General Practice Training - Valley to Coast Limited is the provider of post-graduate vocational training for General Practice in the Central Coast, Hunter and Manning region of NSW.

General Practice Training - Valley to Coast is one of seventeen Regional Training Providers funded by General Practice Education and Training (GPET) which is the body set up by the Commonwealth Government to oversee general practice training.

Mission Statement:

To provide high quality professional education that prepares doctors for competent independent General Practice in the Australian environment and to be flexible and responsive to the needs of GP registrars, their supervisors and the community.

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Welcome to GP Training

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Staying in touch and electronic media:
Maintaining our communication with registrars is a very important part of the training program. To assist us in staying in touch with you we will use conventional mail, emails, SMS messaging and our website.

To make sure you don't miss out you need to watch for our communications with you and answer them promptly.

Roles – Who Does What?

How does each person fit into your training?

Medical Educator

Medical educators (MEs) are employed by General Practice Training – valley to coast (GPTVTC) to assist you in your learning and progression through training. They have a broad educational, support and liaison role. Amongst other things, they organise workshops, interpret curricular and training requirements, provide supervisor training and support and undertake teaching visits to registrars in practices. MEs are general practitioners who have practical clinical experience in general practice as well as their teaching roles. They may have particular areas of expertise and designated roles in the training context.

Training Adviser

Medical Educators are also assigned the role of Training Adviser (TA) to a number of registrars. Generally you will have the same Training Adviser for the duration of your training. Training Advisers provide support and training advice to their registrars. This is done primarily through the Training Advice and Feedback meetings which ***registrars should organise at least once every six months***. At this time general training issues and requirements, the learning plan and future training plans are discussed. The ME also provides feedback on the registrar's progress. Registrars can also contact their Training Adviser by phone or email at other times if issues arise.

GP Supervisor / Trainer

Supervisors are experienced GPs who are accredited by the relevant college to provide education and training in the context of an accredited practice. In an accredited practice there may be more than one supervisor but each registrar is attached to a specific supervisor who then provides ongoing education, feedback, advice, support and mentoring. They also have a role in assessment during training. The designated supervisor usually provides most of the one-to-one teaching in the practice but other supervisors or staff in the practice will often contribute.

Registrar Liaison Officer

Registrar Liaison Officers (RLOs) are additional people to whom you can turn for advice and support. They are registrars who are employed by GPTVTC on a part time basis whilst also continuing their own training. Their role varies with the registrar's interests and includes liaising with General Practice Registrars Australia (GPRA), registrars, GPET and GPTVTC and involvement in education or research.

Our Educational Philosophy

General Practice Training – valley to coast (GPTVTC) provides training in accordance with the policies of Australian General Practice Training (AGPT) and the curricula and standards of the relevant professional colleges - the RACGP and ACRRM. The length and components of training are determined by these bodies and also by the learning needs of the registrars.

The training is based on an “apprenticeship” model where most of the learning is done whilst working in appropriate training posts. This is the context where most professional knowledge and skills are acquired. For this reason, the educational philosophy is one of adult learning. It is the responsibility of registrars to reflect on their own practice, assess their learning needs, take action to address them and ultimately develop a professional approach to self-directed lifelong learning. To facilitate this there is an emphasis on individual Learning Plans.

There is frequent assessment during training (or In-Training Assessment) which provides feedback to enable both registrars and GPTVTC to assess and guide progress through training.

Within GP Training there is provision for paid release for attendance at educational workshops. GPTVTC places great importance on providing high quality education, appropriate to registrar needs. We therefore seek regular feedback from registrars regarding all workshops and aim to respond constructively to continually improve the program. We also support supervisors in their educational role as they aim to continually improve the practice experience for registrars.

We aim to provide a training program which enables registrars to become safe and competent GPs with the capability to practice independently in different contexts within Australia and the adaptability to respond to the current and future needs of the Australian healthcare system. We therefore support flexibility and options within the training program, including acquiring extra skills in academic, rural or procedural skills and part time training. We also assist in funding extra courses and pay for registrar membership of the Hunter Postgraduate Medical Institute.

Within the constraints and requirements of training we put a priority on the needs and well being of registrars as they go through the program.

