EV’s Registrar Handbook is an interactive document containing hyperlinks to websites, documents, policies and email contacts that you will need during your training.

If you find that the links are not working or believe information is incorrect, please email enquiries@evgptraining.com.au
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Overview

This Registrar Handbook is designed to provide you with information to help you progress through the Australian General Practice Training (AGPT) Program with EV GP Training (EV).

Policies Governing the Training Program

The Colleges, EV and AGPT all have policies and procedures which underpin the rules of training and are updated on a regular basis. It is registrars’ responsibility to familiarise yourself with these and review as necessary.

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


Registrars should refer to their Registrar Agreement for specific details on the ‘Terms of Agreement’ including responsibilities as a registrar.

Contact Details

<table>
<thead>
<tr>
<th>David Glasson</th>
<th>Chief Executive Officer (CEO)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Professor Neil Spike</td>
<td>Director of Training (DoT)</td>
</tr>
<tr>
<td>Dr James Brown</td>
<td>Director of Education Quality Improvement DoEQI</td>
</tr>
<tr>
<td>Val Treneman</td>
<td>Manager Rural Pathway Training</td>
</tr>
<tr>
<td>Bianca Vardanega</td>
<td>Manager General Pathway Training</td>
</tr>
</tbody>
</table>

Rural Pathway enquiries:  
Gippsland Enterprise Centre  
Suite B2, 50 Northways Road  
PO Box 261  
Churchill, VIC 3842  
T: 1300 851753  
F: (03) 5132 3133

General Pathway enquiries:  
15 Cato Street  
Hawthorn, VIC 3122  
T: 1300 851753  
F: (03) 9822 9011


Information Management Systems

EV uses Pivotal (Melbourne) and gprime (Gippsland) as the information management systems for use by registrars, supervisors, medical educators, program support staff and other groups associated with EV. Both systems are tools for managing learning plans, group communication and educational data management. EV uses Pivotal and gprime 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.** Please ensure you update your contact details in Pivotal if your details change. If you are not receiving emails, please check your junk mailbox.
EV eLearning (EVE)
EVE is an online learning environment containing high quality learning resources, which can be accessed at any time. 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. If you are required to do a module, please take a screen shot or photo of your completion slide when prompted. This provides you with a record to submit for completion.

EVE is a separate program 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 the training year. For further information and advice, contact marcel.mihulka@evgptraining.com.au

Registrar Support
EV Registrar Support and Progress Coordinators are available for registrars to discuss any issues they are experiencing while in the training program. Further information on registrar support and wellbeing is outlined in the relevant EV education policies.

Registrar Liaison Officers (RLOs)
Registrar Liaison Officers (RLOs) provide support and advice to registrars on a wide range of issues related to education and training. They also help to address any issues or problems registrars wish to bring to the attention of EV. Our RLOs are members of the Advisory Council of GPRA and may represent EV at relevant regional, state and national forums.

General Practice Registrars Australia (GPRA)
GPRA is a registrar-based organisation that can assists registrar with questions relating to their training and employment.

Registrars should also refer to the current National Terms and Conditions for the Employment of Registrars (NTCER) available on the GPRA website

Personal Support
EV believes self-care is essential for a practising GP. Doctors support their patient’s health and wellbeing but may neglect their own. EV encourages all registrars to have their own GP. In order to assist our registrars and promote general well-being and functionality, EV includes the topic of self-care in its workshop programs and all registrars have access to EV funded psychological support.

Registrars can arrange appointments directly with one of the psychologists who are accessible to the program. EV will cover up to 8 sessions, free of charge, during training. The psychologist will send a de-identified invoice to EV for these services. Registrars can access this information through the resources section in Pivotal or gprime. Refer to EV’s ED-Org-8.10 Registrar Safety procedure.

Intervention Programs
During the registrar’s time with EV there will be ongoing teaching, supervision, assessment and feedback. It is possible that at some stage a specific problem may be identified with a registrar’s progress. Refer to EV’s ED-Org-8.18 Additional Registrar Support procedure.

The Professional Behaviour Guidelines (refer EV website) support and promote appropriate professional behaviours for registrars, training practice staff and EV staff.
This document provides guidelines for monitoring professional behaviours and a clear process for dealing with situations where problems have arisen. The EV program is based on adult learning principles.

**Complaints and Grievances**

Where a complaint or grievance arises and cannot be resolved informally, EV’s [ED-Org 8.22 Complaints, Grievances and Appeals](#) procedure should be followed. The [Complaint or Grievance Reporting form](#) must be completed and submitted to EV.
AGPT Program Components

Vocational Training Outcomes
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/or Fellowship of the Australian College of Remote and Rural Medicine (FACRRM).

Some flexibility exists in the sequence of terms. Outline of AGPT training terms:

<table>
<thead>
<tr>
<th>Year of training</th>
<th>Core Vocational Training 2017</th>
<th>FRACGP</th>
<th>FACRRM</th>
</tr>
</thead>
<tbody>
<tr>
<td>First year</td>
<td>Hospital Training</td>
<td>H</td>
<td>H</td>
</tr>
<tr>
<td>Second year</td>
<td>GPT1 and 2 (6 month terms)</td>
<td>GPT1</td>
<td>GPT1</td>
</tr>
<tr>
<td>Third Year</td>
<td>GPT3 and 4/ Extended skills (6 month terms)</td>
<td>GPT3</td>
<td>GPT3</td>
</tr>
<tr>
<td>Fourth Year</td>
<td>Advanced rural skills training (Optional)</td>
<td>ESP</td>
<td>ESP</td>
</tr>
<tr>
<td></td>
<td></td>
<td>ARST</td>
<td>ARST</td>
</tr>
<tr>
<td></td>
<td></td>
<td>ME</td>
<td>ME</td>
</tr>
<tr>
<td></td>
<td></td>
<td>EA</td>
<td>EA</td>
</tr>
<tr>
<td></td>
<td></td>
<td>EAF</td>
<td>EAF</td>
</tr>
</tbody>
</table>

Note: weeks refers to full time equivalent

Core Vocational Training refers to the following training terms:
- GPT1, GPT2, GPT3, Extended Skills and Mandatory Elective for FRACGP registrars, and
- PRR1, PRR2, PRR3, PRR4 and AST for FACRRM registrars.
<table>
<thead>
<tr>
<th>Description</th>
<th>FACRRM</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Duration</strong></td>
<td>4 years including mandatory fourth year</td>
</tr>
<tr>
<td><strong>Membership</strong></td>
<td>Required to commence the AGPT Program</td>
</tr>
</tbody>
</table>
| **Structure** | 12 months Core Clinical Training (CCT) or Recognition of Prior Learning (RPL)  
Core: general medicine, general surgery, emergency and paediatrics  
Non-core: anaesthetics and O&G  
24 months Primary Rural and Remote Training (PRRT):  
- 6 months in primary/community care  
- 6 months in hospital and emergency care  
- 12 months rural/remote experience  
12 months Advanced Specialised Training (AST) in one of the following:  
- Aboriginal & Torres Strait Island Health  
- Academic Practice  
- Adult Internal Medicine  
- Anaesthetics (JCCA)  
- Emergency Medicine  
- Mental Health  
- Obstetrics & Gynaecology (DRANZCOG)  
- Paediatrics  
- Population Health  
- Remote Medicine  
- Surgery (24 months) |
| **Program Requirements** | Group Learning:  
- Workshop program  
- Advanced Life Support (REST) x 2  
- Aboriginal Health Curriculum  
- Hospital Teleconferences (optional)  
- Cluster Group meetings (rural)  
In-Practice Feedback  
- Initial Assessment (PRR1)  
- Mini Clinical Evaluation Exercise (miniCEX) x 9  
- Registrar Feedback  
- Supervisor Feedback  
- Training Advisor visits  
In-Practice Learning:  
- Learning and Training Plans  
- Teaching (protected time)  
- ReCEnT Activity  
Learning Activities  
- Educational Enhancement Activities  
- RRMEO Modules x 4 |
| **Assessments** | MCQ  
- Multi-Source Feedback (MSF)  
- Case Based Discussion (CBD)  
- Structured Assessment using Multiple Patient Scenarios (StAMPS)  
- Procedural Logbook  
- AST assessments specific to discipline |
| **Further Information** |  
- ACRRM  
- EV policies |
<table>
<thead>
<tr>
<th>Description</th>
<th>FRACGP</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Duration</strong></td>
<td>3 years plus optional fourth year (FARGP)</td>
</tr>
<tr>
<td><strong>Membership</strong></td>
<td>Required to commence the AGPT Program</td>
</tr>
</tbody>
</table>
| **Structure**                | 12 months Hospital Training or Recognition of Prior Learning (RPL)  
Core: general medicine, general surgery, emergency and paediatrics  
Non-core: three rotations relevant to general practice  
18 months general practice terms (GPT):  
- 6 months GPT1  
- 6 months GPT2  
- 6 months GPT3  
6 months Extended Skills (academic, hospital, GP or community)  
Additional 12 months Advanced Rural Skills Training (ARST) for FARGP:  
- Aboriginal & Torres Strait Island Health  
- Academic Practice  
- Adult Internal Medicine  
- Anaesthetics (JCCA)  
- Emergency Medicine  
- Mental Health  
- Obstetrics & Gynaecology (DRANZCOG)  
- Paediatrics  
- Palliative Care  
- Small Town Rural General Practice  
- Surgery (24 months)  
**Program Requirements**  
**Group Learning:**  
- Workshop program  
- Advanced Life Support (1) and CPR (x 2)  
- Aboriginal Health Curriculum  
- Hospital Teleconferences (optional)  
- Cluster Group meetings (rural)  
**In-Practice Feedback**  
- Initial Assessment (GPT1)  
- External Clinical Teaching Visits (ECTV) x 5  
- Registrar Feedback  
- Supervisor Feedback  
- Training Advisor Visits  
**In-Practice Learning:**  
- Learning and Training Plans  
- Teaching (protected time)  
- ReCenT Activity  
**Learning Activities**  
- Educational Enhancement Activities  
- DISQ and CFET surveys (optional or as directed)  
- Procedural Skills Log (optional)  
**Assessments**  
- Applied Knowledge Test (AKT)  
- Key Feature Problems (KFP)  
- Objective Structured Clinical Examination (OSCE)  
**Further Information**  
- RACGP  
- EV policies |
Training Options

Recognition of Prior Learning (RPL)
Recognition of prior learning (RPL) can reduce a registrars’ overall time in the AGPT Program. RPL is not automatically granted as both EV and the relevant College need to be satisfied the registrar has the skills and knowledge to justify a reduction to their training time in the AGPT Program.

Applying for RPL
RPL applications to EV is a two stage process:

- Applications must be submitted to Program Staff no later than the first three months of commencing the AGPT Program.
- Applications should be submitted using the relevant College RPL form along with the required portfolio of evidence.

RPL is a separate process to consideration of mandatory hospital experience required prior to starting in general practice. Registrars will need to complete mandatory hospital experience before commencing in a general practice training placement, irrespective of the actual time spent in hospitals.

