



Eastern Victoria GP Training

Registrar Handbook

Version 09.18

2018.2

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

TABLE OF CONTENTS

Overview	1
Information Management Systems	1
EV eLearning (EVE)	1
Registrar Support	2
AGPT Program Components	3
FACRRM	4
FRACGP	5
Training Options	6
Recognition of Prior Learning (RPL)	6
Full-time and Part-time Training	6
Leave from Training	6
Application to Transfer	7
Training Obligations	8
General Pathway	8
Rural Pathway	8
Registrar Re-enrolment	9
Practice Match	9
Requirements prior to starting at a Training Practice	9
Employment Contract	9
Medicare Provider Number	10
Placement Obligations	11
Practice Orientation	11
Supervision	11
In-Practice Teaching	11
Patient Workload and Breadth of Practice	12
Program Requirements	14
Group Learning	14
In-Practice Feedback	17
In-Practice Learning	20
Learning Activities	22
Exams, Extensions and Fellowship	27
Exams and/or Assessments	27
ACRRM	27
RACGP	27
Extension of Training Time and Fellowship	28
Additional Information	30

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:

- EV website: <http://www.evqptraining.com.au>
- AGPT: <http://www.agpt.com.au/About-Us/Policies-/Policies>
- ACRRM: <http://www.acrrm.org.au/training-towards-fellowship/overview-of-training-with-the-college/pathways/agpt-pathway>
- RACGP: <http://www.racgp.org.au/becomingagpp/students/vocational-training-pathway/>

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

Contact Details

David Glasson Professor Neil Spike Dr James Brown Val Treneman Bianca Vardanega	Chief Executive Officer (CEO) Director of Training (DoT) Director of Education Quality Improvement DoEQI) Manager Rural Pathway Training Manager General Pathway Training
Rural Pathway enquiries:	General Pathway enquiries:
Gippsland Enterprise Centre Suite B2, 50 Northways Road PO Box 261 Churchill, VIC 3842 T: (03) 5132 3100 F: (03) 5132 3133	15 Cato Street Hawthorn, VIC 3122 T: 1300 851753 F: (03) 9822 9011

For key program staff contact details, visit <http://www.evqptraining.com.au/key-program-contacts/>

Information Management System

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

Email is the main form of communication between EV and registrars. **Emails should be checked regularly so important information is not missed.** 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 during training. Other modules and mock exams are also available and registrars may be required to complete specific modules as part of their training.

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

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

Registrar Support

EV Registrar Support and Progress Coordinators (RSPCs) 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 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 assist 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

Doctors support their patients' health and well-being but sometimes neglect their own self-care. EV encourages all registrars to have their own GP. In order to support EV registrars and promote general well-being and functionality, EV includes the topic of self-care in its workshop programs. All registrars have access to EV funded psychological support program.

Registrars can arrange appointments directly with one of the psychologists who are registered providers for EV. 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 and search 'psychology'. For further information, refer to EV's [ED-Org-8.10 Registrar Safety](#) procedure.

Intervention Programs

During the registrar's time with EV there will be ongoing monitoring of progress, assessment and feedback. It is possible that at some stage a specific problem may be identified with a registrar's progress that may need intervention by EV. 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. There is a requirement that all parties be responsible and accountable for their behaviours and actions.