Registrar Wellbeing

Some hints on taking care of yourself

The life of a registrar is often busy and sometimes stressful. Work is more stressful when you are in a new environment and it is difficult when you are trying to find time to study. In addition, many registrars have family responsibilities. On top of this you may be temporarily separated from your family and usual support network while in a rural term. These are a few points to think about and hopefully they will encourage you to look after yourself while traveling through our training program. Some of these messages will be reinforced at workshops.

- ***Find your own GP.*** This is sometimes harder than you think when you are sent to a country town and the only practice within an hour's drive is yours. It does not mean that you cannot be treated by other doctors in your practice but you need to be comfortable with the situation. As you know, it is important not to treat yourself or your family.

- ***Get to know yourself.*** It helps if you are aware of the sort of person you are. What are your expectations, what have you coped with before, what stresses you out and what do you find helpful in difficult situations?

- ***Find people that you can talk to and "debrief" with***. Sometimes it might be family or friends but often it will be another registrar. Having other registrars that are in similar situations to yourself can be very supportive. Usually they are interested and can sometimes understand, more than others, the issues with which you are dealing. Training days and social functions provide a perfect opportunity to get to know other registrars. It is always important to maintain patient confidentiality in these situations.

- ***Relaxation.*** For some this is doing regular exercise, for others it is making sure that you always have a good book to read or a good movie to watch.

- ***Look after yourself spiritually***. Make time to attend your place of worship and to mix with those of a similar faith if this is important to you. This is important to your wellbeing and helps you maintain perspective. Remind yourself of what is important to you and take the time to "smell the roses."

- ***If you are feeling stressed*** decide who might be the most useful person to talk to in the particular situation. It may be family and friends, but also remember that you can talk with a medical educator or your RLO. It may be a problem for which you need professional advice and your GP may be the most appropriate port of call.

- ***If you are concerned about a specific problem regarding patient management*** talk to *y*our supervisor in the practice. They may be able to add personal knowledge about a particular patient and helpful advice. It is their practice and they will want to know. Colleagues are usually helpful people with whom to discuss clinical issues. Your medical educator or RLO may also be helpful and should be available to discuss any concerns. Do not forget that your medical defense organisation can be a useful and appropriate source of advice in some situations.

- ***Remember*** – general practice training does not take a long time, but it is not a race to finish it as quickly as possible. Training can be flexible and tailored to suit you and your personal situation.

Remember there are many people around you who are keen to help you to learn to be a good GP and to recognise the importance of a healthy balance between work and the rest of your life.

Most importantly take the time to enjoy being a registrar.

The Valley to Coast Registrar Liaison Officer **(RLO)** can be contacted on :

RLO@gptvtc.com.au

Occupational Health and Safety

Now that you have joined a GP training program it is important to stop and consider the new work environments that you may be exposed to and what potential risks this may create for you and your patients. Many doctors have not worked in a small practice in the community, gone on home visits, visited nursing home patients or had to commute as part of their day to day work life.

Driver Fatigue

GPT Valley to Coast recognises that driving is an essential part of the work role of registrars, and that driver fatigue can result in accidents and injury. To minimise the potential risk of injury from driving fatigue GPT Valley to Coast encourages registrars to consider driving fatigue before commencing work related travel. All registrars are encouraged to:

- Be aware of the symptoms of possible driver fatigue. eg yawning, poor concentration, tired sore eyes, restlessness, drowsiness, slow reactions, boredom, feeling irritable, missing road signs, having difficulty staying in the lane and microsleeps.
- Drive when well rested and take regular rest breaks eg every 2 hours. Check your rosters ahead of time to make sure you are not rostered on call the night before workshops or the night of workshops
- Avoid high risk driver fatigue times :
    - Night time and early morning 10pm - 6am
    - Afternoon 1pm - 3pm
- Consider staying overnight rather than driving when fatigued or when driving conditions are difficult. You may be eligible to claim these costs when the travel is to or from a compulsory workshop.
- Adjust your driving and rest breaks when environmental conditions increase driver demands.
- Share driving with others. When a passenger, watch for signs of fatigue and encourage the driver to take time out.

Personal Safety

In general practice you are often alone with the patient in a room with a closed door. You may also need to enter someone's home where you have no idea who else is present nor what issues are in the household. To minimise the risks to your safety and welfare it is important to discuss with your supervisor how your practice handles this risk and how you will be supported and protected from harm. If anything causes you concern, raise the issue early.