For further detailed information, please refer to:

- EV’s ED-Org-8.4 Recognition of Prior Learning
- EV’s ED-Org-8.3 Prior Learning Assessment
- ACRRM Fellowship Training Handbook
- RACGP Recognition of Prior Learning Policy

Mandatory Electives
Where a registrar training towards FRACGP receives RPL without time-credit they are required to undertake training commensurate to that length of time as a mandatory training elective. Mandatory Elective terms are still bound by pathway requirements and are expected to be undertaken in general practice unless otherwise approved by DoT. It can only be undertaken after completion of the last GP placement (GPT3 or ESP) and is not an extension of training time.

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. 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 consulting time does not include teaching, administration or educational release time.
Registrars wishing to training at less than 0.5 FTE will only be considered on an exception basis and is generally discouraged. Any such arrangements are subject to approval by the EV CEO and must meet RACGP and/or ACRRM requirements for minimum hours per week.

For detailed information, registrars should refer to EV’s [ED-Org-8.9 Training Obligations](#) procedure.

### 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, and
- Carer’s leave with valid certificates.

#### Category 2 - Additional Leave
- Discretionary leave,
- Study leave, and
- Any other purposes not included under Category 1 leave.

Category 2 leave is capped at a maximum of six calendar months and can only be taken during Core Vocational Training. A second period of Category 2 leave of up to 6 calendar months may be approved by EV, but only where extenuating and unforeseen circumstances have been demonstrated.

#### Category 3 – ADF Leave
- ADF Service Leave, and
- Full-time members of the ADF

All of the above categories impact on training time and must be taken into consideration when planning eligibility for the College/s exams and completion of training.

It is expected that while a registrar is on approved Category 1 and 2 Leave, they will not undertake other paid employment.

All leave (except employment-related leave), must be approved by EV in advance by submitting a completed Leave Application form along with any supporting documents relevant to the application. For detailed information on leave categories, registrars should refer to EV’s [ED-Org-8.13 AGPT Program Leave](#) procedure.

### Application to Transfer

Registrars are expected to complete their training within the region they were selected into under the AGPT Program.

Registrar transfers are also split into 3 categories.

- Category 1 – Transfers between RTOs or Training Regions;
- Category 2 – Transfers between Pathways;
- Category 3 – ADF Registrar Transfers
Transfers are not required for vocational hospital training or for rural pathway registrars wishing to undertake an Extended or Advanced Skills Training post in an RA-1 area (subject to conditions) within EV’s training region.

For detailed information on seeking a transfer, registrars should refer to EV’s ED-Org-8.16 AGPT Program Transfers procedure.
Training Obligations

General Pathway
General pathway registrars are required to undertake at least **12 calendar months** of their training in a prescribed location during their core vocational training. Registrars are also required to gain experience in at least three different practices during core vocational training terms. Please refer to EV’s *ED-Org-8.9 Training Obligations* procedure.

The option to train in a rural location is dependent on the availability of places after all rural pathway registrars have been allocated for the training year.

Rural Pathway
Registrars are required to undertake the majority of their training in a prescribed location (rural and remote classified as ASGC-RA2-5) regardless of whether they are training on a full-time or part-time basis.

- Rural pathway training location requirements do not apply to the hospital/core clinical training year;
- Where registrars wish to undertake their Extended Skills or Advanced Skills Training (excluding general practice training terms) in a RA-1 location, EV may approve the placement subject to:
  - The transfer being on a temporary basis with registrars expected to return to the rural pathway on completion;
  - Approvals being considered only when all options for rural placements within EV’s Training Region have been exhausted;
  - A transfer from the rural pathway to the general pathway not being required.
- RACGP registrars are required to gain experience in at least two different practices during their core vocational training terms.
- Registrars on the rural pathway are expected to reside in Gippsland and within reasonable travel time from the practice they are placed in. Attempting to reside and commute from Melbourne whilst training on the rural pathway in Gippsland is detrimental to training and not supported by EV.

Registrars undertaking FACRRM 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 (minimum six months FTE),
- Hospital and emergency care (minimum six months FTE), and
- Rural and remote context (minimum twelve months FTE).

Registrars must spend a minimum time requirement in each broad category, as outlined in the *ACRRM Fellowship Training Handbook*.

For detailed information, registrars should refer to EV’s *ED-Org-8.9 Training Obligations* procedure.
Registrar Re-enrolment
Each year, registrars review their current training portfolio and confirm their training plans for the following year. This is achieved by participating in a re-enrolment process.

All current registrars must re-enrol. Only registrars who will complete fellowship within the current training year are not required to re-enrol.

The re-enrolment process generally commences 6-8 weeks before the first round of the annual practice match opening, to enable registrars to confirm their training plans and apply for:

- In-practice placements via the practice match,
- Procedural/composite posts,
- Transfers,
- Academic posts
- RME posts
- Extensions of training time, and
- Leave.

Practice Match
The practice match is a process conducted annually to place registrars with training practices. It is generally conducted over two rounds:

- Round 1: Commences in June and is open to those registrars undertaking GPT2/PRR2, GPT3/PRR3 or ESP-GP/PRR4 terms in the following training year.
- Round 2: Commences in September and is open to:
  - Those registrars undertaking their GPT1/PRR1 term from the beginning of the following training year, and
  - 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 participating registrar, prior to the commencement of each round. However, the following information is provided for reference.

All EV training practices are accredited against the standards of the RACGP and/or ACRRM (as applicable). All practices are subject to a three-year cycle of re-accreditation.

Requirements prior to starting at a Training Practice
When matched, registrars must contact the practice manager at least three months before a general practice term begins. A face-to-face meeting should be arranged prior to commencement, to finalise employment terms and conditions.

Employment Contract
An employment agreement in accordance with the NTCER must be in place prior to commencing the term. All registrars must be an employee of the training practice.

Registrar 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 the training placement. 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.
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 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, registrars should refer to AGPT website/../Application forms.
Placement Obligations

Practice Orientation
An orientation process will be undertaken at the commencement of each new placement. This will generally include:

- Introduction to practice staff,
- Introduction to the practice manager and supervisor,
- Local health services,
- Appointments and billings,
- Medical record system,
- Practice Safety Policy, and
- Policies, procedures and processes.

Practices provide the registrar with information on methods that the registrar can use to contact their supervisor.

Supervision
EV requires training practices to provide a level of supervision appropriate to the competence and training needs of the registrar in the context of the training post. The following minimum levels of supervision are required:

<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>

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

In-Practice Teaching
Accredited supervisors are expected to provide teaching to registrars at a level suited to their stage of training. During the first three GP training terms, dedicated in-practice teaching must be scheduled with supervisors or members of the supervision team in ordinary time.

<table>
<thead>
<tr>
<th>Term</th>
<th>FTE Hours per week</th>
</tr>
</thead>
<tbody>
<tr>
<td>Term</td>
<td>1.00</td>
</tr>
<tr>
<td>GPT1/PRR1 (1 hr protected)</td>
<td>3.00</td>
</tr>
<tr>
<td>GPT2/PRR2 (1 hr protected)</td>
<td>1.50</td>
</tr>
<tr>
<td>GPT3/PRR3 (protected)</td>
<td>0.75</td>
</tr>
<tr>
<td>ESP (GP)/PRR4</td>
<td>0.00</td>
</tr>
</tbody>
</table>

For further information on the content of In-practice teaching, refer to this section under Program Requirements.
Patient Workload and Breadth of Practice

Registrars are expected to participate in a broad range of general practice activities, including after-hours and off-site care if required by the training practice. The registrar is also expected to be provided with an adequate patient load.

The registrar must not book more than four patients per hour in any general practice terms. It is recognised that patient numbers may lie outside this range in some clinical settings. This may be because of a predominance of long consultations or home visits in the context of Aboriginal health, or with consultations that involve a high travel component.

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

The case load of the registrar must be monitored and managed to ensure the registrar does not see a particular group (for example, related to age or gender) or presentation in an excessive proportion.

In determining registrar consulting load, consideration should be given to the registrar’s level of experience and competence and the type of services rendered.

Registrar workload is recorded and monitored on a monthly basis on the EV program management system. It is important to keep accurate records as certain data must be reported to the Department of Health. In addition, the registrar needs evidence of satisfying the required practice teaching time at each stage of their training to be eligible for certification of completion of training. If a registrar has concerns about what is recorded in the monthly reports, it is advisable to discuss this first with the practice. If any concerns are not resolved, contact EV in a timely manner. By confirming the monthly record, a registrar is agreeing that it is correct.

Provision of services at local hospitals

In smaller communities where there is a hospital, the local GPs and registrars, 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 presenting for after-hours care.

There are significant benefits of this relationship between the hospitals and the practices. These include:

- 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 illness

The registrar will have to complete the credentialing requirements of the local hospital before VMO rights are granted. This should be done well in advance of commencement of the placement.
Pre-existing personal relationships and employment at practices
EV discourages the placement of registrars 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 GPT3/PRR3 and above providing:

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

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

Therapeutic relationships between registrars, supervisors and practice staff
Supervisors and registrars should not enter into formal therapeutic relationships with each other while the registrar is undertaking a training term within the training practice of the supervisor.

Supervisors and registrars 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 DoT who will review the incident, provide debriefing (where necessary) and consider issues regarding the continuation of placement.
**Program Requirements**

EV is committed to providing patients and their communities with high quality general practitioners who consistently demonstrate appropriate professional behaviours.

The program is designed to give registrars the knowledge, skills and attitudes necessary to practice unsupervised in general practice and to prepare for the RACGP and/or ACRRM assessments.

See Appendix 1 and 2 at the end of the handbook for an outline of program requirements for each training term.

**Group Learning**

**Peer Learning Workshops (PLWs)**

Education workshops are delivered by EV during the GPT1/PRR1, GPT2/PRR2 and GPT3/PRR3 terms. EV will provide 130 hours of workshop education, 112 of these are to be spread over GPT1/GPT2 with a minimum of 67 hours in the first GP term. 18 hours of workshop time is allocated to GPT3/PRR3.

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.

In exceptional circumstances, the registrar may provide evidence of having achieved the learning objectives by another method. Any such application will be subject to independent review based on demonstrated achievement of the learning outcomes.

Part-time registrars are expected to meet their workshop attendance requirements as if they were full-time. This means they 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.

Attendance at ALS/REST, WES or cluster groups does not count towards the workshop program.

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.

<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 workshop</td>
<td>3 workshops</td>
</tr>
</tbody>
</table>

Registrar Medical Educators (RMEs) have the opportunity to teach registrars whilst gaining personal knowledge, skills and competencies required for a career in medical education. The role can assist registrars towards becoming a well-informed and inspired GP.
These positions are accredited as Extended Skills Training Posts and can therefore count towards training time. For more information, visit our website at http://www.evgptraining.com.au/training-opportunities/.

Weekend Education Series (WES)
Voluntary educational sessions are offered on some weekends during the semester. Topics may include:
- Interactive lecture and/or small group workshops on Aboriginal and Torres Strait Islander health, advanced surgical skills training, CPR updates and Implanon insertion training.
- Mental health skills training

Aboriginal and Torres Strait Islander Health Curriculum
The aim of this program is to provide a background on cultural and historical perspective on which to build an effective and culturally informed approach to clinical problems that are common in Aboriginal and Torres Strait Islander patients in urban, country and remote areas. To achieve this with some flexibility for registrars, a variety of activities are planned.