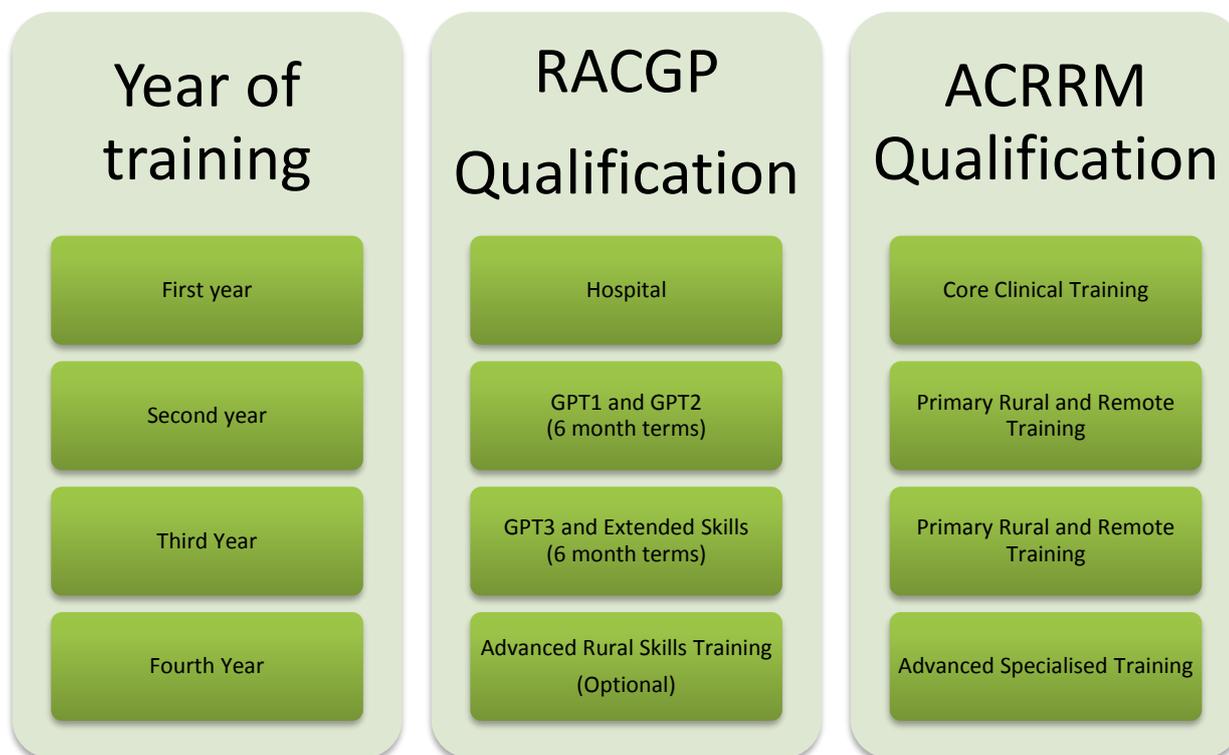
Complaints and Grievances

Where a complaint or grievance arises and cannot be resolved informally with the parties involved, 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 for Fellowship of the Australian College of Remote and Rural Medicine (FACRRM).



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

FRACGP			FACRRM		
H	Hospital Training	52 wks	CCT	Core Clinical Training	52 wks
GPT1	General Practice Term 1	26 wks	PRR1	Primary Rural Remote Training 1	26 wks
GPT2	General Practice Term 2	26 wks	PRR2	Primary Rural Remote Training 2	26 wks
GPT3	General Practice Term 3	26 wks	PRR3	Primary Rural Remote Training 3	26 wks
ESP	Extended Skills Post	26 wks	PRR4	Primary Rural Remote Training 4	26 wks
ARST	Advanced Rural Skills Training	52 wks	AST	Advanced Specialised Training	52 wks
EA	Extension - Assessment	26 wks	EA	Extension – Assessment	26 wks
EAF	Extension Awaiting Fellowship	12 wks	EAF	Extension Awaiting Fellowship	12 wks

Note: weeks refers to full time equivalent

Core Vocational Training refers to the following training terms:

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

Description	FACRRM
Duration	4 year program
Membership	Required to commence the AGPT Program
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): <ul style="list-style-type: none"> - 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: <ul style="list-style-type: none"> - 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	<p>Group Learning:</p> <ul style="list-style-type: none"> - Workshop program - Advanced Life Support (REST) x 2 - Aboriginal Health Curriculum - Hospital Teleconferences (optional) - Cluster Group meetings (rural) <p>In-Practice Feedback</p> <ul style="list-style-type: none"> - Initial Assessment (PRR1) - Mini Clinical Evaluation Exercise (miniCEX) x 9 - Registrar Feedback - Supervisor Feedback - Training Advisor visits <p>In-Practice Learning:</p> <ul style="list-style-type: none"> - Learning and Training Plans - Teaching (protected time) - ReCEnT Activity <p>Learning Activities</p> <ul style="list-style-type: none"> - Educational Enhancement Activities - RRMEO Modules x 4
Assessments	<ul style="list-style-type: none"> - 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	<ul style="list-style-type: none"> - ACRRM - EV policies

