

ED-Org-8.11 Program Requirements–Group Learning and Activities



1. Policy Statement

- 1.1. EV GP Training (EV) aims to deliver a training and education program designed to give registrars the knowledge, skills and attitudes necessary to practice unsupervised in general practice.

2. Application and Scope

- 2.1. This procedure applies to all registrars enrolled in the Australian General Practice Training (AGPT) Program.
- 2.2. This procedure comes into effect as of 1 January 2017.

3. Principles

- 3.1. To be eligible for vocational recognition as a GP, registrars must satisfactorily complete all mandatory requirements of EV, the Royal Australian College of General Practitioners (RACGP) and/or Australian College of Rural and Remote Medicine (ACRRM) program requirements.
- 3.2. Registrars must provide the evidence requested by EV or the relevant College/s of their completion of the mandatory program requirements.
- 3.3. Registrars must complete the mandatory program requirements within the specified timeframes set by EV or the relevant College/s in order to remain in the program and to complete the fellowship requirements within training time.
- 3.4. Failure to complete within the set timeframes may result in the registrar being subject to the [ED-Org-8.17 Registrar Withdrawal](#) procedure.
- 3.5. Registrars must refer to the RACGP and/or ACRRM curriculum and assessment policies available at www.racgp.org.au/education/./policies and www.acrrm.org.au/fellowshipandbook

4. Procedure

Group Learning

4.1. Peer Learning Workshops (PLWs)

- 4.1.1. Workshop topics are set in accordance with the curricula of both the RACGP and ACRRM. Peer Learning Workshops (PLWs) provide a way for registrars to network with one another and are designed to encourage active learning and participation.
- 4.1.2. Workshop dates are set well in advance and EV will provide registrars and practices with these dates before the commencement of each training semester.
- 4.1.3. PLWs are delivered by EV during core vocational training covering terms from GPT1/PRR1 to ES/PRR4.
- 4.1.4. EV provides a total of 130 hours of workshop education, 112 hours are delivered over the first GPT/PRR training year with a minimum of 67 hours in the first GPT1/PRR1 term. The remaining 18 hours of workshop time is allocated to the second GPT/PRR year.

Term	General	Rural
GPT1/PRR1	10 workshops including 2-day orientation	10 workshops including 2-day orientation
GPT2/PRR2	6 workshops	7 workshops
GPT3/PRR3+	Up to 3 workshops	Up to 3 workshops

- 4.1.5. 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).
- 4.1.6. In some circumstances registrars 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. Alternately and only if available, the registrar may attend another workshop containing the same educational content.

- 4.1.7. 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 workshop program.
- 4.1.8. Attendance at ALS/REST, WES or cluster groups does not count towards the workshop program.
- 4.1.9. Registrars (in collaboration with their Practice Manager) should ensure all workshops are blocked out of the appointment book and should not be on call the day prior to a workshop.
- 4.1.10. Registrars on the rural pathway will be offered accommodation to attend workshops on the following basis:
- 4.1.10.1. Where travel is more than 90 minutes or 150 kms from their practice, accommodation (and breakfast) will be offered on the preceding night;
- 4.1.10.2. EV will cover the costs for registrars only under clause 4.1.11.1.
- 4.1.10.3. Where accommodation is no longer required, registrars must give at least 24 hours' notice to EV otherwise they are responsible for any costs incurred.
- 4.1.11. 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 becoming well-informed and inspired GPs. These positions are accredited as Extended Skills posts and can therefore count towards RACGP training time. For more information, visit our website at www.evgptraining.com.au/training-opportunities/skills/
- 4.2. OSCE Exam Preparation Workshops
- 4.2.1. OSCE exam preparation workshops are aimed at registrars in GPT3/PRR3 and above terms and includes those enrolled in the exam segment.
- 4.2.2. It is optional to attend and not considered part of the PLW workshop program.
- 4.2.3. Where a registrar has failed an exam segment, relevant exam preparation workshops may be mandatory, in addition to the regular workshop requirements.
- 4.3. Weekend Educational Series (WES)
- 4.3.1. Voluntary educational sessions are offered to registrars on some weekends in Hawthorn or Churchill throughout the training year.
- 4.3.2. The workshops can include interactive lectures, advanced surgical skills training and CPR updates.
- 4.3.3. It is optional to attend and not considered part of the PLW workshop program.
- 4.4. Aboriginal and Torres Strait Islander Health Curriculum
- 4.4.1. All registrars are required to satisfy the requirements of the Aboriginal and Torres Strait Islander Health curriculum as defined in the RACGP and ACRRM curricula for completion of training.
- 4.4.2. The aim of the program is to provide a background on cultural and historical perspective in 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.
- 4.4.3. For general pathway registrars, the following will apply:
- 4.4.3.1. From semester 1.2017, GPT1 and GPT2 registrars will attend the Aboriginal Health session delivered during a GPT1, GPT2 and GPT3 (from semester 2.2017) PLW workshop.
- 4.4.3.2. In addition, these 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 Islander Health; or
 - Cultural Heritage Activity and completion of a brief questionnaire:
 - Aboriginal Heritage Walk – Royal Botanical Gardens
<http://www.rbg.vic.gov.au/whats-on/aboriginal-heritage-walk>; or
 - First People's Exhibition - <http://museumvictoria.com.au/bunjilaka/>

