</td>
</tr>
<tr>
<td>RA</td>
<td>Remoteness Area</td>
</tr>
<tr>
<td>RACGP</td>
<td>Royal Australian College of General Practitioners</td>
</tr>
<tr>
<td>RCTI</td>
<td>Recipient Created Tax Invoice</td>
</tr>
<tr>
<td>ReCEnT</td>
<td>Registrars Clinical Encounters in Training Project</td>
</tr>
<tr>
<td>REST</td>
<td>Rural Emergency Skills Training (Course)</td>
</tr>
<tr>
<td>RT&amp;C</td>
<td>Registrar Teaching and Consultation Record</td>
</tr>
<tr>
<td>RIDE</td>
<td>Registrar Information Data Exchange</td>
</tr>
<tr>
<td>RFDS</td>
<td>Royal Flying Doctor Service</td>
</tr>
<tr>
<td>RLO</td>
<td>Registrar Liaison Officer</td>
</tr>
<tr>
<td>RPL</td>
<td>Recognition of Prior Learning</td>
</tr>
<tr>
<td>RTO</td>
<td>Regional Training Organisation</td>
</tr>
<tr>
<td>RWAV</td>
<td>Rural Workforce Agency Victoria</td>
</tr>
<tr>
<td>SIPs</td>
<td>Service Incentive Payment</td>
</tr>
<tr>
<td>SLO</td>
<td>Supervisor Liaison Officer</td>
</tr>
<tr>
<td>SJT</td>
<td>Situational Judgement Test</td>
</tr>
<tr>
<td>S19AB</td>
<td>Section 19AB of the Health Insurance Act</td>
</tr>
<tr>
<td>StAMPS</td>
<td>Structured Assessment using Multiple Patient Scenarios (ACRRM)</td>
</tr>
<tr>
<td>VTS</td>
<td>Vocational Training Standards (set by RACGP)</td>
</tr>
</tbody>
</table>
## Supervisor’s Checklist

<table>
<thead>
<tr>
<th>Practice Organisation</th>
<th>Reg.</th>
<th>Sup</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overview of practice philosophy, type of patients and areas of special interest</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Overview of patient record systems and procedures</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Computer – medical software program</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Local networks and professional support</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reference books/resources/online systems</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Communication Channel</th>
<th>Reg.</th>
<th>Sup</th>
</tr>
</thead>
<tbody>
<tr>
<td>Build a communication channel that supports registrars being able to raise concerns and discuss issues with their supervisor, including understanding the circumstances when advice should be sought and knowing how to gain advice when the supervisor is otherwise occupied</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Plan and support for urgent issues – triggers and rules</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Plan and support for non-urgent issues – triggers and rules</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Plan and support for after hours – triggers and rules</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Establish a feedback system to support the registrars self-regulation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Establish an environment of exchange of knowledge and expertise</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Teaching and Learning</th>
<th>Reg.</th>
<th>Sup</th>
</tr>
</thead>
<tbody>
<tr>
<td>Establish the registrar’s abilities and learning needs and assist them to plan their learning and develop a learning plan. This should be regularly reviewed with the registrar with attention being paid to the identification of learning gaps, possible training solutions and also areas for improvement</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Discuss and confirm arrangements for allocated teaching (both formal and informal) and additionally protected time</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Discuss and confirm attendance and participation at EV workshops; WES and ECTVS (and any other activities requested by EV). Registrar to provide feedback on those activities.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Establish a process for the observation of registrar consultations</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Establish a process for random case analysis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Establish a process for the review of pathology, imaging referrals and specialist referrals</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Discuss and agree on continuity of care with those patients with CDM, Nursing Homes etc.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Document and discuss areas of concern</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Supervision</th>
<th>Reg.</th>
<th>Sup</th>
</tr>
</thead>
<tbody>
<tr>
<td>Meet the professional development requirements outlined by EV</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ensure registrars have the opportunity to learn clinical and consulting skills relevant to their general practice environment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tailor supervision style to the individual needs of the registrar</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Conduct a risk assessment of the registrars ability to deal with consultations known to be high risk</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Support work-life balance and monitor the registrars stress level</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Act as an excellent role model for registrars</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## Practice Managers’ Checklist