For rural pathway registrars, attendance at a GPT1/GPT2 Aboriginal Health workshop is required and includes completion of a reflective exercise.

For general pathway registrars, the following will apply:
- GPT1, GPT2 and GPT3 registrars will attend all the Aboriginal Health sessions held in each level of their workshop program. In addition, all registrars must complete one of the following activities prior to completion of training:
  - An Aboriginal Health Reflective Activity, or
  - WES presentation for Aboriginal and Torres Strait Island Health, or
  - Cultural Heritage activity and reflection:
- From semester 2.2017 ESP-GP and above registrars are required to have completed two of the above activities prior to completion of training. This does not apply to those registrars who have already completed the Aboriginal Health Points under the 2016 Metropolitan Program.

Emergency Training
Registrars must complete approved emergency training in order to achieve vocational training.

For RACGP, registrars must successfully complete:
- A Cardiopulmonary Resuscitation (CPR) course completed within the 12 months prior to commencing GPT1, and
- A Cardiopulmonary Resuscitation (CPR) course completed within the 12 months prior to applying for Fellowship, and
- Training in the early management of trauma and advanced life support (ALS) completed within the four years prior to applying for Fellowship.

All CPR and ALS courses must meet the requirements in the RACGP’s CPR and ALS course guidelines

For FARGP, registrars must complete a second approved ALS course.

For ACRRM, registrars must successfully complete a minimum of two ALS courses:
- Rural Emergency Skills Training (REST) course by the end of the first year of PRR training, and
- A second approved accredited Tier 1 course or two accredited Tier 2 courses.
For further information, refer to the ACRRM *Fellowship Training Handbook*

Second approved emergency training for both RACGP and ACRRM include:

- Rural Emergency Skills Training (REST),
- Advanced Life Support in Obstetrics (ALSO),
- Advanced Paediatric Life Support (APLS),
- Clinical Emergency Management Program (CEPM) Advanced, and
- Early Management of Severe Trauma (EMST).

**Cluster Group Meetings (Gippsland)**

Cluster groups are small regionally based learning groups delivered in Gippsland. The structure of the meetings is decided amongst the group and facilitated by a regional medical educator. Registrars in hospital and general practice terms are encouraged to attend and contribute to the cluster group meetings which are held in the evening on a monthly basis.

Registrars should not be on-call the night of a cluster meeting and must be provided with adequate travel time to attend cluster meetings. Check the calendar for the dates of your regional cluster group meetings.

<table>
<thead>
<tr>
<th>Cluster Group</th>
<th>Area</th>
</tr>
</thead>
<tbody>
<tr>
<td>Latrobe</td>
<td>Churchill, Hazelwood, Moe, Morwell and Traralgon</td>
</tr>
<tr>
<td>Wellington</td>
<td>Heyfield, Maffra and Sale</td>
</tr>
<tr>
<td>West Gippsland</td>
<td>Bunyip, Drouin, Koo Wee Rup, Neerim South, Trafalgar, Warragul and Yarragon</td>
</tr>
<tr>
<td>South Gippsland</td>
<td>Cowes, Foster, Korumburra, Leongatha and Wonthaggi</td>
</tr>
<tr>
<td>East Gippsland</td>
<td>Bairnsdale, Lakes Entrance, Orbost and Paynesville</td>
</tr>
</tbody>
</table>

**Hospital Teleconferences**

Hospital teleconferences are fortnightly educational sessions on core topics. These sessions are facilitated by a medical educator with assistance from other health professionals. They are held during the evening starting at 8.00 pm and lasting for approximately an hour.

Registrars in hospital are encouraged to attend and contribute to these sessions. Registrars will be contacted by email with details of the topic and instructions on how to join the teleconference.
In-Practice Feedback

Initial Assessment
Registars beginning general practice training have variable levels of performance, so it is not safe to assume individual registrars are competent enough to begin consulting independently with patients. To ensure that registrars are safe to practice within the parameters of typical first term supervision arrangements, EV undertakes an initial assessment for each registrar to identify a registrar’s level of performance.

The assessment process is comprised of three elements; one competence-based and two performance-based.

- Registrars’ competence 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) visit.

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 by the end of the first six weeks of GPT1.

Registrars are required to document their learning plan by the end of the first four weeks of the semester that details how they intend to use the training opportunities of their placement to meet their learning needs. The registrar’s Training Advisor (TA) will discuss their learning plan and future goals during their ECTV or at a separate visit or phone call by the end of the first six weeks of GPT1.

Registrars will receive feedback from each element of the three assessments which is uploaded to the registrar’s online portfolio.

The outputs of the three assessment elements will be collated by EV’s program support team by the end of the twelfth week of GPT1, which are then discussed at a regional GPT1 Cohort Review. Registrars identified as performing ‘below expectation’ will be reviewed at the Cohort Review and feedback will be emailed to the individual registrars to inform their training, education and supervision (with their supervisor and relevant MEs copied in).

For more detailed information on this process, registrars should refer to the Initial Assessment guidelines.

All registrars who commence GPT1/PRR1 are required to complete this mandatory assessment.

Registrar Feedback
Two way feedback between the registrar and supervisor occurs twice per term. Registrars are to complete the Registrar Feedback forms at week six and twenty. These forms ask the registrar to provide feedback on the practice and the supervisor. Registrars also complete a self-reflection survey against specific domains at week twenty.

Feedback is jointly discussed and the completed forms are submitted to EV at week six and twenty.
Registrar feedback exceptions:

- **General pathway:**
  - Full-time registrars commencing GPT1/PRR1 are not required to complete the *Registrar Feedback* form at week 6.
  - Part-time GPT1/PRR1 registrars will be required to complete the *Registrar Feedback* form at week 6 in the second 6 months of their placement.

- **Rural pathway:**
  - Full-time registrars commencing GPT1/PRR1 are not required to complete the *Registrar Feedback* form at week 6.
  - Part-time GPT1/PRR1 registrars will be required to complete the *Registrar Feedback* form at week 6 in the second 6 months of their placement.

- **Rural pathway registrars commencing GPT2/PRR2 and above terms are required to complete the Mid-Semester Feedback and End-of-Semester Feedback forms in gprime (instead of the Registrar Feedback forms)**
- Registrars in hospital-based terms are required to submit an HMO Assessment report (or EV’s Referee report) at the end of each rotation or six month placement.

There may be times when a registrar wishes to give EV confidential feedback. Registrars can contact program support staff, their Training Advisor or a Registrar Liaison Officer. It is important to note that feedback given in confidence places limitations on the actions that EV can take, as in some circumstances taking action will serve to identify the source of feedback.

**Supervisor Feedback**

Two way feedback between the supervisor and registrar occurs twice per term. Supervisors are to complete the *Supervisor Feedback* forms at week six and twenty. These forms ask the supervisor to provide feedback against specific domains. The *Supervisor Feedback* form is replaced by the *In-Practice Performance Assessment form* at week six for registrars commencing GPT1/PRR1.

Feedback is jointly discussed and the completed forms are submitted to EV at **week six and twenty**.

The supervisor will provide written feedback on the registrar’s communication skills, consulting skills, clinical knowledge and skills, contextual awareness and knowledge, and professional behaviour and identity. The supervisor should aim at giving a good global assessment of where a registrar stands for their level of training.

The guiding objectives are:

- There should be no surprises for registrars in this assessment. Regular feedback sessions during the term should have already addressed or flagged problem areas.
- Registrars are encouraged to be proactive in seeking feedback also.
- Registrars are encouraged to review their learning planner (LP) to note and take advantage of any suggestions that may have been discussed.
- Feedback is jointly discussed and the completed forms are submitted to EV at week six and twenty.

Where an assessment has identified areas “below the expected level”, this should be seen as an opportunity to further discuss and address perceived problems. If further investigation is required, a medical educator will discuss the situation with the supervisor and meet the registrar to develop a plan to address any issues identified.
Supervisor feedback exceptions:

- For registrars commencing GPT1/PRR1 the Supervisor Feedback form is replaced by the In-Practice Performance Assessment form at week six. The Mid-Semester Feedback form (rural pathway registrars) is not required during this term.
- For part-time GPT1/PRR1 registrars, supervisors will complete the Supervisor Feedback form at week 6 in the second 6 months of their placement.
- For rural pathway registrars, the supervisor completes the Mid-Semester Feedback and Supervisor Report form in gprime at week 13 and twenty. Supervisor may wish to use the updated feedback form which is available to download from Pivotal or gprime via the documents section.

External Clinical Teaching Visit (ECTV)

External Clinical Teaching Visits (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 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 and Progress Coordinator (RSPC) for further assessment and assistance. This should be seen as an opportunity to further discuss and address perceived problems.

ECTV guidelines:

- 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.
- An observation 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/gprime).
- Feedback is provided 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 are encouraged to review their learning plan to note and take advantage of any suggestions that may have been provided.

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 Director of Training (DoT) or Registrar Support & Progress Coordinator (RSPC).

Part-time registrars will receive the same number of ECTVs per term but the visits will be scheduled over the 12 months of the registrar’s placement.

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.

For further information, refer to the ACRRM Fellowship Assessment Handbook

Training Advisor Visit

The role of the Training Advisor (TA) is to provide overall advice and guidance to the registrar (relevant to their stage of training) about their learning needs, personal plans and goals, program requirements and career options.

The TA reviews the learning and training plans, ensuring that the learning plan and registrar portfolio are monitored and updated during their term. 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 designated TA 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 meeting will include:

- 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 visits during training terms:

- Hospital/CCT: two per semester; one of which is 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 6 and twenty
- GPT2/PRR2: two per term before the end of week 6 and twenty
- GPT3/PRR3: two per term before the end of week 6 and twenty
- ESP/PRR4: two per term before the end of week 6 and twenty
- Mandatory Elective: two per term before the end of week 6 and twenty
- ARST/AST: one visit per semester before the end of week twenty

Part-time registrars (0.5 and 0.75 FTE) will receive the same number of TA visits per 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.

In-Practice Learning

Practice Based Teaching
Learning the essential knowledge and skills for general practice occurs through observing and practising under the observation and guidance of supervisors. Time spent with experienced GPs provides essential experience in the application of knowledge and skills and guided learning on how to be a GP. For information on the amount of in-practice teaching, refer to this section under Practice Obligations.

The supervisor must provide a planned education session each week in the protected face-to-face session for registrars. These sessions must be consistent with the registrar’s learning plan and at an appropriate level having regard to the registrar’s knowledge and experience, and may be prepared by the registrar.

Recommended teaching activities for the weekly protected face-to-face session includes the following:

- Clinical discussions or formal tutorials based on the registrar 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:
  o registrar sitting in on supervisor’s consultations
  o supervisor sitting in on registrar’s consultations
  o videotaped consultation or role play
• Preparation for 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

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

As part of the orientation process, registrars should identify how best to contact their 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 undergraduates during their attachments. There are also teaching opportunities within their peer group, and of course there is much potential for their supervisors and other GPs in their practices to learn from the registrars.

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.