Infection Control

As health professionals we are all required to uphold infection control principles and practices in our work. This does not change when we enter general practice though the application of this aspect of our work can be more challenging. To ensure you maintain a high standard of care for yourself and your patient you are strongly encouraged to discuss infection control with each of your supervisors during your training and identify how infection control is maintained in the various contexts.

Managing Medical Conditions at Work

Registrars are strongly advised to disclose and discuss with their supervisor or, as appropriate, medical educator, any medical condition which might place themselves or their patients at risk.

This is particularly important in view of the work patterns of registrars in different hospital rotations and GP attachments. Different shifts, rosters, after hours and on-call duties are all aspects of work which registrars need to be aware of and manage effectively.

If you have a condition such as epilepsy, insulin dependent diabetes, a transmissible infectious disease (particularly HBV, HCV, HIV), narcolepsy, sleep apnea, depression, bipolar disorder, or any other medical condition that may pose a risk to yourself or to your patients you should discuss it with your supervisor / employer, and with your medical educator where appropriate, so that measures may be put in place to minimise the risk to yourself and to patients.

Overview of Training

Compulsory Requirements

The following is a summary of requirements for those working toward the endpoint of the FRACGP. These requirements are stipulated by the RACGP (see the Requirements for Fellowship on www.racgp.org.au) or by GPET, the government funder of training (see www.agpt.com.au) or by the Regional Training Provider (GPTVTC). (For the FACRRM - discuss early with your Training Adviser and see page 32).

To complete General Practice training (FRACGP) you MUST:

- finish your time in training (usually three years) including at least 18 months in supervised general practice.
- have an adequate range of hospital experience
- have mandatory paediatric experience prior to GP Term 1
- Complete the Aboriginal Health Curriculum (associated sessions and resources)
- have Advanced Life Support Skills certification (see College rules below)
- have completed the logbook/portfolio requirements (see Fellowship Requirements below)
- do Area of Medical Need or Rural placement requirements (depending on Pathway)
- pass the FRACGP exam
- fulfill any other requirements as required by the RTP and Colleges

As you go through the training program you MUST:

- Submit a Learning Plan once each six months
- Meet with your Training Adviser at least once each six months (you cannot re-enrol for the following year if these are not done)
- Complete annual re-enrolment procedures within stated time frames
- Apply for terms within stipulated time frames
- Attend educational sessions organised by the Training Provider and complete associated tasks (there is a requirement to make up time and learning for any significant segments missed)
- Complete the ReCEnT patient encounter activity once each six months
- Complete specific modules or case reports as required
- Complete In-Training Assessment activities (this includes quizzes, case commentaries, video analysis, consultation role plays and professional skills project)
- Hand in your Professional Skills Project before the end of Term 2.

In order to sit the exam you must have:

- Completed 12 months of hospital time (or have been granted Recognition of Prior Learning with reduction in training time) and
- Satisfactorily completed the required number of GP terms
- Current CPR certification according to RACGP guidelines. The RACGP advises registrars be aware of ARC guidelines for annual review of CPR competency
- The RACGP exam can be sat in separate parts but the AKT must be passed prior to the clinical being sat

Fellowship Requirements for the FRACGP

Currently these are described in the following way: Doctors must submit evidence of completion of training requirements in the form of a Fellowship "portfolio" that includes:

- a log of key capabilities referenced to the college curriculum and signed by their trainer *(we ask supervisors to go through this with you in the practice)*
- a log of educational events attended during training signed by a representative of the RTP
- five feedback reports from medical educators – each report pertaining to 3 hours of observed consultations
- evidence of planned learning with review and reflection at 6 monthly intervals during training
- documentary evidence of completion of Aboriginal health module (fulfilled by required workshop attendance)
- certificate of competency in management of trauma and advanced life support
- the educational program for the 6 months extended skills training and certificate of satisfactory completion signed by the supervisor

Some of the above requirements are documented electronically

Standard V.12 http://www.racgp.org.au/fellowship (page 3), states:
Doctors must complete training in the early management of trauma and advanced life support (ALS). ALS is a requirement for a registrar to complete vocational training.

