

1. Policy Statement

- 1.1. Registrars are informed of the guidelines and practice placement obligations while undertaking training in general practice.

2. Application and Scope

- 2.1 Registrars are required to train in accordance with EV GP Training (EV) and the Department of Health (the Department) policies and procedures and as appropriate, the general practice training standards of the Royal Australian College of General Practitioners (RACGP) and Australian College of Rural Remote Medicine (ACRRM).
- 2.2 This procedure applies to all registrars enrolled on the Australian General Practice Training (AGPT) Program.
- 2.3 This procedure is effective from 1 May 2021.

3. Procedure

3.1. Conditions of employment

- 3.1.1 A copy of the employment agreement, signed by the employer and registrar, must be exchanged prior to the commencement of starting at a new practice.
- 3.1.2 The *National Terms and Conditions for the Employment of Registrars (NTCER)* describes the minimum terms that must be offered when negotiating individual employment agreements and is not a contract in itself. A copy of the current NTCER is available on the GPRA website.
- 3.1.3 Registrars will be expected to negotiate their own employment agreement. The terms and conditions of the employment agreement must at least meet the minimum requirements of the NTCER. The *National Employment Standards* must also be adhered to.
- 3.1.4 Until a registrar is awarded fellowship, they must be an employee of the practice.
- 3.1.5 Arrangements for accommodation costs, where applicable in the rural pathway, should be negotiated as part of the employment agreement.

3.2. Practice documentation

- 3.2.1. The Supervision and Training Agreement sets out the main obligations of the practice and EV to ensure that high quality training, supervision and educational support is provided.
- 3.2.2. Registrars are required to maintain an adequate level of medical indemnity insurance cover throughout training.
- 3.2.3. A copy of the insurance certificate must be provided to the practice prior to commencement of training.
- 3.2.4. Insurance must fully cover the registrar for the type of practice and procedural activity involved as well as for actions of negligence. Registrars should discuss their individual circumstances with their insurer.
- 3.2.5. Information on Medicare provider numbers is outlined in the *ED-Org-8.7 Medicare Provider Number* procedure

3.3. Practice orientation

- 3.3.1. EV will provide an orientation to the AGPT program and general practice.
- 3.3.2. During the first week in practice, GPT1/CGT1 registrars should generally not be booked to see any patients. This time should be used to orientate registrars to the practice and includes, but not limited to:
 - Introduction to practice staff
 - Introduction to the practice manager and supervisors
 - Local health services
 - Appointments and billings
 - Practice safety policy
 - Practice policies, procedures and processes
- 3.3.3. The practice is to provide the registrar with information on the ways in which a registrar can contact their supervisor.

- 3.3.4. A similar orientation process should be undertaken at the commencement of each new registrar placement.
- 3.3.5. An orientation module is available on EV eLearning (EVe) to all registrars and practices. It is particularly aimed at those registrars who are not an Australian medical graduate. The topics covered should include:
- Government
 - Medicare and the MBS
 - Medicine and the PBS
 - Patient expectations
 - Your learning
 - Working with other health professionals (within the practice and referral pathways)
 - Communication and language
 - Private health insurance

3.4. Scope of Practice

3.4.1. RACGP requirements:

3.4.1.1. Registrars undertaking the RACGP curriculum are required to gain experience in placements that involve a diversity of patient presentations, exposure to at least two different GP supervisors and practice management systems as defined in the *RACGP Practice Diversity Guidance Document*. This gives registrars a perspective on different approaches, philosophies and business practices, as well as the opportunity to learn from different supervisors and educators.

3.4.1.2. Where there are special and particular reasons why a registrar is unable to meet the minimum practice placement requirement, the registrar must apply prospectively to the Director of Medical Education and Training (DMET or delegate) for an exemption, in accordance with the *EV Guidance Document on Practice Diversity*.

3.4.2. ACRRM requirements:

3.4.2.1. Registrars undertaking the ACRRM curriculum are expected to cover the broad range of learning experiences during Core Generalist Training (CGT).