Description	FRACGP
Duration	3 year program with optional fourth year (FARGP)
Membership	Required to commence the AGPT Program
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): <ul style="list-style-type: none"> - 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: <ul style="list-style-type: none"> - 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) - Other discipline on application and approval
Program Requirements	<p>Group Learning:</p> <ul style="list-style-type: none"> - Workshop program - Advanced Life Support (1) and CPR (x 2) - Aboriginal Health Curriculum - Hospital Teleconferences (optional) - Cluster Group meetings (rural) <p>In-Practice Feedback</p> <ul style="list-style-type: none"> - Initial Assessment (GPT1) - External Clinical Teaching Visits (ECTV) x 5 - Registrar Feedback - Supervisor Feedback - Training Advisor Visits <p>In-Practice Learning:</p> <ul style="list-style-type: none"> - Learning and Training Plans - Teaching (protected time) - ReCEnt Activity <p>Learning Activities</p> <ul style="list-style-type: none"> - Educational Enhancement Activities - DISQ and CFET surveys (optional or as directed) - Procedural Skills Log (optional)
Assessments	<ul style="list-style-type: none"> - Applied Knowledge Test (AKT) - Key Feature Problems (KFP) - Objective Structured Clinical Examination (OSCE)
Further Information	<ul style="list-style-type: none"> - 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 the registrar needs to satisfy both EV and the relevant College that 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 before the commencement of 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 completing the mandatory hospital experiences that are 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-Orq-8.4 Recognition of Prior Learning](#)
- EV's [ED-Orq-8.3 Prior Learning Assessment](#)
- ACRRM [Fellowship Training Handbook](#)
- RACGP [Recognition of Prior Learning Policy](#)

Full-time and Part-time Training

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

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

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

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 this 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 in order to count toward training.

For detailed information, registrars should refer to EV's [ED-Orq-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. Training program provider numbers are not permitted for use outside of training.

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. Transfers will not generally be considered until six months of training has been completed in the selected region.

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 training is relevant to rural practice and the training is unavailable in a rural location;
 - The transfer being on a temporary basis with registrars expected to return to the rural pathway on completion;
 - A transfer from the rural pathway to the general pathway not 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 where they are matched. Attempting to reside and commute from Melbourne whilst training on the rural pathway in Gippsland is a potential safety risk and detrimental to training and therefore is 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 commences 6-8 weeks before the opening of the first round of the annual practice match. Following re-enrolment and updating training plans, registrars are entitled to apply for training options for the next calendar year including:

- 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.

All EV training practices are accredited to 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. 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 patient rebates is not possible. Medicare will not backdate applications received after the commencement of a placement. A S19AB exemption requires a minimum 28 day application period, from the date of submission of the form.

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

Detailed guidelines are sent out to registrars prior to the commencement of each semester. For further information, 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 guidelines for engaging their supervisor for advice and assistance.

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:

Term	Onsite Availability	Availability by phone
GPT1/PRR1 – First month	100% consulting time	Not applicable
GPT1/PRR1- remainder	80%	20%
GPT2/PRR2	50%	50%
GPT3/PRR3	25%	75%
ESP/PRR4/Elective	25%	75%

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. Ideally, teaching should be booked first thing in the morning or after a break to ensure that it is not deferred because of running late.

Term	FTE Hours per week		
	0.50	0.75	1.00
GPT1/PRR1 (1 hr protected)	1.50	2.25	3.00
GPT2/PRR2 (1 hr protected)	1.00	1.00	1.50
GPT3/PRR3 (protected)	0.75	0.75	0.75
ESP (GP)/PRR4	0.00	0.00	0.00

The principal supervisor is responsible for planning and coordinating the education of their registrars. This task can be performed alone, or in conjunction with other members of the practice team. Teaching occurs in the registrar's usual working hours and is part of their paid employment. Other members of the practice team involved in teaching include: additional accredited supervisors; other doctors; practice nurse; allied health; and practice manager.

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 (home, nursing home and hospital visits) if provided 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 particularly in the context of Aboriginal health, or with consultations that involve a high travel component.

GP Term	Average Patients per Hour	Maximum Patients per Hour
GPT1/PRR1 (first 1-2 weeks)	1-2	4
GPT1/ PRR1 1 st 3 months	2-3	4
GPT1/PRR1 2 nd 3 months	3-4	4
GPT2 /PRR2	3-4	4
GPT3/PRR3+	3-4	4

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. Medical records software and ReCEnT reports may be of assistance in reviewing registrars' patient mix

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 Pivotal. 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, registrars should contact EV. 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 often have an essential role to play in the provision of hospital services. After-hours' services are usually undertaken in a collaborative manner with the hospital, sometimes with the hospital staff triaging patients presenting for after-hours care.

There are significant learning opportunities for registrars in this setting both in extending their skills and experiencing extended comprehensive GP care.

The registrar will be required to complete the credentialing requirements of the local hospital before visiting 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.

EV's guidelines with regards registrars treating other practice staff (including other GPs), is that they should not be permitted to seek medical care or prescriptions for themselves (or their families) from registrar when realistic alternatives are available. In rural areas where there may be limited options, the practice may consider a practice policy of allowing the registrar to treat staff with appropriate supervisory oversight after consideration of the risks, benefits and alternatives. The practice policy should also consider the training stage of the registrar and should be discussed with the registrar.