Course content must include

The requirements relating to ALS course content is detailed for clarification:

- basic CPR:
  - assessment of DRABC(D)
  - mouth to mouth ventilation
  - mouth to mask ventilation
  - external cardiac massage
- advanced CPR:
  - management of airway using bag and mask
  - inserted airway (e.g. Guedel's or nasopharyngeal)
  - knowledge of use of suction and MacGill's forceps to clear airway
  - defibrillation
- early management of trauma:
  - identify potential neck injury in trauma patient
  - stabilisation of neck using a stiff collar
- use of doctors' bag drugs in scenario simulations of emergencies including:
  - acute anaphylaxis
  - hypoglycaemic shock
  - acute pulmonary oedema
  - acute asthma
  - seizures
  - angina/myocardial infarction
  - acute pain e.g. migraines
  - acute psychiatric conditions
  - narcotic overdose.
- All components require:
  - use of Australian Resuscitation Council guidelines and protocols
  - assessment of competency using observation of clinical performance in simulated scenarios

A small number of established courses are documented to meet the requirements

Requirements for **FACRRM** are stated in their curriculum and involve the successful completion of either two accredited Tier 1 courses or one accredited Tier 1 course and two accredited Tier 2 courses.

Classification – Tier 1 (as of April 09).

Early Management of Severe Trauma (EMST)	College of Surgeons
Advanced Paediatric Life Support (APLS)	APLS Australia and New Zealand
Advanced Life Support in Obstetrics (ALSO)	American Academy of Family Physicians
Major Incident Medical Management & Support (MIMMS)	Advanced Life Support Group Aust
Pre-Hospital Trauma Life Support (PHTLS)	NAEMT/American College of Surgeons
Advanced Life Support (ALS)	Australian Resuscitation Council
Rural Emergency Skills Training (REST)	Rural Workforce Agency Victoria
Care of the Critically Ill Surgical Patient (CCrISP)	Royal Australasian College of Surgeons
Advanced Life Support Course (ALS)	HealthCare Training Service

Classification – Tier 2

Emergency Life Support (ELS)	Incorporated not-for-profit developed by FACEM
Rural Emergency Skills Program (RESP)	RDWA (SA)
Rural Emergency Medicine (REM)	Health Workforce Queensland
Maternity Crisis Resource Management (MaCRM)	Queensland Health Development Centre
Expedition Medicine	General Practice Training Tasmania
Expedition Medicine	Wilderness Education Group
Approach to Medical Emergencies (AME)	General Practice Training Australia
ACR	General Practice Training Australia
Basic Trauma Management (BTM)	General Practice Training Australia
Effective Management of AnaestheticCrises (EMAC)	Sydney Medical Simulation Centre
Anaesthesia Crisis Resource Management (ACRM)	Sydney Medical Simulation Centre
Advanced Life Support Training Program	Qld Health (Education Centre Bundaberg Hosp)
Emergency Airway Management Workshop	Health Workforce Queensland
Advanced Life Support	Greater Western General Practice Training Ltd (GWGPT)
Inter-disciplinary Teamwork in managing Emergencies (In-Time)	Women and Newborn Health Services
The Emergency Management of Severe Burns(EMSB)	Australia and New Zealand Burns Association (ANZBA)
Clinical Emergency Management Program (CEMP) Intermediate Workshop	Royal Australian College of General Practitioners
Clinical Emergency Management Program (CEMP) Advanced Workshop	Royal Australian College of General Practitioners
Advanced Cardiac Life Support	Critical Care Education Services

Please note that the above courses and classifications are accurate as of 18 August 2011.

General Responsibilities

Know who your **Training Adviser** / Medical Educator is.

You must negotiate, document and complete a **learning plan** for all terms. This is agreed with your supervisor by week four, discussed with your Training Adviser and handed in for your training file.

Meet with your allocated Training Adviser / Medical Educator for a **Training Advice and Feedback Meeting at least once every six months**. This is to discuss educational and training issues, your **learning plan** and log book**.**

Keep yourself informed. Regularly check the AGPT website (you would have accessed this when you made your initial application) and gptvtc website.

Get used to using the internet as more and more resources are available in this way.