3.4.2.2. These learning experiences can be grouped into three broad categories:

- 6 months Community Primary Care
- 3 months Hospital In-patient care
- 3 months Emergency care
- 12 months Rural and Remote Context

3.4.2.3. ACRRM registrars must spend a minimum time requirement in each broad category as defined in the *Fellowship Training Handbook*

3.5. Patient workload and breadth of practice

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

3.5.2. The registrar should see an average of at least two patients per hour worked in normal general practice situations, acknowledging that there will be administration time included. The registrar must not book more than four patients per hour in the general practice terms.

3.5.3. 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, e.g. in the context of Aboriginal health or consultations that involve a high travel component.

3.5.4. The case load of the registrar must be monitored and managed to ensure they do not see a particular group (e.g. related to age or gender) or presentation in an excessive proportion, for example where the registrar is the only female or male doctor in a large practice.

3.5.5. Rostering of registrars for both ordinary and on-call hours must be equitable (in comparison to other doctors in the practice) and where possible developed in consultation with the registrar.

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

GP Term	Ave Patients per Hour	Max Patients per Hour
GPT1/CGT1 (first 1-2 weeks)	1-2	4
GPT1/CGT1 (first 3 months)	2-3	4
GPT1/CGT1 (2 nd 3 months)	3-4	4
GPT2/CGT2	3-4	4
GPT3/CGT3+	3-4	4

3.5.7. Monitoring and recording of registrar workload

- 3.5.7.1. Registrar workload is recorded in the monthly Recipient Created Tax Invoice in Pivotal during GPT1/CGT1 to GPT3/CGT3 training terms.
- 3.5.7.2. Registrars are required to provide evidence of satisfying the required practice teaching time during training to be eligible for certification of completion of training.
- 3.5.7.3. By confirming the monthly record, the registrar and supervisor are agreeing that it is correct.
- 3.5.7.4. Submissions of these records to EV will generate the monthly teaching and practice payments to the practice.

3.6. Provision of services at local hospital (rural pathway)

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

3.7. Pre-existing personal relationships and employment at practices

- 3.7.1. EV will not approve the placement of registrars during their GPT1/CGT1 and GPT2/CGT2 terms in a practice where a close relative is either the principal educational supervisor and/or a practice owner. EV may consider an exemption from a rural pathway registrar if they can demonstrate just cause for the placement.
- 3.7.2. Training placements where there is a pre-existing personal relationship may be considered for GPT3/CGT3 and Extended Skills/CGT4 posts.
- 3.7.3. In all instances where a placement has been approved by EV, the following must be confirmed:
 - 3.7.3.1. An alternative educational supervisor is approved by EV;
 - 3.7.3.2. A signed employment contract is in place that is equivalent to other registrar contracts.
 - 3.7.3.3. The registrar is not a part or full owner of the practice.
- 3.7.4. It is the responsibility of the registrar to notify EV of any pre-existing personal relationships as defined above prior to entering a practice match.
- 3.7.5. Exemptions will be considered by the Chief Executive Officer (CEO) after discussion with the DMET and prior to formally entering the practice match.

3.8. Therapeutic relationships between registrars, supervisors and practice staff

- 3.8.1. Registrars and supervisors should not enter into formal therapeutic relationship with each other while the registrar is undertaking a training term within the practice of the supervisor.

ED-Org-8.8 Practice Placement Obligations



- 3.8.2. Registrars and supervisors should not prescribe or put pressure on each other to provide prescriptions for themselves, their families or friends.
- 3.8.3. 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) when realistic alternatives are available.
- 3.8.4. 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.
- 3.8.5. Registrars or supervisors may seek medical care from each other only after the registrar has completed all training terms.

4. Additional Information

- 4.1 RACGP Practice Diversity Guidance Document
- 4.2 ED-Org-8.7 Medicare Provider Number
- 4.3 Fellowship Training Handbook

Title (including ID Number)		ED-Org-8.8 Practice Placement Obligations			
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