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.

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. At least 18 hours of workshop time is allocated to GPT3/PRR3. These workshops provide education which is intended to complement registrars' in practice learning.

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 EV workshop containing the same educational content.

In some 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.

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	3 workshops	3 workshops

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.evqptraining.com.au/training-opportunities/>

Weekend Education Series (WES)

These educational sessions are voluntary and are offered on some weekends during the year. Topics may include:

- Interactive lecture and/or small group workshops on Aboriginal and Torres Strait Islander health
- Advanced surgical skills training
- Implanon insertion training
- Plastering skills

Aboriginal and Torres Strait Islander Health Curriculum

The aim of this program is to provide a 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. We cannot overstate the importance of “on-country” experiences and of learning from Aboriginal and Torres Strait Islander people. A variety of activities are planned – all are mandatory and required for completion of training.

For rural pathway registrars, the following is required:

- Attendance at a GPT1/PRR1/GPT2/PRR2 Peer Learning Workshop which includes a day spent at Lake Tyers.
- Completion of a 500-word reflective piece in response to a book, poem or film.

For general pathway registrars, the following is required:

- GPT1, GPT2 and GPT3 registrars must attend all the Aboriginal Health sessions held in each level of their workshop program.
- Completion of a 500-word reflective piece in response to a book, poem or film. The reflective piece will be due:
 - On 28 September 2018 or 29 March 2019 for current GPT2 and above registrars.
 - At the end of GPT1 for registrars commencing GPT1 from 2.2018.

The requirements for those general pathway registrars who commenced GPT3 prior to 2.2017, were completion of the GPT1 and GPT2 workshops, two WES sessions or one WES session and a Cultural Heritage activity. Registrars who completed the above 2017 requirements, will not have to complete any further activities. For those registrars with one outstanding activity from the 2017 program (either WES or Cultural Heritage activity), must complete the 500-word reflective piece in its place. Those registrars with two outstanding activities from the 2017 program (WES and Cultural Heritage activity), must complete the 500-word reflective piece and the WES CUP.

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.

Cluster Group	Area
Latrobe	Churchill, Hazelwood, Moe, Morwell, Traralgon and Yarram
Wellington	Heyfield, Maffra and Sale
West Gippsland	Bunyip, Drouin, Koo Wee Rup, Neerim South, Trafalgar, Warragul and Yarragon
South Gippsland	Cowes, Foster, Korumburra, Leongatha, Wonthaggi and Tooradin
East Gippsland	Bairnsdale, Lakes Entrance, Paynesville and Mallacoota

Hospital Teleconferences

Hospital teleconferences are fortnightly educational sessions on core topics to prepare hospital registrars for general practice placements. 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

Registrars entering their first general practice term undergo an assessment to judge their capacity to work safely and are competent 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 each registrar's level of performance.

The assessment process is comprised of three elements; one knowledge assessment and two performance assessments.

- Registrars' knowledge is assessed by the completion of a 140 **Multiple Choice Questions (MCQ)** paper via EVE **prior** to the orientation workshop. The registrar will receive the results (by topic area) by the end of the first three weeks of GPT1/PRR1.
- Registrars' performance is assessed by:
 - A **practice-based assessment**, which is led by each registrar's primary supervisor, and
 - A subsequent **External Clinical Teaching (ECT)** visitor.

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

The second judgement of performance will be made at an External Clinical Teaching Visit (ECTV). This visit involves a judgement based on observed consultations. The ECT visitor will make a judgement of the registrar's performance relative to their stage of training and submit the ECTV report by the end of the first **six weeks** of GPT1/PRR1.

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

The outputs of the three assessments will be collated by EV's program support team by the end of the twelfth week of GPT. The assessments of each registrar are then discussed at a regional GPT1 Cohort Review. Registrars identified as performing 'below expectation' may be followed up with further assessments or interventions.

Registrars are also required to document their learning plan by the end of the first **four weeks** of the semester. This plan should detail how they intend to use the training opportunities of their placement to meet their learning needs. The registrar's Training Advisor (TA) or ECT visitor will discuss their learning plan and future goals during a visit or by phone call by the end of the first **six weeks** of GPT1.

Registrars can access more detailed information on this process through the resources section in Pivotal and search '*Initial Assessment*'.

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

Supervisor and Registrar Feedback

For practice-based registrars, two-way feedback between the registrar and supervisor occurs twice per semester. Registrars and their supervisors are to complete the feedback process **at week six and week twenty** of each semester. The feedback process is guided by forms on Pivotal which are completed in the process of undertaking the two-way feedback. At the completion of this process the supervisor and the registrar will together have reflected on each other's performance under specified domains and made a record of their reflections for the registrar and practice portfolios on Pivotal.