<table>
<thead>
<tr>
<th>Practice Organisation</th>
<th>Reg.</th>
<th>PM</th>
</tr>
</thead>
<tbody>
<tr>
<td>The practice agreement sets out the main obligations of the practice and EV to ensure that high quality training, supervision and educational support is provided</td>
<td></td>
<td></td>
</tr>
<tr>
<td>History of the practice and general structure. Practice facilities and local facilities and amenities, including parking and access to these in and out of hours</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Welcome and introduction to practice staff and supervisor, their roles and practice tour</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Practice information and procedures documentation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accreditation process and responsibilities</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Working Conditions</th>
<th>Reg.</th>
<th>PM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employment agreement to be discussed and signed by the employer and the registrar. NTCER describes the minimum terms that must be offered. Registrars are expected to negotiate their own employment agreement which must not be less than the NTCER. Arrangements for paid leave and accommodation costs (where applicable) should be negotiated as part of this contract</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Professional behavior – registrar to comply with ‘Good Medical Practice’ and practice standards of privacy and confidentiality, punctuality, dress code, mobile phone and social media etiquette, working hours and rostering, procedures for change to work hours and leave and who to approach with questions and concerns</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Method and timing of salary payment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rostering – after hours, home visits and nursing homes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Procedures for altering work hours, sick leave and annual leave</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Registrar teaching – dedicated time blocked off</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Policy on grievance procedures</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reporting incidents and adverse patient events</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Appointments, repeat prescriptions and billing rules for practice</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Drug protocols – addiction</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Safety and privacy information</th>
<th>Reg.</th>
<th>PM</th>
</tr>
</thead>
<tbody>
<tr>
<td>General safety rules and OH&amp;S guide/manual (including duress alarms and how to deal with the aggressive or violent patient)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Protocol for injuries including needle stick</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Overview of non-medical emergency procedure</td>
<td></td>
<td></td>
</tr>
<tr>
<td>AHPRA and medical defence documentation</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Practice equipment and systems</th>
<th>Reg.</th>
<th>PM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phone system – extensions, messaging systems, emergency calls and regional information e.g. local hospital, specialists etc. Fax, photocopiers and scanner</td>
<td></td>
<td></td>
</tr>
<tr>
<td>IT systems – designated login and password to computer programs for registrar. Computer records, clinical notes, templates for referral letters, medical certificates and pathology and radiology referrals. Prescribing and results and also online resources that are available to practice staff</td>
<td></td>
<td></td>
</tr>
<tr>
<td>How to enter HIC items and numbers and billing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Appointment system and booking procedures</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Practice Nurse/ Procedure Room Checklist (if applicable)</td>
<td>Reg.</td>
<td>Nurse</td>
</tr>
<tr>
<td>----------------------------------------------------------</td>
<td>------</td>
<td>-------</td>
</tr>
<tr>
<td><strong>Procedure/Treatment Room</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Role of practice nurse and best how to utilise this</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tour of treatment rooms</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Procedure manual(s) – including those for the disposal of waste and equipment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Safe handling practices – bloods and body fluids etc.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Equipment – spectrums, hyfrecator, spirometer, ECGs, ultrasound etc.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stock – including drug cupboard</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Overview of medical emergency procedures</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Safety Information</strong></td>
<td>Reg.</td>
<td>Nurse</td>
</tr>
<tr>
<td>Contaminated wastes – sharps disposal etc.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Infection control/spills kit</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Procedure for needle stick injury</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Brief on sterilizer/log book</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Records, Results, Recalls</strong></td>
<td>Reg.</td>
<td>Nurse</td>
</tr>
<tr>
<td>Pathology/radiology protocol</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Recall of clinical significant results</td>
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<tr>
<td>General recall and reminder systems</td>
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<tr>
<td>Pap smear entry</td>
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Appendix C

Suggested process for orientation

If at all possible, a visit from the registrar to the teaching practice for introductions and orientation prior to the first day is helpful. Some teaching practices like to arrange an informal morning tea or lunch for this purpose. The practice should also ensure that a provider number and appropriate indemnity insurance have been arranged.