Learning Plan and Training Plan
Registrars are required to have a documented learning plan and training plan in accordance with requirements of RACGP and ACRRM to guide them through their training. Creating and maintaining the registrar learning and training plans are primarily the responsibility of the registrar, but should be regularly updated and discussed with their supervisor and ME at each ECT or TA visit.

Learning Plan
Registrars are required to document a learning plan by the end of week 4 each semester that details how they intend to use the training opportunities of 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. Following the 20 week review, registrars are required to revise their learning plan and include a reflection on the outcome of their learning planning.
The registrar may upload their documented learning plan to Pivotal/gprime or they may use the learning plan available on Pivotal/gprime. The learning plan must document at least four learning needs and their associated intended placement based learning activities that require prospective planning with the supervisor. The supervisor will certify that the registrar’s learning plan has been discussed with them and training advisors will certify that the learning plan is sufficient to meet EV requirements.

Training advisors will certify that the learning plan is sufficient and that it has been discussed. If the registrar uses another format, it must be able to be uploaded to Pivotal/gprime at least twice a semester with the second upload including reflections on the outcomes of the learning plan completed early in the semester.

Non-compliance will be identified and discussed by the ME at each ECT or TA visit and at semester Cohort Reviews. Registrars will be notified of non-compliance and flagged to the RSPC. Persistent non-compliance will result in the registrar not being certified as exam ready or as having satisfactorily completed training. Registrars may seek assistance from their Training Advisor or supervisor.

**Training Plan**

Registrars are required to complete a training plan at least annually. Registrars commencing GPT1 in semester 2.2017 will be required to complete a formal training plan which can be downloaded from Pivotal or gprime via the documents section. Thereafter, this should be updated during each training placement and prior to re-enrolment.

The training form will contain the details of the registrar’s training requirements with reference to their training pathway. Registrars are required to detail any intended placements and when and how they intend to complete their training requirements. The training plan must contain at least their training intentions for the current and following years.

The training plan should be discussed between the registrar and ME at each ECT or TA visit. The ME will certify that the training plan is sufficient and that it has been discussed. Data from registrar’s training plans will inform both the registrar and the program in meeting their training needs and ensuring that training milestones are achieved.

**Registrar Clinical Encounters in Training (ReCEnT)**

Registrar Clinical Encounters in Training (ReCEnT) is a tool which produces a clinical profile for registrars to prompt reflection, education and quality improvement. There are two types of data profiled within ReCEnT:

- **Clinical encounter data** which includes details about patient consultations, patient demographics, reasons for the encounter and problems managed, and
- **Educational encounter data** which includes supervisor input, sources of support and assistance (including the nature of conditions for which registrars seek advice on patient care) and educational learning goals.

Registrars are required to record a block of 60 consecutive patient contacts once per six months of FTE training during the program. Practice supervisors and managers are notified prior to each recording period seeking their support for the registrar in meeting this training requirement.

Data is collated for each registrar and a report is generated with graphical representations of the clinical and educational encounters. The report shows the amalgamated data of each registrar from the current training term, provides a comparison with their previous training term/s, as well as a comparison with normative registrar data. Registrars are encouraged to use the ReCEnT process and the report as opportunities for focused reflection and discussion with their supervisor and medical educator.
A ReCEnt survey should be completed during GPT1, GPT2 and GPT3 (and ACRRM equivalent terms) by all registrars in training.

Rural pathway registrars who commenced GPT1/PRR1 prior to semester 1.2017 are not required to complete this activity.

**Learning Activities**

**Educational Enhancement Activities**

EV offers registrars the opportunity to complete the following educational enhancement activities:

- Peer Teaching Presentation
- Community Issues Project
- GP Audit

Rural pathway registrars who commenced GPT1/PRR1 prior to semester 2.2016 are required to complete all three of these activities.

All other registrars must complete at least one of these activities but can elect to complete more than one if they choose.

Registrars should document their intentions in their learning and training plans which should be discussed with their supervisor and training advisor.

The educational enhancement activity should be completed by the end of core vocational training.

Some practices may request that their registrar completes a particular activity during the placement and in this case, the activity must be finalised before the end of that placement.

For detailed information, including contacts and forms, refer to the *Learning Activities Guideline* available to download via gprime or Pivotal.

**Peer Teaching Presentation**

All doctors as they progress through their careers will have opportunities to teach and need to develop appropriate skills. The peer teaching activity will develop and refine these skills. Teaching is also a good way of learning. The process reinforces the tradition of passing on professional knowledge and skills to peers and juniors and improves confidence in the role.

Registrars who elect to undertake this activity will prepare and deliver a teaching session for a group of their peers. The teaching session may take any appropriate form and should be individualised to address the structure and learning needs of the group, with regard to choice of topic, session design, and level at which it is pitched and be based on adult learning principles.

The registrar should consider the provision of pre-reading, handouts, and follow up activities for the learners.

Opportunities for conducting a teaching session may include:

- In practice – possible learner groups include medical students, other registrars and medical staff and allied health professionals.
- Cluster group meeting - by making arrangements in advance with the regional facilitator.
- Peer learning workshop (GPT1 and/or GPT2) - by making arrangements in advance with the relevant workshop coordinator.
- As a Catch-Up (CUP) alternative by making arrangements in advance with the relevant workshop coordinator.
- Other opportunities such as study groups.
Evaluation of the session should be considered at the design stage. Feedback should be sought about both the positive aspects of the session as well as areas that require improvement.

After the delivery of the session, the registrar will write a reflective exercise using the *Educational Enhancement Activities* form available to download via gprime or Pivotal. This must be submitted to the relevant Registrar Support Officer along with an electronic copy of any support documents (where available).

**Community Issues Project**
GPs have a role in the community other than just one-on-one consulting. As the discipline of general practice has evolved, its community-based context has remained absolute. In one sense, the GP is a mediator between medicine and the community.

In order to develop the acquisition of system-level and leadership skills, the registrar undertakes a community issues project, with the advice and support of their supervisor.

The registrar must:
- Identify an issue in the community in which they work
- Review relevant literature
- Liaise with their supervisor, and agree on the issue and project
- Formulate and deliver a project, or
- Initiate an investigation and make a short presentation.

The project should be tailored to the local community and be agreed upon with their supervisor. The registrar must complete the project during their time at a single practice.

Suggested activities include:
- Community health presentation
- Investigation of a community service
- Investigation of a local epidemiological issue
- Local media article/interview/web content

Registrars at the same practice or in the same locality may do a group project.

The supervisor will be asked to review the project, and provide feedback to the registrar and EV on the *Educational Enhancement Activities* form, in relation to a set of criteria.

A group project should be more substantial than an individual effort.

The registrar is to write a short report and reflection about the project using the *Educational Enhancement Activities* form which is available to download via gprime or Pivotal.

The registrar may elect to make a presentation to the supervisor and/or other practice staff. The supervisor will write some brief comments and sign the form which is to be forwarded, by the registrar, to the relevant Registrar Support Officer.

**General Practice Audit**
An audit is a systematic, critical analysis of the quality of medical care being provided, with a view to ensuring that the best quality service is being achieved, given available resources.

An audit involves a review of some aspect of care to consider what worked well and what could be improved. This is done by comparing results with an accepted standard, guideline or agreed best practice.
The audit ‘loop’ is closed by implementing changes to address identified shortcomings and then re-auditing to document improvements and assess the need for further change. Periodical review, using the audit process, is a means of driving ongoing improvement to patient care.

Registrars who elect to complete this activity will be required to conduct an audit into an aspect of practice at the clinic in which they are working. This is a whole-practice audit and should not focus on individual practitioners.

The audit should include:

- A needs assessment
- The development of the audit question
- Identification of an appropriate standard or guideline
- Data collection
- Analysis of the data and comparison with the standard
- Suggestions for interventions to improve performance

In order to make the question relevant to the practice in which the registrar is working, the registrar should discuss the focus of the audit with his or her supervisor and, if appropriate, the practice manager.

The registrar will present the findings to the practice, which will be supported by a formal ‘report’ in the registrar’s choice of style. The ‘report’ could be the slides and notes from a PowerPoint presentation or based on the IMRAD format (Introduction, Methods, Results (Findings) and Discussion). Other formats are acceptable.

The submitted report/presentation should meet the specified criteria as outlined in the Learning Activities Guideline.

The supervisor will give private verbal feedback to the registrar and complete written feedback on the Educational Enhancement Activities form.

Once the audit findings have been presented to the practice, the registrar will complete the Educational Enhancement Activities form, including a summary of the audit and a brief reflection on the completed task. The report should be signed by the supervisor and then forwarded the relevant Registrar Support Officer.

**RRMEO Modules (FACRRM)**

ACRRM provides registrars with a growing selection of interactive modules through Rural and Remote Medical Education Online (RRMEO).

RRMEO modules must be approved by ACRRM as suitable for training. These modules are marked on RRMEO Educational Inventory as FACRRM recommended.

Registrars are required to complete at least **four** FACRRM recommended RRMEO modules before the end of core vocational training.

For more information on this activity, please refer to ACRRM Fellowship Training Handbook

**DISQ and CFET Surveys**

Feedback has a crucial role in a registrar’s learning by encouraging the registrar to think about their performance and ways to improve it. Feedback is obtained from multiple sources has been found to be a reliable way to assess a doctor’s performance.
RACGP registrars are encouraged to undertake one or both surveys:

- Doctor’s Interpersonal Skills Questionnaire (DISQ) can be undertaken in GPT1
- Colleague Feedback Evaluation Tool (CFET) can be undertaken in GPT2

The combination of the DISQ and CFET surveys will give a 360 degree assessment of a doctor’s professional skills, and interpersonal and communication abilities.

Rural pathway registrars who did not complete the relevant survey by the end of semester 2.2016 are still required to finalise this activity.

For ACRRM registrars, it is mandatory to complete a summative Multi-Source Feedback (DISQ and CFET) assessment during PRRT. ACRRM registrars must refer to the Fellowship Assessment Handbook available on their website as completion is a prerequisite for Fellowship. ACRRM registrars contact CFEP Surveys direct to enrol in the summative MSF assessment.

**Doctors’ Interpersonal Skills Questionnaire**

DISQ gives GPs structured patient feedback on their interpersonal skills within the consultation, such as listening, respect and clarity of explanations.

Registrars receive a package containing written instructions to registrars, supervisors and reception staff. The survey is completed in accordance with a standardised process involving the agreement of the practice and the voluntary consent of patients. The receptionist/practice manager administers a questionnaire to 50 consecutive patients after the patient’s consultation with the registrar. These are then sent direct to CFEP Surveys for analysis.

**Colleague Feedback Evaluation Tool**

CFET is a questionnaire, completed by team-members, that focuses on the doctor’s professional skills, such as clinical ability, keeping up-to-date, working within limitations, teamwork, commitment, and probity.

The registrar completes a self-assessment and nominates 15 colleagues (medical and non-medical) with whom they have regular contact to complete the survey. The survey is completed online and respondents’ feedback is confidential. The registrar should nominate subordinates, peers, and supervisor within their immediate work circle. The CFET survey has a comprehensive ‘Self-Assessment’ that the registrar should complete.