Reflect on your learning program:

- Ensuring you acquire relevant skills including procedures
- Being aware of requirements for completion of training
- Knowing what you need to know to practice safely and competently
- the RACGP curriculum is available on the RACGP website
- ACRRM has its own curriculum accessible on the ACRRM website

Attend organised educational **workshops** (a compulsory part of training) and complete required activities and tasks.

Read, fill in and return any forms or evaluations promptly and accurately

Recognition of Prior Learning

- If you are considering applying for RPL please read the relevant requirements to ensure that you are eligible. Help notes are available via email and on the GPTVTC website if needed.

- RPL requires quite detailed information and there is no point handing it in unless you have completed all the relevant documentation. RPL is not routine and relevant College requirements must be satisfied.

If you wish to commence a GP term at the start of training you need to apply for RPL. You cannot be placed in a term without first providing documentation of your relevant hospital terms and confirmation from your Training Adviser that you are ready for a GP term. The other required paperwork **must be completed and handed in within the first three months of training**.

If you are also requesting a **reduction in your time** in the training program, your application **must also be approved by the State Censor** of the RACGP. This takes time.

There are pros and cons of applying for this which will be discussed at Orientation and which you should also discuss with your Training Adviser.

Reminders

Attendance at workshops	Attendance of F/T registrars is expected – notify otherwise Part Time registrars **must notify intentions for each workshop**
Change of address	We need to be advised
Change in hospital terms	We need to be advised
Taking leave?	Usual leave is 2 weeks per 6 months. Anything that varies from this needs to be discussed with your medical educator
Planning to do an extended skills post?	Discuss with your medical educator/training adviser as the post must be approved **prior** to commencing
Training advice and feedback meeting	Formal contacts to discuss training plans - at least once per 6 months. One contact must be face to face

To be returned to GPT – Valley to Coast

Hospital assessments (JMO forms)	for each hospital term, extended skills and elective hospital terms
Evaluation of hospital term	for each term
Mid term review form - yellow	for GP Terms 1, 2 and 3
End of term review form - blue	for GP Terms 1, 2 , 3 and Extended Skills if appropriate
Advanced Life Support (ALS) Certificate	during training
Skills project	by the end of Term 2
Learning plans	for each 6 month term
CPR certificate	prior to exam
Extended Skills	End of term assessment form

Options in Training

However, if needed, you should discuss the details and implications with your Training Advisor. Some options need to be planned in advance. You can acquaint yourself with some of the background information and policies by checking out the **RACGP website**, the **ACRRM website** and the **AGPT website** (policies).

- FACRRM - four years rurally based training with its own curriculum (see information on page 32)
- FARGP (fourth year rural qualification with the RACGP) (see page 33)
- Advanced Rural Skills Posts (discuss with your TA)
- Extended Skills term (6 months) in a variety of disciplines (either hospital or general practice location – see page 17). There are many available and new ones can be negotiated. Valley to Coast does not organise hospital positions and you therefore need to apply for hospital posts within the usual time frames.
- Procedural Skills Post (see page 35)
- Aboriginal health posts (Awabakal, Tobwabba and Biripi)
- Academic special skills post (need to plan in advance)
- Leave - check the new GPET policy on their website
- Elective (up to one year spent in your choice of additional hospital terms but not counted as part of core training)
- Parental leave (up to 12 months per child)
- Part-time – there are GPET policies and educational standards pertaining to this
- Recognition of Prior Learning (for previous hospital terms) in order to
    - Exempt you from further mandatory hospital terms or
    - Reduce training time (up to 12 months) (see page 14)

Extended Skills Posts

Six months (full time equivalent) of your training time will be spent in Extended Skills Posts. The aim of these posts is to add to your existing skills in a particular area. You may choose to extend these skills in an area of particular interest or in an area where you feel you need to improve. There are many options as to what you may do – not limited by what others have done or the posts currently available.