For GPT1/PRR1 registrars, it is suggested that at least the first day in general practice be spent in orientation, sitting in with supervisor consultations, and the first formal teaching session. The registrar is likely to need some time with the practice manager as well to ensure paperwork (e.g. provider number, prescriber number and insurance) is all complete. Depending on the registrar’s experience, a plan for when they will see their first patients and the timing of bookings can be made.

Suggested schedule for orientation, particularly for those in their first year:

The First Day

- Introduce the registrar to staff and other doctors
- Outline the roles of the practice manager, receptionists, nurse and other staff
- Conduct a tour of the practice, advise on building access, parking, lunch arrangements
- Provide information on the local area such as amenities, shops, banks
- Allow time for the registrar to sit in on their supervisor’s consultations
- Allow time for familiarisation with the consulting room
- Allow time for familiarisation with the computer

Suggested Discussion Topics for Supervisors

- Discuss the transition from hospital to general practice
- Introduce the concept of how the consultation works and offer support
- Work towards a collaborative rather than a hierarchical relationship
- Teaching and supervision – explain how, who, when and where it will happen
- Discuss giving and receiving feedback and support whilst consulting
- Advise on how they can access you during consultations e.g. door knock, internal messaging system, phone

Suggested Discussion Topics for Practice Managers

- Introduction to the Practice Manual and Orientation Pack
- How appointments are made and recorded
- What happens at reception
- How the billing procedure works
- Stationery and letters
- Office equipment and procedures
- Pay / leave processes
- Rosters including after-hours
- Using office equipment including the phone system, photocopier, fax etc
- Keys and security
- Occupational health and safety including the use of duress alarms
- Pathology and radiology downloads
The First Week

- Visit local services and facilities such as pharmacy, pathology, radiology, physiotherapy
- Orientation to the local hospital including outpatients, accident and emergency and theatre, if appropriate
- Arrange a session with the nurse and familiarisation with the treatment room and equipment
- Schedule long appointments of 2 patients per hour for those in their first year of GP
- The supervisor should observe the registrar’s consulting skills by sitting in for a few sessions
- Ensure that all EV registrar workshop days are blocked out in the registrar’s appointments

The First Month

- Increase the number of consultations per hour according to the registrar’s ability and level of comfort but within the current Standards (see table under Part 4 – Rostering and patient bookings)
- Assist the registrar with the development of a learning plan
# Appendix D

## Practice Profile

### Practice name:

---

### Enquiries, applications and CVs to the attention of:

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
<th>Email</th>
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### Practice address:

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### Phone:  
Fax: 
Website:  
PO Box: 

### Practice hours:

<table>
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<th>Hours</th>
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<td>Sat</td>
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<tr>
<td>Sun</td>
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### After hours:

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### Nursing home visits:

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### Home visits:

<table>
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</thead>
</table>
Accredited supervisors:

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<thead>
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<th>Name</th>
<th>Area/s of interest (e.g. Aboriginal health, surgery)</th>
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<tbody>
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<td>5.</td>
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</table>

Other GPs:

<table>
<thead>
<tr>
<th>Name</th>
<th>Area/s of interest (e.g. Aboriginal health, surgery)</th>
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<tbody>
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<td>2.</td>
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<td>4.</td>
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<td>5.</td>
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</tbody>
</table>

Practice manager/s:

1.  

2.  

Other staff (e.g. nurses, receptionists, allied health etc):

<table>
<thead>
<tr>
<th>No.</th>
<th>Type</th>
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Overview of registrar requirements (weekends, evenings on-call etc.):

Overview of practice (include how many years as a teaching practice, other teaching involvement, allied health involvement teaching opportunities, patient population profile, special services such as skin checks, travel medicine etc.):

Overview of practice location and local facilities (areas of interest, local amenities):
Overview of supervision team (from each supervisor: length of time as a GP and supervisor, best aspect of each role? Most challenging? Other GP interests (e.g. role in PHN, ACRRM, RACGP etc.))