The registrar receives a comprehensive report from CFEP Surveys, with an analysis of the data presented in various ways. Further feedback stems from the discussion between the registrar and their supervisor. The registrar is expected to reflect on all the feedback they receive and identify areas for further development, which should be recorded in the registrar’s learning plan.

Both surveys can be arranged direct with CFEP Surveys, an independent organisation specialising in patient and colleague feedback surveys for health professionals. The registrar or practice requests an AGPT Application form via email.

The DISQ and/or CFET surveys may be requested by EV as a result of assessments during training. In this instance, EV will organise the survey(s) to be ordered which must be completed within four months from the notification date.

The practice may also request that the registrar completes one or both surveys. This should be arranged direct with CFEP Surveys and must be completed before the end of that placement so that the results are discussed with the supervisor and actions are agreed on.

EV will reimburse the registrar for the fees, only on submission of a copy of the report and DISQ and CFET Survey Feedback form.
**Procedural Skills Log**

Procedural skills are an important component of the competencies required for independent general practice. Most training environments provide the opportunity to gain at least some of these skills.

ACRRM registrars are required to use and complete the online procedural skills log available on their ACRRM ‘My College’ dashboard as a requirement for fellowship. Details are provided in the ACRRM Fellowship Assessment Handbook available on the ACRRM website.

For other registrars, EV provides a procedural skills log designed to flag important procedural skills for independent general practice. It also provides the ability for the registrar to record their progress in acquiring these skills. Registrars can access this log through Pivotal or gprime via the documents section.

The procedural skills log groups procedures into ‘Essential’ and ‘Desirable’. It is intended that this tool be used by registrars, in discussion with their supervisor, to maximise opportunities for learning these skills at each placement.
Exams, Extensions and Fellowship

Exams and/or Assessments

All registrars must complete all exams and/or assessments before the end of core vocational training time unless there are exceptional and unforeseen circumstances which require approval by EV’s CEO.

ACRRM

All registrars training towards FACRRM must complete the following PRRT 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

To be eligible to enrol in summative assessments, registrars must have completed:

- One year of ACRRM training or have received one year of recognition of prior learning, prior to enrolling for the MCQ and MSF (that is, in Year 2, 3, or 4 of training),
- Two years of ACRRM training or have been awarded two (2) years for recognition of prior learning, prior to enrolling for summative CBD and StAMPS (that is, in Year 3 or 4).

To be eligible to enrol in an Advanced Specialised Training (AST), it is required that:

- Registrars are undertaking, have completed training in the discipline, or have received RPL for training in the discipline,
- It is recommended that the assessments are taken in the later part of training, and
- It is not a prerequisite to complete all PRRT summative assessment before undertaking the AST assessments.

All enrolments require endorsement by EV to confirm eligibility. Registrars are to confirm by email their ACRRM membership number and exam component(s). A registrar’s readiness to sit the exams requires satisfactory completion of all educational requirements for their stage of training up to the time of enrolment otherwise you will be unable to sit the exams.

ACRRM registrars enrol directly with CFEP Surveys to complete the summative Multi-Source Feedback (MSF) which is recommended to be undertaken during PRR1 and/or PRR2.

For further information, visit ACRRM’s Fellowship Assessment Handbook

RACGP

The RACGP exam consists of three components:

- Applied Knowledge Test (AKT)
- Key Features Problem (KFP)
- Objective Structured Clinical Examination (OSCE)

RACGP Examinations Eligibility Policy requires that to be eligible to undertake the AKT, KFP and OSCE examinations, AGPT registrars must have been assessed as having completed 2 years full time equivalent active training time, including all of GPT1 and GPT2, by the date of the AKT.
Where the vocational end of term date falls up to 28 calendar days beyond the date of the AKT, an RTO exemption will be granted to allow registrars to sit the examination. This requirement will apply to all AGPT registrars from 1 January 2017.

Registrars must pass the AKT and KFP as a pre-requisite to undertaking the OSCE.

All enrolments require endorsement by EV to confirm eligibility. Registrars are to confirm by email their RACGP membership number and exam component(s).

A registrar’s readiness to sit the exams requires satisfactory completion of all educational requirements and feedback forms for their stage of training up to the time of enrolment otherwise you will be unable to sit the exams.

For further information, visit:
- RACGP Vocational Training Pathway – Examination Eligibility Policy
- RACGP Guidance Document – Readiness to undertake an examination
- Fellowship Exams Candidate Handbook

Extension of Training Time and Fellowship

Extension Awaiting Fellowship
Registrars who wish to extend their training provider number whilst awaiting fellowship can seek a one-off extension of no more than 12 calendar weeks and actively pursue vocational recognition.

Extensions awaiting fellowship will only be approved for registrars who have completed all of the education and training requirements of the AGPT Program and EV, successfully completed their training time and passed the required fellowship exams and/or assessments.

Extension awaiting fellowship will not be granted to:
- Fulfil training obligations under the EV’s ED-Org-8.9 Training Obligations procedure,
- Sit or re-sit College assessments,
- Successfully complete the education and training requirements of the AGPT Program, including making up required training time,
- Attain FARGP, or
- Complete another extension type eg Academic or Rural Generalist Additional Skills.

Extension for Assessment purposes
Registrars may apply for an extension of training time to satisfactorily meet the education and training requirements for their stage of training or to sit or re-sit college required assessments.

Training time can be extended up to 12 calendar months as follows:
- Initially a total of up to six calendar months can be approved by the CEO;
- If additional training time is needed, an application for an additional six (6) calendar months can be submitted to EV and will only be considered in extenuating and unforeseen circumstances.

Extension of training time can be extended for where a registrar requires an extension of their time to:
- Satisfactorily meet the education and training requirements for their stage of training,
- Sit or re-sit College assessments and await the results with prior approval of the DOT, and/or
- Regain an appropriate level of competence prior to recommending their training following an extended period of leave.
For detailed information on extensions of training, registrars should refer to EV’s ED-Org-8.15 Registrar Extension of Training Time procedure.

Completion of Training and Fellowship
The recognised end point of the AGPT Program is achieved by satisfactory completion of the following requirements:

- Satisfactorily completing the required period of training time, three years of training for FRACGP and four years for FACRRM and FARGP,
- Satisfactorily meeting the program requirements of training,
- Passing the relevant college exams and/or assessments, and
- Meeting any training location obligations.

Once all the requirements have been satisfactorily completed, an application for completion of training can be made. An end of training interview (phone) will be arranged once the registrar is in their final training term and completed the majority of the program requirements.

For RACGP, registrars can download the Fellowship Vocational Training Pathway Application form available on the RACGP members’ website at www.racgp.org.au

For ACRRM, registrars can download the Completion of Training Application form (MS Word) available on the ACRRM website at www.acrrm.org.au

Registrars complete the relevant form and return it to EV along with the following documents:

- Completed Fellowship Application form (email MS Word application for ACRRM), and
- Copy of current medical registration.

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

For detailed information, registrars should refer to EV’s ED-Org-8.19 Completion of Training procedure.
### Additional Information

#### Contacts

<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 Registrars Australia (GPRA)</td>
<td><a href="http://www.gpra.org.au">www.gpra.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>Royal Australian College of General Practitioners (RACGP)</td>
<td><a href="http://www.racgp.org.au/home">www.racgp.org.au/home</a></td>
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### Appendices

#### Outline of a GPT1 Semester – General pathway

The following is a summary of the elements of the semester and usual timelines with Semester 2017.2 dates. All must be completed no later than the end of semester which for 2017.2 is 4 February 2018.

<table>
<thead>
<tr>
<th>Week</th>
<th>Date 2017.2</th>
<th>Event</th>
<th>Notes</th>
<th>Location</th>
<th>Involved</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre term</td>
<td>5 August</td>
<td>MBS / PBS modules</td>
<td>Strongly recommended to complete prior to starting in practice</td>
<td>Medicare e-learning site</td>
<td>Registrar</td>
</tr>
<tr>
<td>Pre term to 1</td>
<td>10 August</td>
<td>Initial assessment MCQ to be completed</td>
<td></td>
<td>EVE-learning (EVE)</td>
<td>Registrar</td>
</tr>
<tr>
<td>11 and 12 August</td>
<td>11 and 12 August</td>
<td>GPT 1 orientation workshop (Peer learning workshop (PLW) 1 &amp; 2)</td>
<td>All EV registrars starting in GPT 1 in 2017.2</td>
<td>Silverwater Resort, San Remo</td>
<td>Registrar &amp; medical educators (MEs)</td>
</tr>
<tr>
<td>3-8</td>
<td>Booked with practice</td>
<td>External Clinical Teaching Visit (ECTV)</td>
<td>Approximate timing, but negotiated suitable time for all parties</td>
<td>Practice</td>
<td>Registrar, ME &amp; supervisor</td>
</tr>
<tr>
<td>3</td>
<td>24 August</td>
<td>PLW 3</td>
<td></td>
<td>EV - Hawthorn</td>
<td>Registrar &amp; MEs</td>
</tr>
<tr>
<td>4</td>
<td>1 September</td>
<td>Learning plan for term updated</td>
<td>At least 4 learning needs and how the training opportunities in the practice will assist learning documented and discussed with supervisor</td>
<td>Pivotal</td>
<td>Registrar primarily, but discuss with supervisor</td>
</tr>
<tr>
<td>5</td>
<td>7 September</td>
<td>PLW 4</td>
<td></td>
<td>EV - Hawthorn</td>
<td>Registrar &amp; MEs</td>
</tr>
<tr>
<td>6</td>
<td>15 September</td>
<td>Supervisor in practice assessment</td>
<td>Supervisor and registrar should discuss assessment</td>
<td>Pivotal form</td>
<td>Supervisor</td>
</tr>
<tr>
<td>7</td>
<td>21 September</td>
<td>ReCEnT distribution at PLW 5</td>
<td>Have 5 weeks for completion at practice</td>
<td>Practice</td>
<td>Registrar</td>
</tr>
<tr>
<td>6</td>
<td>16 September</td>
<td>Weekend educational series - Optional</td>
<td>Variety of sessions available, some of which have limited numbers</td>
<td>EV - Hawthorn</td>
<td>Registrar &amp; MEs</td>
</tr>
<tr>
<td>7</td>
<td>20 September</td>
<td>Round 2 Practice Match opens</td>
<td>Enrolled registrars may apply</td>
<td>Online</td>
<td>Registrars &amp; Practices</td>
</tr>
<tr>
<td>8</td>
<td>28 September</td>
<td>Initial assessment MCQ reflection due</td>
<td></td>
<td>EVE</td>
<td>Registrar</td>
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<tr>
<td>10</td>
<td>11 October</td>
<td>Cohort review</td>
<td>Where initial assessment information reviewed</td>
<td>EV - Hawthorn</td>
<td>Medical Educators</td>
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<tr>
<td>10</td>
<td>12 October</td>
<td>PLW 6</td>
<td></td>
<td>EV - Hawthorn</td>
<td>Registrar &amp; MEs</td>
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<tr>
<td>11</td>
<td>20 October</td>
<td>Round 2 Practice Match closes</td>
<td>Preferences submitted by this date</td>
<td>Online</td>
<td>Registrars &amp; Practices</td>
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<tr>
<td>12</td>
<td>26 October</td>
<td>ReCEnT handed in at PLW 7</td>
<td>Completed data collection forms</td>
<td>EV - Hawthorn</td>
<td>Registrar</td>
</tr>
<tr>
<td>12-23</td>
<td>Booked with practice</td>
<td>External Clinical Teaching Visit (ECTV)</td>
<td>Approximate timing, but negotiated suitable time for all parties</td>
<td>Practice</td>
<td>Registrar, ME &amp; supervisor</td>
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<tr>
<td>14</td>
<td>9 November</td>
<td>PLW 8</td>
<td></td>
<td>EV - Hawthorn</td>
<td>Registrar &amp; MEs</td>
</tr>
<tr>
<td>Week</td>
<td>Date 2017.2</td>
<td>Event</td>
<td>Notes</td>
<td>Location</td>
<td>Involved</td>
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<tr>
<td>17</td>
<td>30 November</td>
<td>ReCEnT report available at PLW 9</td>
<td>Compiled report available for registrar</td>
<td>EV - Hawthorn</td>
<td>EV GP Training</td>
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<tr>
<td>19</td>
<td>14 December</td>
<td>PLW 10</td>
<td></td>
<td>EV - Hawthorn</td>
<td>Registrar &amp; MEs</td>
</tr>
<tr>
<td>21</td>
<td>15 December</td>
<td>Cohort review</td>
<td>Registrar progress reviewed</td>
<td>EV - Hawthorn</td>
<td>Medical educators</td>
</tr>
<tr>
<td>20</td>
<td>22 December</td>
<td>Registrar feedback</td>
<td>Two way feedback discussion with supervisor and registrar, each has own form to complete</td>
<td>Pivotal form</td>
<td>Registrar</td>
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<tr>
<td>20</td>
<td>22 December</td>
<td>Supervisor feedback</td>
<td>Two way feedback discussion with supervisor and registrar, each has own form to complete</td>
<td>Pivotal form</td>
<td>Supervisor</td>
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<tr>
<td>26</td>
<td>4 February 2018</td>
<td>Learning plan updated</td>
<td>With outcomes of planned learning for term</td>
<td>Pivotal</td>
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Outline of a GPT2 Semester – General pathway
The following is a summary of the elements of the semester and usual timelines with Semester 2017.2 dates. All must be completed no later than the end of semester which for 2017.2 is 4 February 2018.