Guiding principles:

- The formal feedback two-way feedback should be complimented by regular feedback during the term.
- Registrars and supervisor should be proactive in inviting and seeking feedback.
- The learning planner should be used to record relevant intended actions that arise from feedback.

Registrar and supervisor feedback exceptions:

- For full-time registrars commencing GPT1/PRR1 the initial assessment process replaces the two-way feedback at week 6.
- For part-time GPT1/PRR1 registrars the two-way feedback is required at week 6 in the second 6 months of their placement.
- 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 a registrar choosing to keep feedback confidential limits the actions that EV can instigate.

If a supervisor has significant concerns about a registrar's competency, judging multiple domains as "below the expected level" a medical educator will be engaged to determine what assistance or intervention is required.

Feedback for Hospital and Skills Training Posts

Registrars undertaking hospital training and/or skills training posts (extended or advanced), are required to submit a HMO assessment or hospital supervisor report at the end of each rotation or semester for 6 and 12 month posts. It is the registrar's responsibility to obtain and submit these reports to program staff.

External Clinical Teaching Visit (ECTV)

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

The ECT visitor (accredited supervisor or medical educator) will provide both verbal and written feedback on the registrar's communication skills, consulting skills, clinical knowledge and skills, contextual awareness and knowledge and, professional behaviour and identity. The ECT visitor should aim at giving a good global assessment of where a registrar stands for their level of training.

Where there are significant concerns, the ECT visitor will refer the registrar to the RSPC for further assessment and assistance. This should be seen as an opportunity to further discuss and address perceived problems.

The purpose of ECTVs are to:

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

The ECTV involves:

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

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

- PRR1: 2 ECTVs with at least 3 miniCEXs
- PRR2: 2 ECTVs with at least 3 miniCEXs (minimum of five by end of first year PRRT), and
- PRR3: 1 ECTV with at least 3 miniCEXs

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

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

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

The TA meeting will include review of:

- Registrar's planned learning,
- Registrar's training plan,
- Registrar's log of educational events attended
- Registrar's self-reflection on competencies referenced against the curriculum,
- Feedback from the supervision team, and
- Feedback from ECT visitors (where applicable).

TA contact during training terms:

- Hospital/CCT: two per semester; the first one at a workshop (or teleconference) before the end of week 4 and a second contact before the end of week twenty.
- GPT1/PRR1: two per term before the end of week 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: up to two per term
- Elective and Extensions: two per semester before the end of week 6 and twenty
- ARST/AST: up to two visits per semester before the end of week 6 and twenty

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

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 practising alongside experienced practitioners under the supervision of accredited 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
- Case-based discussion e.g. reviewing registrar's last session of patients, case notes review or discussion of cases raised by the registrar
- Direct observation which can be:
 - registrar sitting in on supervisor's consultations
 - supervisor sitting in on registrar's consultations
 - videotaped consultation or role play
- Preparation for 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 in accordance with requirements of RACGP and ACRRM to guide them through their training. Creating and maintaining the registrar learning plan 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 or they may use the learning plan available on Pivotal. 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 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 with this training requirement 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

All registrars are encouraged and supported to complete a training plan at least annually. Registrars who commenced GPT1 in 2.2017 and those commencing in 1.2018, are expected to complete a formal training plan by the end of 1.2018. The training plan can be downloaded from Pivotal via the resources 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 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 EV regarding their training needs and ensuring 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 consults 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 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 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 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 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. EV will pay upfront for registrars required to complete the DISQ and CFET surveys by the RSPC.

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 via the documents section – search 'procedural'.

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.

Rural pathway registrars who commenced GPT1 before semester 2.2016 are still required to complete this activity and a copy of their procedural skills log is available on request.

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.

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-Orq-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 e.g. 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-Orq-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

Organisation	Website
Australian General Practice Training (AGPT)	www.agpt.com.au
Australian College of Rural and Remote Medicine (ACRRM)	www.acrrm.org.au/home
Department of Human Services: Medicare	www.humanservices.gov.au/customer/dhs/medicare
General Practice Registrars Australia (GPRA)	www.gpra.org.au
PHN Gippsland	www.gphn.org.au
PHN South Eastern Melbourne	www.semphn.org.au
PHN Eastern Melbourne	www.emphn.org.au/
Royal Australian College of General Practitioners (RACGP)	www.racgp.org.au/home
Rural Workforce Agency Victoria (RWAV)	www.rwav.com.au
Rural Doctors Association of Australia	www.rdaa.com.au