You can choose to spend this time in a hospital post in a particular discipline (eg paeds, O&G) or you can choose to spend it in general practice. You are required to submit a learning plan detailing what you intend to learn in that term and how you intend to acquire the relevant skills. **Your supervisor is requested to complete an assessment at the end of your term**

Extended Skills options

Hospital posts	Community based posts	Posts developed by GPTVTC
Paediatrics O & G Psychiatry Palliative care Geriatrics Rehabilitation Sexual health Drug and alcohol etc	Family Planning Community psychiatry Ambulatory paediatrics Aboriginal health Community acute and post-acute care service etc	Dermatology (ask Parker Magin about this) Registrar Medical Educator (ask Simon Morgan about this) ENT post – (ask Chris Starling about this) Academic post (ask Parker Magin re details about this)

Some posts have pre-requisites, such as a requirement to have done a term in general practice, or co-requisites (such as completing a dermatology course)

Design your own extended skills

You can put together a combination of posts for extended skills which specifically suit your training path – but you must plan this beforehand with your Training Adviser. You will make the most of your training time if you plan ahead.

Educational Structure

	Organised educational sessions	Registrar responsibilities
HOSPITAL TIME – **up to 12 months**	2 x hospital workshops 2 x full day workshops with other registrars in training	Training Advice and Feedback Meeting 6 monthly Attend workshops MCQs & cases reports as required Send copy of JMO assessment form – each term ALS certified
GP TERM 1 **6 months (full time)**	1 x 2 day Preparation for GP workshop 1 Preparation Follow up day 1 x 3 day workshop in Sydney 6 x 1 day Monthly workshops (sometimes with Term 2 and sometimes with all registrars) 2 x Teaching visits in your practice Face to face teaching with supervisor 1hr/week Informal teaching with supervisor 2hrs/week Emergency Medicine workshop if first rural term	Training Advice and Feedback Meeting 6 monthly Attend workshops Complete Learning Plan and Registrar competencies form with Supervisor by Week 4 send copy to VtoC Mid term feedback form discussed with supervisor then sent to VtoC Case reports and MCQs as required End of term feedback form completed and sent to VtoC Hand in Project proposal
GP TERM 2 **6 months (fulltime)**	6 x 1 day Monthly workshops (sometimes with Term 1 and sometimes with all registrars) 1 x 3 day workshop in Sydney 2 x Teaching visits Face to face teaching with supervisor 1hr/week Informal teaching with supervisor 1hr/week Emergency Medicine workshop if in first rural term	Training Advice and Feedback Meeting 6 monthly Attend workshops Complete Learning Plan and Registrar competencies form with Supervisor by Week 4copy to VtoC Mid term feedback form discussed with supervisor then sent to VtoC Case reports and MCQs as required End of term feedback form completed and sent to VtoC Hand in project

GP TERM 3 **6 months (full time)**	One compulsory T3 only full day workshop One full day workshop with other registrars in training per six months Exam preparation workshops Face to face teaching with supervisor 1hr/week Emergency Medicine workshop if first rural term	Training Advice and Feedback Meeting 6 monthly Mid term feedback form discussed with supervisor then sent to VtoC End of term feedback form completed and sent to VtoC Any other required paperwork
Extended Skills	2 x full day workshops with other registrars in training Emergency Medicine workshop if first rural term	Training Advice and Feedback Meeting 6 monthly The post must be prospectively approved and learning plan completed with supervisor - assessment form by supervisor at the end of term Feedback Form
ALL REGISTRARS		Complete professional skills project before the end of Term 2 Teaching of peers or students any required quizzes or mock exams CPR & ALS Sit College Exam

Consult the Handbook and the **GPET website** to remind yourself of requirements and policies.

Indigenous Health Training

Indigenous Health Training (IHT)

Indigenous people have the worst health of any identifiable group in Australia. As a result, training in Indigenous Health is a core part of the AGPT and Valley to Coast GP Training program. All registrars are required to satisfy the requirements of the Aboriginal Health Curriculum Statement (contained in the ACRRM and RACGP curricula) to satisfactorily complete training. As well, the RACGP exam routinely includes cases on Indigenous health topics.

During your training with us there will be several sessions relating to Indigenous Health and in Term 2 you may be asked to do a short presentation on an Indigenous Health topic. The program is not as heavily weighted toward Indigenous Health as some other regions e.g. the Northern Territory or North Queensland, where a greater percentage of patients come from Indigenous communities. However, we aim to equip you to identify and meet the needs of those Indigenous patients you will see in your practice, and to provide a foundation for further learning and experience.