<table>
<thead>
<tr>
<th>Week</th>
<th>Date 2017.2</th>
<th>Event</th>
<th>Notes</th>
<th>Location</th>
<th>Involved</th>
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<tr>
<td>2 or 3</td>
<td>16 or 23 August</td>
<td>Peer Learning Workshop (PLW) 1</td>
<td>6 during term on Wednesdays. Registrars in group 1 or 2 and only attend their group.</td>
<td>EV - Hawthorn</td>
<td>Registrar &amp; medical educators</td>
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<td>3-10</td>
<td>Booked with practice</td>
<td>External Clinical Teaching Visit (ECTV)</td>
<td>Approximate timing, but negotiated suitable time for all parties</td>
<td>Practice</td>
<td>Registrar, medical educators &amp; supervisor</td>
</tr>
<tr>
<td>4</td>
<td>1 September</td>
<td>Learning plan for term updated</td>
<td>At least 4 learning needs and how the training opportunities in the practice will assist learning documented and discussed with supervisor</td>
<td>Pivotal</td>
<td>Registrar primarily, but discuss with supervisor</td>
</tr>
<tr>
<td>6 or 7</td>
<td>13 or 20 September</td>
<td>ReCEnT distribution at PLW 2</td>
<td>Have 4 weeks for completion at practice</td>
<td>Practice</td>
<td>Registrar</td>
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<tr>
<td>6</td>
<td>15 September</td>
<td>Registrar feedback</td>
<td>Two way feedback discussion with supervisor and registrar, each has own form to complete</td>
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<td>Registrar</td>
</tr>
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<td>15 September</td>
<td>Supervisor feedback</td>
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<td>Supervisor</td>
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<td>Weekend educational series – Optional</td>
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<td>Registrar &amp; medical educators</td>
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<td>7</td>
<td>20 September</td>
<td>Round 2 Practice Match opens</td>
<td>Enrolled registrars may apply</td>
<td>Online</td>
<td>Registrars &amp; Practices</td>
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<td>7-17</td>
<td>18 September</td>
<td>RACGP 2018.1 AKT and KFP exam enrolments open</td>
<td>Enrolments close 1 December. Most registrars will need to enrol in GPT2 to sit in GPT3</td>
<td>RACGP website</td>
<td>Registrar, RACGP</td>
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<tr>
<td>7-end</td>
<td>18 September</td>
<td>RACGP 2018.1 OSCE exam enrolments open</td>
<td>Enrolments close 29 March 2018. Most registrars will sit in GPT3</td>
<td>RACGP website</td>
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<td>10 or 11</td>
<td>13 or 20 October</td>
<td>ReCEnT handed in at PLW 3</td>
<td>Completed data collection forms</td>
<td>EV - Hawthorn</td>
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<td>11</td>
<td>20 October</td>
<td>Round 2 Practice Match closes</td>
<td>Preferences submitted by this date</td>
<td>Online</td>
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<td>Practice</td>
<td>Registrar, medical educators &amp; supervisor</td>
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<td>14 or 15</td>
<td>8 or 15 November</td>
<td>ReCEnT report available (PLW 4)</td>
<td>Compiled report available for registrar</td>
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<td>EV GP Training</td>
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<td>18 or 19</td>
<td>6 or 13 December</td>
<td>PLW 5</td>
<td></td>
<td>EV - Hawthorn</td>
<td>Registrar &amp; medical educators</td>
</tr>
<tr>
<td>Week</td>
<td>Date 2017.2</td>
<td>Event</td>
<td>Notes</td>
<td>Location</td>
<td>Involved</td>
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<td>----------</td>
<td>----------</td>
</tr>
<tr>
<td>19</td>
<td>15 December</td>
<td>Cohort review</td>
<td>Registrar progress reviewed</td>
<td>EV - Hawthorn</td>
<td>Medical educators</td>
</tr>
<tr>
<td>20</td>
<td>22 December</td>
<td>Registrar feedback</td>
<td>Two way feedback discussion with supervisor and registrar, each has own form to complete</td>
<td>Pivotal form</td>
<td>Registrar</td>
</tr>
<tr>
<td>20</td>
<td>22 December</td>
<td>Supervisor feedback</td>
<td>Two way feedback discussion with supervisor and registrar, each has own form to complete</td>
<td>Pivotal form</td>
<td>Supervisor</td>
</tr>
<tr>
<td>23 or 24</td>
<td>10 or 17 January 2018</td>
<td>PLW 6</td>
<td></td>
<td>EV - Hawthorn</td>
<td>Registrar &amp; medical educators</td>
</tr>
<tr>
<td>26</td>
<td>4 February 2018</td>
<td>Learning plan updated</td>
<td>With outcomes of planned learning for term</td>
<td>Pivotal</td>
<td>Registrar</td>
</tr>
</tbody>
</table>

**RACGP EXAM ENROLMENT DATES:** these dates are correct as at July 2017, however this is managed by the RACGP and for the most up to date information please see: [http://www.racgp.org.au/education/fellowship/exams/exam-enrolments/](http://www.racgp.org.au/education/fellowship/exams/exam-enrolments/)
Outline of a GPT3 Semester – General pathway
The following is a summary of the elements of the semester and usual timelines with Semester 2017.2 dates. All must be completed no later than the end of semester which for 2017.2 is 4 February 2018.

<table>
<thead>
<tr>
<th>Week(s)</th>
<th>Date 2017.2</th>
<th>Event</th>
<th>Notes</th>
<th>Location</th>
<th>Involved</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-6</td>
<td>Open now</td>
<td>RACGP 2017.2 OSCE exam enrolments open</td>
<td>Enrolments close 15 September. Most registrars will sit in GPT3 term.</td>
<td>RACGP website</td>
<td>Registrar, RACGP</td>
</tr>
<tr>
<td>3-23</td>
<td>Booked with practice</td>
<td>External Clinical Teaching Visit (ECTV)</td>
<td>Approximate timing, but negotiated suitable time for all parties. Only one in GPT 3 term.</td>
<td>Practice</td>
<td>Registrar, medical educators &amp; supervisor</td>
</tr>
<tr>
<td>4</td>
<td>1 September</td>
<td>Learning plan for term updated</td>
<td>At least 4 learning needs and how the training opportunities in the practice will assist learning documented and discussed with supervisor</td>
<td>Pivotal</td>
<td>Registrar primarily, but discuss with supervisor</td>
</tr>
<tr>
<td>5</td>
<td>8 September</td>
<td>Peer learning workshop (PLW) 1</td>
<td></td>
<td>EV - Hawthorn</td>
<td>Registrar &amp; medical educators</td>
</tr>
<tr>
<td>6</td>
<td>15 September</td>
<td>Registrar feedback</td>
<td>Two way feedback discussion with supervisor and registrar, each has own form to complete</td>
<td>Pivotal form</td>
<td>Registrar</td>
</tr>
<tr>
<td>6</td>
<td>15 September</td>
<td>Supervisor feedback</td>
<td>Two way feedback discussion with supervisor and registrar, each has own form to complete</td>
<td>Pivotal form</td>
<td>Supervisor</td>
</tr>
<tr>
<td>6</td>
<td>16 September</td>
<td>Weekend educational series – Optional</td>
<td>Variety of sessions available, some of which have limited numbers</td>
<td>EV - Hawthorn</td>
<td>Registrar &amp; medical educators</td>
</tr>
<tr>
<td>7-17</td>
<td>18 September</td>
<td>RACGP 2018.1 AKT and KFP exam enrolments open</td>
<td>Enrolments close 1 December.</td>
<td>RACGP website</td>
<td>Registrar, RACGP</td>
</tr>
<tr>
<td>7-end</td>
<td>18 September</td>
<td>RACGP 2018.1 OSCE exam enrolments open</td>
<td>Enrolments close 29 March 2018.</td>
<td>RACGP website</td>
<td>Registrar, RACGP</td>
</tr>
<tr>
<td>10</td>
<td>13 October</td>
<td>ReCEnT distribution at PLW 2</td>
<td>Have 4 weeks for completion at practice</td>
<td>Practice</td>
<td>Registrar</td>
</tr>
<tr>
<td>15</td>
<td>17 November</td>
<td>ReCEnT handed in</td>
<td>Completed data collection forms</td>
<td>Returned by mail to EV - Hawthorn</td>
<td>Registrar</td>
</tr>
<tr>
<td>18</td>
<td>8 December</td>
<td>ReCEnT report available at PLW 3</td>
<td>Compiled report available for registrar</td>
<td>EV - Hawthorn</td>
<td>EV GP Training</td>
</tr>
<tr>
<td>19</td>
<td>15 December</td>
<td>Cohort review</td>
<td>Registrar progress reviewed</td>
<td>EV - Hawthorn</td>
<td>Medical educators</td>
</tr>
<tr>
<td>20</td>
<td>22 December</td>
<td>Registrar feedback</td>
<td>Two way feedback discussion with supervisor and registrar, each has own form to complete</td>
<td>Pivotal form</td>
<td>Registrar</td>
</tr>
<tr>
<td>Week(s)</td>
<td>Date 2017.2</td>
<td>Event</td>
<td>Notes</td>
<td>Location</td>
<td>Involved</td>
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<td>22 December</td>
<td>Supervisor feedback</td>
<td>Two way feedback discussion with supervisor and registrar, each has own form to complete</td>
<td>Pivotal form</td>
<td>Supervisor</td>
</tr>
<tr>
<td>26</td>
<td>4 February 2018</td>
<td>Learning plan updated</td>
<td>With outcomes of planned learning for term</td>
<td>Pivotal</td>
<td>Registrar</td>
</tr>
</tbody>
</table>

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Outline of a GPT1 / PRR1 Semester – Rural pathway

The following is a summary of the elements of the semester and usual timelines with Semester 2017.2 dates. All must be completed no later than the end of semester which for 2017.2 is 4 February 2018.