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4.4.3.3. From semester 1.2017, GPT3 registrars are required to complete two of the activities outlined in clause 4.4.3.2 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.

4.4.4. For rural pathway registrars, attendance at a GPT1/GPT2 Aboriginal Health workshop is required plus the completion of a reflective activity.

4.5. Emergency Training

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

4.5.2. For RACGP, registrars must successfully complete:

4.5.2.1. A HLTAID001 Cardiopulmonary Resuscitation (CPR) course completed within the 12 months prior to commencing GPT1; and

4.5.2.2. A HLTAID001 CPR course completed within the 12 months prior to applying for Fellowship; and

4.5.2.3. Training in the Early Management of Trauma and Advanced Life Support (ALS) completed within the four years prior to applying for Fellowship.

4.5.2.4. All CPR and ALS courses must meet the requirements of the RACGP's [CPR and ALS course guidelines](#)

4.5.2.5. Registrars are expected to source their own training in CPR (HLTAID001) as long as it meets the requirements as defined above and provide a copy of the certificate to EV. Some CPR courses may be available in the Hawthorn office subject to availability.

4.5.3. For ACRRM, registrars must successfully complete a minimum of two approved ALS courses:

4.5.3.1. Rural Emergency Skills Training (REST) course by the end of the first year of PRR training; and

4.5.3.2. A second approved accredited Tier 1 course or two accredited Tier 2 courses.

4.5.3.3. All ALS courses must meet the requirements of ACRRM's [Accredited Emergency Medicine Courses](#)

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

4.5.5. Secondary approved emergency training for both RACGP and ACRRM include:

4.5.5.1. Rural Emergency Skills Training (REST);

4.5.5.2. Advanced Life Support in Obstetrics (ALSO);

4.5.5.3. Advanced Paediatric Life Support (APLS);

4.5.5.4. Clinical Emergency Management Program (CEPM) Advanced; and

4.5.5.5. Early Management of Severe Trauma (EMST).

4.6. EV eLearning (EVE)

4.6.1. EVE is an online learning environment containing a wide range of learning modules and resources which can be accessed at any time. Modules are arranged by curriculum area and by pathway.

4.6.2. The majority are registrar focused but there are growing number of modules and resources for practices.

4.6.3. Other modules and mock exams are also available and registrars may be required to complete specific modules as part of their training.

4.6.4. Many of the resources on EVE are interactive modules that are best viewed on screens with larger dimensions, such as desktops and laptops. It is most reliable in Google Chrome web browser and a reliable internet connection is required.

4.6.5. Registrars who are required to complete an EVE module should take a screen shot or photo of the completion slide when prompted. This provides a record to submit for completion.