How do the supervisor/s and practice manager/s keep up to date?:

Overview of in-practice education (e.g. how is education provided? Who provides the most teaching and how? Are there other education sessions that registrars may attend? Are there other learners in the practice?):

Other interactions (social events, group activities etc. that the registrar may take part in):

Include any testimonials from other learners, if available:

Marketing your practice (In one short sentence or phrase, explain why a registrar should select your practice. This will be added to the top of your practice profile.):
Appendix E

Guidelines for the assessment of competency in high risk situations

In the first instance, there are certain patient presentations or situations in which a supervisor might consider asking their registrar to discuss before managing them independently. This is particularly for GPT1/PRR1 registrars and should be discussed at orientation. As expertise will vary depending on the level of training and previous experience (e.g. O&G/paediatric rotations), this list may be modified during the term by discussion between registrar and supervisor.

Conditions:
- Diagnosis of serious medical problems – myocardial infarction, subarachnoid haemorrhage, meningitis and pneumonia
- Diagnosis of serious surgical problems – appendicitis, ectopic pregnancy and abdominal abscess
- Chest pain
- Shortness of breath
- Bleeding in pregnancy
- Trauma, especially fractures and potential nerve or tendon injuries
- Severe headache / worsening or persisting headaches
- Possible malignancy such as breast lumps, bowel symptoms or lymph nodes
- Severe abdominal pain
- Prolonged or unexplained tiredness
- Palpitations
- Mental health scenarios, especially depression with suicidal ideation, adolescents and possible psychosis & mania

Patient groups:
- Antenatal patients
- Assessment of a sick child
- Neonates
- Children with a fever (especially infants under the age of 3 months, those with a fever and no obvious focus and fever present more than 5 days)
- Unwell patients for which there is no clear diagnosis
- Patient (not necessarily unwell), with repeated presentations for the same problem (eg: back pain
- Any patient about which you feel unsure, unsafe or worried

Situations:
- Patients seeking S8 restricted medication and drug addiction issues (illicit drugs, over the counter, prescription or otherwise) e.g. alcoholism, prescription medications etc.
- Patients who are aggressive, angry, agitated or upset
- Any potential mandatory reporting cases (childhood abuse or reporting other doctors)
- Presentations involving unaccompanied minors
- Recording and checking for adverse reactions to medications and warnings of potential side effects

Procedures:
- Immunisation (including travel) prior to the vaccine being given
- Procedural consultations including suturing, minor surgery, ear syringing, cryotherapy, implants, intra-muscular or intra-articular injections, PAP smears, IUD insertion, venepuncture
- Privacy procedures
## Useful resources

<table>
<thead>
<tr>
<th>Organisation</th>
<th>Website</th>
</tr>
</thead>
<tbody>
<tr>
<td>Australian General Practice Training (AGPT)</td>
<td><a href="http://www.agpt.com.au">www.agpt.com.au</a></td>
</tr>
<tr>
<td>Australian College of Rural and Remote Medicine (ACRRM)</td>
<td><a href="http://www.acrrm.org.au/home">www.acrrm.org.au/home</a></td>
</tr>
<tr>
<td>General Practice Supervisors Australia (GPSA)</td>
<td><a href="http://www.gpsupervisorsaustralia.org.au/">www.gpsupervisorsaustralia.org.au/</a></td>
</tr>
<tr>
<td>PHN Gippsland</td>
<td><a href="http://www.gphn.org.au">www.gphn.org.au</a></td>
</tr>
<tr>
<td>PHN South Eastern Melbourne</td>
<td><a href="http://www.semphn.org.au">www.semphn.org.au</a></td>
</tr>
<tr>
<td>PHN Eastern Melbourne</td>
<td><a href="http://www.emphn.org.au">www.emphn.org.au</a></td>
</tr>
<tr>
<td>Royal Australian College of General Practitioners (RACGP)</td>
<td><a href="http://www.racgp.org.au/home">www.racgp.org.au/home</a></td>
</tr>
<tr>
<td>Rural Workforce Agency Victoria (RWAV)</td>
<td><a href="http://www.rwav.com.au">www.rwav.com.au</a></td>
</tr>
<tr>
<td>Rural Doctors Association of Australia</td>
<td><a href="http://www.rdaa.com.au">www.rdaa.com.au</a></td>
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</tbody>
</table>