<table>
<thead>
<tr>
<th>Week</th>
<th>Date 2017.2</th>
<th>Event</th>
<th>Notes</th>
<th>Location</th>
<th>Involved</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monthly</td>
<td>Variable</td>
<td>Cluster Group meetings</td>
<td>Regionally based learning groups.</td>
<td>Refer to calendar</td>
<td>Registrar &amp; Medical Educator (ME)</td>
</tr>
<tr>
<td>Pre term to 1</td>
<td>7 August</td>
<td>MBS/PBS modules</td>
<td>Strongly recommended to complete prior to starting in practice</td>
<td>Medicare e-learning site</td>
<td>Registrar</td>
</tr>
<tr>
<td>Pre term to 1</td>
<td>10 August</td>
<td>Initial assessment MCQ to be completed</td>
<td></td>
<td>EVE-learning (EVE)</td>
<td>Registrar</td>
</tr>
<tr>
<td>1</td>
<td>11 and 12 August</td>
<td>GPT 1 orientation workshop (Peer Learning Workshop/PLW)</td>
<td>All EV registrars starting in GPT1/PRR1 in 2017.2.</td>
<td>Silverwater Resort, San Remo</td>
<td>Registrar &amp; MEs</td>
</tr>
<tr>
<td>3-6</td>
<td>Variable</td>
<td>External Clinical Teaching Visit 1 (ECTV)</td>
<td>Visit no later than 15 September, registrar organises suitable date</td>
<td>Practice</td>
<td>Registrar &amp; ECT visitor</td>
</tr>
<tr>
<td>3</td>
<td>24 August</td>
<td>GPT 1 / 2 PLW</td>
<td></td>
<td>EV - Churchill</td>
<td>Registrar &amp; MEs</td>
</tr>
<tr>
<td>4</td>
<td>1 September</td>
<td>Learning plan for term updated</td>
<td>At least 4 learning needs and how the training opportunities in the practice will assist learning documented and discussed with supervisor</td>
<td>Gprime</td>
<td>Registrar primarily, but discuss with supervisor</td>
</tr>
<tr>
<td>4</td>
<td>1 and 2 September</td>
<td>REST course</td>
<td>Registrars attend in Semester 1 or 2 as advised</td>
<td>Monash Clinical School, Sale</td>
<td>Registrar</td>
</tr>
<tr>
<td>6</td>
<td>14 September</td>
<td>GPT 1 / 2 PLW</td>
<td></td>
<td>EV - Churchill</td>
<td>Registrar &amp; MEs</td>
</tr>
<tr>
<td>6</td>
<td>15 September</td>
<td>Training Advisor Meeting</td>
<td>Latest date for completion, actual date negotiated</td>
<td>Face to face, telephone or videoconference</td>
<td>Registrar &amp; Training Advisor</td>
</tr>
<tr>
<td>6</td>
<td>15 September</td>
<td>Supervisor in practice assessment</td>
<td>Supervisor and registrar should discuss assessment</td>
<td>Offline form sent to EV</td>
<td>Supervisor</td>
</tr>
<tr>
<td>6</td>
<td>16 September</td>
<td>Weekend educational series (WES)- optional</td>
<td>Variety of sessions available, some of which have limited numbers</td>
<td>EV - Hawthorn</td>
<td>Registrar &amp; MEs</td>
</tr>
<tr>
<td>7</td>
<td>20 September</td>
<td>Round 2 Practice Match opens</td>
<td>Enrolled registrars may apply</td>
<td>Online</td>
<td>Registrars &amp; Practices</td>
</tr>
<tr>
<td>8</td>
<td>28 September</td>
<td>Initial assessment MCQ reflection due</td>
<td></td>
<td>EVE</td>
<td>Registrar</td>
</tr>
<tr>
<td>8</td>
<td>28 September</td>
<td>ACRRM 2.2017 MSF enrolment</td>
<td>ACRRM registrars to enrol in the MSF assessment</td>
<td>CFEP Surveys</td>
<td>Registrar</td>
</tr>
<tr>
<td>8</td>
<td>28 September</td>
<td>DISQ – optional</td>
<td>RACGP registrars encouraged to enrol</td>
<td>CFEP Surveys</td>
<td>Registrar</td>
</tr>
<tr>
<td>Week</td>
<td>Date 2017.2</td>
<td>Event</td>
<td>Notes</td>
<td>Location</td>
<td>Involved</td>
</tr>
<tr>
<td>------</td>
<td>-------------</td>
<td>-------</td>
<td>-------</td>
<td>----------</td>
<td>----------</td>
</tr>
<tr>
<td>10</td>
<td>12 and 13 October</td>
<td>GPT 1 / 2 PLW and ReCEnT distribution</td>
<td>ReCEnT - Have at least 4 weeks for completion at practice</td>
<td>EV - Churchill</td>
<td>Registrar &amp; MEs</td>
</tr>
<tr>
<td>11</td>
<td>20 October</td>
<td>Round 2 Practice Match closes</td>
<td>Preferences submitted by this date</td>
<td>Online</td>
<td>Registrars &amp; Practices</td>
</tr>
<tr>
<td>12</td>
<td>24 October</td>
<td>GPT1/PRR1 Cohort review</td>
<td>Where initial assessment information is reviewed</td>
<td>EV</td>
<td>MEs and Training Advisors</td>
</tr>
<tr>
<td>13-18</td>
<td>Variable</td>
<td>External Clinical Teaching Visit 2 (ECTV) (3 miniCEX)</td>
<td>Visit no later than 8 December, registrar organises suitable date</td>
<td>Practice</td>
<td>Registrar &amp; ECT visitor</td>
</tr>
<tr>
<td>12</td>
<td>26 October</td>
<td>GPT 1 PLW 7</td>
<td></td>
<td>EV - Churchill</td>
<td>Registrar &amp; MEs</td>
</tr>
<tr>
<td>13</td>
<td>2 November</td>
<td>GPT 1 / 2 PLW</td>
<td></td>
<td>EV - Churchill</td>
<td>Registrar &amp; MEs</td>
</tr>
<tr>
<td>16</td>
<td>23 November</td>
<td>ReCEnT returned to EV by mail</td>
<td>Completed data collection forms</td>
<td>EV – send in the pre-addressed envelope</td>
<td>Registrar</td>
</tr>
<tr>
<td>16</td>
<td>23 November</td>
<td>GPT 1 / 2 PLW</td>
<td></td>
<td>EV - Churchill</td>
<td>Registrar &amp; MEs</td>
</tr>
<tr>
<td>17-18</td>
<td>8 December</td>
<td>Cohort Review</td>
<td>Registrar progress reviewed</td>
<td>EV</td>
<td>MEs and Training Advisors</td>
</tr>
<tr>
<td>17-20</td>
<td>8 December</td>
<td>ACRRM semester 1 2018 assessment enrolment</td>
<td>Close 22 January – for PRRT assessments if sitting semester 2018.1</td>
<td>ACRRM website</td>
<td>Registrar</td>
</tr>
<tr>
<td>18-25</td>
<td>14 December</td>
<td>GPT 1 / 2 PLW and ReCEnT report</td>
<td>Compiled ReCEnT report available for registrar</td>
<td>EV - Churchill</td>
<td>EV, Registrar &amp; MEs</td>
</tr>
<tr>
<td>19</td>
<td>22 December</td>
<td>Training Advisor Meeting</td>
<td>Latest date for completion, actual date negotiated</td>
<td>Face to face, telephone or videoconference</td>
<td>Registrar &amp; Training Advisor</td>
</tr>
<tr>
<td>20</td>
<td>22 December</td>
<td>Registrar feedback</td>
<td>End-of-Semester Feedback form</td>
<td>Gprime iform</td>
<td>Registrar</td>
</tr>
<tr>
<td>20</td>
<td>22 December</td>
<td>Supervisor feedback</td>
<td>Two way feedback discussion with supervisor &amp; registrar</td>
<td>Gprime iform</td>
<td>Supervisor</td>
</tr>
<tr>
<td>20</td>
<td>22 December</td>
<td>Learning plan updated</td>
<td>With outcomes of planned learning for term</td>
<td>Gprime</td>
<td>Registrar</td>
</tr>
</tbody>
</table>
Outline of a GPT2 / PRR2 Semester – Rural pathway

The following is a summary of the elements of the semester and usual timelines with Semester 2017.2 dates. All must be completed no later than the end of semester which for 2017.2 is 4 February 2018.