4.7. Cluster Groups (Gippsland)

4.7.1. Cluster groups are small regionally based learning groups delivered in Gippsland.

4.7.2. Attendance is optional and the structure of the meetings is decided amongst the group and facilitated by a regional medical educator.

- 4.7.3. Registrars in hospital and general practice terms are encouraged to attend and contribute to the cluster group meeting.
- 4.7.4. Registrars should not be on-call the night of a cluster meeting and must be provided with adequate travel time to attend cluster meetings.
- 4.7.5. Meetings are held in the evening on a monthly basis (except in December and January) and available in Latrobe, Wellington, West Gippsland, South Gippsland and East Gippsland.

4.8. Hospital Teleconferences

- 4.8.1. Hospital teleconferences are fortnightly educational sessions aimed to:
 - 4.8.1.1. Develop an appreciation of the difference in management of patients' problems between the hospital and the GP setting; and
 - 4.8.1.2. Learn how to 'think like a GP'.
- 4.8.2. The sessions are facilitated by a medical educator.
- 4.8.3. They are held during the evening starting at 8.00 pm and lasting for approximately an hour.
- 4.8.4. Registrars in hospital terms are encouraged to attend and contribute to these sessions.
- 4.8.5. Registrars will be contacted by email with details of the topic and instructions on how to register the teleconference.
- 4.8.6. Registrars who commenced training prior to February 2017, are not required to make up any overdue teleconferences.

Learning Activities

4.9. Educational Enhancement Activities

- 4.9.1. EV offers registrars the opportunity to complete the following educational enhancement activities:
 - 4.9.1.1. Peer Teaching Presentation
 - 4.9.1.2. Community Issues Project
 - 4.9.1.3. GP Audit
- 4.9.2. Rural pathway registrars who commenced GPT1/PRR1 prior to semester 2.2016 are required to complete all three activities.
- 4.9.3. All other registrars must complete at least one of these activities but can elect to complete more than one if they choose.
- 4.9.4. The educational enhancement activity should be completed by the end of core vocational training.
- 4.9.5. 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.
- 4.9.6. For detailed information, including contacts and forms, refer to the *Learning Activities Guideline* available to download via gprime or Pivotal.

4.10. DISQ and CFET Surveys

- 4.10.1. 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.
- 4.10.2. RACGP registrars are encouraged to undertake one or both surveys:
 - 4.10.2.1. Doctor's Interpersonal Skills Questionnaire (DISQ) can be undertaken in GPT1;
 - 4.10.2.2. Colleague Feedback Evaluation Tool (CFET) can be undertaken in GPT2
- 4.10.3. 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.
- 4.10.4. Rural pathway registrars entering the program prior to semester 1.2017 and did not complete the relevant survey by the end of semester 2.2016, are still required to finalise this activity.
- 4.10.5. For detailed information, including contacts and forms, refer to the *Learning Activities Guideline* available to download via gprime or Pivotal.

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4.10.6. 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.

4.11. RRMEO Modules (FACRRM)

- 4.11.1. ACRRM provides registrars with a growing selection of interactive modules through Rural and Remote Medical Education Online (RRMEO).
- 4.11.2. RRMEO modules must be approved by ACRRM as suitable for training. These modules are marked on RRMEO Educational Inventory as FACRRM recommended.
- 4.11.3. Registrars are required to complete at least **four** FACRRM recommended RRMEO modules before the end of core vocational training.
- 4.11.4. For more information on this activity, refer to ACRRM [Fellowship Training Handbook](#)

4.12. Procedural Skills Log

- 4.12.1. 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.
- 4.12.2. 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.
- 4.12.3. For RACGP, rural pathway registrars who commenced GPT1 before semester 2.2016 are still required to complete this activity before the end of semester 1.2017.
- 4.12.4. 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 gprime or Pivotal.
- 4.12.5. 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.

5. Additional Information

- 5.1 [ED-Org-8.12 Program Requirements – In-Practice Feedback and Learning](#)
- 5.2 ED-SD-8.0 Education and Training Definitions
- 5.3 ED-SD-8.11.2 Learning Activities Guidelines

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