There are two Aboriginal Medical Services (AMS) in our region in which you may work at various stages of your training. As well, if you wish to do an Extended Skills term in an AMS in the NT or Queensland, we are happy to facilitate this. More information is available on the AGPT website.

The curricula are the appropriate resources for registrars to identify what they are expected to learn during training time. Obviously, not all the content can be delivered in workshops but an important portion will be. It is therefore a requirement of completion of training that you attend all workshops with an Indigenous Health component. If you miss any you need to discuss with your Training Adviser how the deficit can be made up.

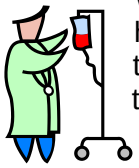
RACGP Aboriginal and Torres Strait Islander Health Curriculum Statement
http://www.racgp.org.au/scriptcontent/curriculum/pdfdraft/DRAFT_Aboriginal_and_Torres_Strait_Islander_health_curriculum_statement.pdf

ACRRM Primary Curriculum
http://www.acrrm.org.au/primary-curriculum

It is helpful to plan ahead and ensure you are fulfilling the IHT requirements of training as you progress through.

Training Terms

Hospital Terms



We acknowledge that the hospital has a specific orientation and that you have responsibilities as a hospital employee. Many of the skills you learn there are necessary for general practice and it is obviously an advantage to bring as much knowledge and skill into general practice as possible. It will help you gain more from the experience if you reflect on it in terms of your future role as a GP. This obviously influences your choice of terms. The “Australian General Practice Training Program Handbook” details requirements of training. You must have completed a range of terms including Medical, Surgical, Emergency and the mandatory Paediatric experience prior to commencing your first term in General Practice. If you are applying for RPL, you need to discuss whether your terms are suitable.

How can you make the most of your hospital time?

- If you are organising hospital terms, you should discuss these with your Training Adviser to assess their appropriateness.

- To orientate you toward a GP perspective you will find documents on our website. These are "Goals and Objectives for Terms within the Hospital Setting" and are intended to assist you to formulate your Learning Plan. You should access the relevant document each term.

If you have chosen to do your hospital time out of our region (eg in Sydney) for personal reasons, we are happy to accommodate this. However you may need to make an extra effort to keep in touch and attend meetings during your hospital year. We would like you to feel part of GP training at Valley to Coast from the outset.

Suggestions:

1. Ensure you attend the GPT-valley to coast orientation (it is compulsory)

2. Make more frequent contacts with your training adviser (than the absolute minimum requirement of one per six months)

3. Attend the workshops for hospital registrars – you will need to organise study leave well in advance

What WE provide in your Hospital year:

- 2 workshops for hospital registrars – one in the first half and one in the second half. Depending on the location of registrars, these are held in either Gosford or Newcastle. They are held during the day.

- 2 workshops for all registrars – one in the first half and one in the second half. These are held in Newcastle.

- Email contact with relevant educational material

- Educational resources which can be borrowed from the office at Mayfield

What YOU need to do in your Hospital time:

- Attend the JMO educational meetings at the hospital

- Read the "Goals and Objectives" for your hospital term and reflect on what you need to learn

- Complete the relevant case reports and MCQs sent to you

- Submit a Learning Plan (one for each six months)

- Complete and return the purple evaluation form at the end of each term

- Attend the workshops for hospital registrars

- Contact your Training Adviser (one of the Medical Educators) for formal Training Advice Meetings – one per six months (you cannot re-enrol for the following year if these are not done)

- Respond to any educational tasks sent by email

- Reply to any contacts (by mail, email, SMS) from Valley to Coast – we need to know whether you are attending workshops and what your training plans are

- Participate in the application process and put in preferences for your GP terms for the following year

- Make the most of your hospital terms to acquire competence in relevant procedural skills

- Send in your JMO assessment forms each term

General Practice Terms

If you are beginning your training with a GP term then you need to fill in the appropriate documentation for Recognition of Prior Learning (RPL). This is available on the AGPT website.

As a GP registrar you have responsibilities both as an employee and as a learner / registrar. Similarly your supervisor has responsibilities as an employer and as a supervisor and teacher. You both have professional responsibilities to your patients. Sometimes dilemmas and conflicts may arise. We will discuss some of these issues at the Term 1 Prep Workshop.