<table>
<thead>
<tr>
<th>Week</th>
<th>Date</th>
<th>Event</th>
<th>Notes</th>
<th>Location</th>
<th>Involved</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monthly</td>
<td>Variable</td>
<td>Cluster Group meetings</td>
<td>Regionally based learning groups.</td>
<td>Refer to calendar</td>
<td>Registrar &amp; Medical Educator (ME)</td>
</tr>
<tr>
<td>3-10</td>
<td>Variable</td>
<td>External Clinical Teaching Visit 1 (ECTV)(3 miniCEX)</td>
<td>Visit no later than 13 October, registrar organises suitable date</td>
<td>Practice</td>
<td>Registrar &amp; ECT visitor</td>
</tr>
<tr>
<td>3</td>
<td>24 August</td>
<td>GPT 1 / 2 PLW</td>
<td></td>
<td>EV - Churchill</td>
<td>Registrar &amp; MEs</td>
</tr>
<tr>
<td>4</td>
<td>1 September</td>
<td>Learning plan for term updated</td>
<td>At least 4 learning needs and how the training opportunities in the practice will assist learning documented and discussed with supervisor</td>
<td>Gprime</td>
<td>Registrar primarily, but discuss with supervisor</td>
</tr>
<tr>
<td>4</td>
<td>1 and 2 September</td>
<td>REST course</td>
<td>For registrars who have not previously completed in GPT1 / PRR1</td>
<td>Monash Clinical School, Sale</td>
<td>Registrar</td>
</tr>
<tr>
<td>6</td>
<td>14 September</td>
<td>GPT 1 / 2 PLW</td>
<td></td>
<td>EV - Churchill</td>
<td>Registrar &amp; MEs</td>
</tr>
<tr>
<td>6</td>
<td>15 September</td>
<td>Training Advisor Meeting</td>
<td>Latest date for completion, actual date negotiated</td>
<td>Face to face, telephone or videoconference</td>
<td>Registrar &amp; Training Advisor</td>
</tr>
<tr>
<td>6</td>
<td>16 September</td>
<td>Weekend educational series – optional</td>
<td>Variety of sessions available, some of which have limited numbers</td>
<td>EV - Hawthorn</td>
<td>Registrar &amp; MEs</td>
</tr>
<tr>
<td>7</td>
<td>20 September</td>
<td>Round 2 Practice Match opens</td>
<td>Enrolled registrars may apply</td>
<td>Online</td>
<td>Registrars &amp; Practices</td>
</tr>
<tr>
<td>7-17</td>
<td>18 September</td>
<td>RACGP 2018.1 AKT and KFP exam enrolments open</td>
<td>Enrolments close 1 December. Most registrars will need to enrol in GPT2 to sit in GPT3</td>
<td>RACGP website</td>
<td>Registrar, RACGP</td>
</tr>
<tr>
<td>7-end</td>
<td>18 September</td>
<td>RACGP 2018.1 OSCE exam enrolments open</td>
<td>Enrolments close 29 March 2018. Most registrars will sit in GPT3</td>
<td>RACGP website</td>
<td>Registrar, RACGP</td>
</tr>
<tr>
<td>8</td>
<td>29 September</td>
<td>CFET – optional</td>
<td>RACGP registrars encouraged to enrol</td>
<td>CFEP Surveys</td>
<td>Registrar</td>
</tr>
<tr>
<td>10</td>
<td>12 and 13 October</td>
<td>GPT 1 / 2 PLW and ReCEnT distribution</td>
<td>ReCEnT - Have at least 4 weeks for completion at practice</td>
<td>EV - Churchill</td>
<td>Registrar &amp; MEs</td>
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<tr>
<td>11</td>
<td>20 October</td>
<td>Round 2 Practice Match closes</td>
<td>Preferences submitted by this date</td>
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<td>Registrars &amp; Practices</td>
</tr>
<tr>
<td>Week</td>
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<td>Event</td>
<td>Notes</td>
<td>Location</td>
<td>Involved</td>
</tr>
<tr>
<td>-------</td>
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<td>-------------------------------------------</td>
</tr>
<tr>
<td>13-18</td>
<td>13-18</td>
<td>Variable</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>2 Nov</td>
<td>Mid-Semester Feedback</td>
<td>Complete and submit a 5 minute survey</td>
<td>Gprime iForm</td>
<td>Registrar &amp; Supervisor</td>
</tr>
<tr>
<td>13</td>
<td>2 Nov</td>
<td>GPT 1 / 2 PLW</td>
<td></td>
<td>EV - Churchill</td>
<td>Registrar &amp; Supervisor</td>
</tr>
<tr>
<td>16</td>
<td>23 Nov</td>
<td>ReCEnT returned to EV by mail</td>
<td>Completed data collection forms</td>
<td>EV – send in the pre-addressed envelope</td>
<td>Registrar</td>
</tr>
<tr>
<td>16</td>
<td>23 Nov</td>
<td>GPT 1 / 2 PLW</td>
<td></td>
<td>EV - Churchill</td>
<td>Registrar &amp; medical educators</td>
</tr>
<tr>
<td>17-18</td>
<td>8 Dec</td>
<td>Cohort Review</td>
<td>Registrar progress reviewed</td>
<td>EV</td>
<td>MEs and Training Advisors</td>
</tr>
<tr>
<td>17-25</td>
<td>8 Dec</td>
<td>ACRRM semester 1 2018 assessment enrolment</td>
<td>Close 22 January – for PRRT assessments if sitting semester 2018.1</td>
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<td>Registrar</td>
</tr>
<tr>
<td>18-25</td>
<td>14 Dec</td>
<td>GPT 1 / 2 PLW and ReCEnT report</td>
<td>Compiled ReCEnT report available for registrar</td>
<td>EV - Churchill</td>
<td>EV, Registrar &amp; MEs</td>
</tr>
<tr>
<td>19</td>
<td>22 Dec</td>
<td>Training Advisor Meeting</td>
<td>Latest date for completion, actual date negotiated</td>
<td>Face to face, telephone or videoconference</td>
<td>Registrar &amp; Training Advisor</td>
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<tr>
<td>20</td>
<td>22 Dec</td>
<td>Registrar feedback</td>
<td>End-of-Semester Feedback form</td>
<td>Gprime iForm</td>
<td>Registrar</td>
</tr>
<tr>
<td>20</td>
<td>22 Dec</td>
<td>Supervisor feedback</td>
<td>Two way feedback discussion with supervisor &amp; registrar</td>
<td>Gprime iForm</td>
<td>Supervisor</td>
</tr>
</tbody>
</table>

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Outline of a GPT3 / PRR3 or ES (GP)/ PRR4 Semester – Rural pathway

The following is a summary of the elements of the semester and usual timelines with Semester 2017.2 dates. All must be completed no later than the end of semester which for 2017.2 is 4 February 2018.

<table>
<thead>
<tr>
<th>Week</th>
<th>Date 2017.2</th>
<th>Event</th>
<th>Notes</th>
<th>Location</th>
<th>Involved</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monthly</td>
<td>Variable</td>
<td>Cluster Group meetings</td>
<td>Regionally based learning groups.</td>
<td>Refer to calendar</td>
<td>Registrar &amp; Medical Educator (ME)</td>
</tr>
<tr>
<td>3-10</td>
<td>Variable</td>
<td>External Clinical Teaching Visit (ECTV)</td>
<td>Visit no later than 13 October, registrar organises suitable date</td>
<td>Practice</td>
<td>Registrar &amp; ECT visitor</td>
</tr>
<tr>
<td>4</td>
<td>1 September</td>
<td>Learning plan for term updated</td>
<td>At least 4 learning needs and how the training opportunities in the practice will assist learning documented and discussed with supervisor</td>
<td>Gprime</td>
<td>Registrar primarily, but discuss with supervisor</td>
</tr>
<tr>
<td>5</td>
<td>7 September</td>
<td>GPT3/ES PLW</td>
<td>Attend 3 PLWs during GPT3/ES</td>
<td>EV - Churchill</td>
<td>Registrar &amp; MEs</td>
</tr>
<tr>
<td>6</td>
<td>15 September</td>
<td>Training Advisor Meeting</td>
<td>Latest date for completion, actual date negotiated</td>
<td>Face to face, telephone or videoconference</td>
<td>Registrar &amp; Training Advisor</td>
</tr>
<tr>
<td>6</td>
<td>15 September</td>
<td>Registrar feedback</td>
<td>Two way feedback discussion with supervisor &amp; registrar, each has own form to complete</td>
<td>Form to return to EV</td>
<td>Registrar</td>
</tr>
<tr>
<td>6</td>
<td>15 September</td>
<td>Supervisor feedback</td>
<td>Two way feedback discussion with supervisor &amp; registrar, each has own form to complete</td>
<td>Form to return to EV</td>
<td>Supervisor</td>
</tr>
<tr>
<td>6</td>
<td>16 September</td>
<td>Weekend educational series – Optional</td>
<td>Variety of sessions available, some of which have limited numbers</td>
<td>EV - Hawthorn</td>
<td>Registrar &amp; MEs</td>
</tr>
<tr>
<td>7-17</td>
<td>18 September</td>
<td>RACGP 2018.1 AKT and KFP exam enrolments open</td>
<td>Enrolments close 1 December.</td>
<td>RACGP website</td>
<td>Registrar, RACGP</td>
</tr>
<tr>
<td>7-end</td>
<td>18 September</td>
<td>RACGP 2018.1 OSCE exam enrolments open</td>
<td>Enrolments close 29 March 2018.</td>
<td>RACGP website</td>
<td>Registrar, RACGP</td>
</tr>
<tr>
<td>12</td>
<td>28 October</td>
<td>OSCE Exam Prep Workshop – optional</td>
<td>Open to registrars enrolled in the next OSCE exam.</td>
<td>EV – Churchill</td>
<td>Registrar &amp; MEs</td>
</tr>
<tr>
<td>13</td>
<td>2 November</td>
<td>Mid-Semester Feedback</td>
<td>Complete and submit a 5 minute survey</td>
<td>Gprime iForm</td>
<td>Registrar &amp; Supervisor</td>
</tr>
<tr>
<td>15</td>
<td>16 November</td>
<td>GPT3/ES</td>
<td>Same topic as PLW held on 30/3/2017</td>
<td>EV - Churchill</td>
<td>Registrar &amp; MEs</td>
</tr>
<tr>
<td>17-18</td>
<td>8 December</td>
<td>Cohort Review</td>
<td>Registrar progress reviewed</td>
<td>EV</td>
<td>MEs and Training Advisors</td>
</tr>
<tr>
<td>Week</td>
<td>Date 2017.2</td>
<td>Event</td>
<td>Notes</td>
<td>Location</td>
<td>Involved</td>
</tr>
<tr>
<td>------</td>
<td>------------------</td>
<td>--------------------------------------------</td>
<td>----------------------------------------------------------------------</td>
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<td>---------------------------</td>
</tr>
<tr>
<td>18</td>
<td>7 December</td>
<td>GPT3/ES</td>
<td></td>
<td>EV - Churchill</td>
<td>Registrar &amp; MEs</td>
</tr>
<tr>
<td>18-25</td>
<td>By 22 January</td>
<td>ACRRM semester 1 2018 assessment enrolment</td>
<td>Close 22 January – for PRRT assessments if sitting semester 2018.1</td>
<td>ACRRM website</td>
<td>Registrar</td>
</tr>
<tr>
<td>20</td>
<td>22 December</td>
<td>Training Advisor Meeting</td>
<td>Latest date for completion, actual date negotiated</td>
<td>Face to face,</td>
<td>Registrar &amp; Training Advisor</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>telephone or</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>videoconference</td>
<td></td>
</tr>
<tr>
<td>20</td>
<td>22 December</td>
<td>Registrar feedback</td>
<td>End-of-Semester Feedback form</td>
<td>Gprime iForm</td>
<td>Registrar</td>
</tr>
<tr>
<td>20</td>
<td>22 December</td>
<td>Supervisor feedback</td>
<td>Two way feedback discussion with supervisor &amp; registrar</td>
<td>Gprime iForm</td>
<td>Supervisor</td>
</tr>
<tr>
<td>20</td>
<td>22 December</td>
<td>Learning plan updated</td>
<td>With outcomes of planned learning for term</td>
<td>Gprime</td>
<td>Registrar</td>
</tr>
</tbody>
</table>

**ACRRM ASSESSMENT ENROLMENT DATES:** these dates are correct as at July 2017, however this is managed by ACRRM and for the most up to date information please see: [http://www.acrrm.org.au/training-towards-fellowship/reporting-and-assessments/dates-and-enrolment](http://www.acrrm.org.au/training-towards-fellowship/reporting-and-assessments/dates-and-enrolment)

**RACGP EXAM ENROLMENT DATES:** these dates are correct as at July 2017, however this is managed by the RACGP and for the most up to date information please see: [http://www.racgp.org.au/education/fellowship/exams/exam-enrolments/](http://www.racgp.org.au/education/fellowship/exams/exam-enrolments/)