Terms and Conditions

When in your GP terms, you work as **an employee** of the particular practice to which you are attached. An important document is the **National Minimum Terms and Conditions for GP Term 1 and GP Term 2 registrars.** This is negotiated between the GPRA and the GP Supervisors Association and is under regular review. This ensures your income will not fall below a minimum rate, regardless of how many patients you see or how much time is spent out of the practice at workshops and also outlines other basic conditions (please refer to the document). There is also the possibility, in Terms 1 and 2, to be paid 45% of income generated. In addition, you will be working some after hours and week-end shifts for which you are paid extra. This will usually be more during rural terms. During training you are expected to share in the practice's after hours roster on an equitable basis. In later terms you are able to negotiate your pay rate in the same way you will need to when you finish training.

You are advised to sign a formal contract for your employment and to ensure that you are quite clear, before starting your term, about all the relevant expectations for the term on both sides. When you meet with the practice, prior to commencing, you should discuss how many sessions you will be working and what your roster will be for after hours and week-ends. Problems commonly arise because these things have not been sorted out or assumptions have been made and it can cause an unpleasant start to the term. If you are beginning training in a hospital term, you have more time to consider these issues.

The **"Preparation for Term 1" workshop** is held on the first two days of the term. It is compulsory and covers some of the survival skills you will need for the first few weeks.

Practice Profiles and Map

Please go to our website - **Registrars>Training Opportunities in this Region>List of Potential Posts**

Map of our Region

Learning During Training

Your learning during Terms 1, 2 and 3 is facilitated by having available to you:

- paid study leave to attend organised workshops (Terms 1 and 2) – you will receive a calendar before the start of the year

- structured teaching time with your GP supervisor – the time varies depending on the term you are in

Learning in general practice has always been on an apprenticeship paradigm where it is expected that you learn primarily on the job. This is to be expected, given that over 90% of your time is spent in the practice. You will get some didactic teaching at workshops and there is opportunity for discussion. Valley to Coast also tries to cover many important curriculum topics during workshops. However, what you need to know as a GP is so broad that it is impossible to cover everything in the limited amount of time available in formal workshops. GP training is post graduate training and, as such, is based on an expectation of adult learning. This involves reflection on your own practice and a certain amount of self direction. **You** need to decide what **you** need to learn. To facilitate this and to provide some structure, GP training utilises Learning Plans.

Learning Plans

These are a required part of GP training. You will be given help in the practical aspects of how to use these at the Orientation Workshop and at subsequent workshops and TA Meetings. Learning Plans assist you to identify your learning needs, so you are able to plan and address these with your supervisor's help. You must document your learning plan by week four of each term and hand a copy in to Valley to Coast.

If you are in hospital terms, you will be directed to specific documents for hospital terms (different documents for surgical, medical, O&G, paeds, psychiatry etc) depending on which term you are in. These will give suggestions on how you might approach your learning in the hospital environment so that you maximise your learning for general practice.

Learning Resources

There is a vast number of resources for learning in general practice.
The following list is not by any means exhaustive.

Printed

General Practice – John Murtagh
essential reference. Your practices will all have a copy but it is worthwhile having your own.

Australian Family Physician
RACGP publication – on the website
essential reading

CHECK program
RACGP continuing medical education activity. Good for exam study

Australian Doctor Magazine
Medical Observer Magazine (general practice news and clinical topics)

At Valley to Coast office in Mayfield
Lending Library – CD's, DVD's, books
Registrar computer –Up-to-Date loaded

RACGP Resource Centre (for members of RACGP)
journal articles, DVD's, CD's

Hunter Postgraduate Medical Institute
General Practice focused continuing education program
(go to HPMI website)
all registrars have membership paid by Valley to Coast

Courses
Emergency Life Support (ELS), Emergency Management of Severe Trauma (EMST), Family Planning, Diploma of Child Health (DCH) and others

Some funding support for these courses may be available from VtoC

Online resources

GP Training valley to coast website *www.gptvtc.com.au*
registrar section includes Electronic Learning Folder (ELF) which contains links, guidelines, past workshop presentations

RACGP website *www.racgp.org.au*
Curriculum
GPLearning – interactive education modules
exam information
past issues of Australian Family Physician online

ACRRM website *www.acrrm.org.au*
Curriculum

RRMEO *www.rrmeo.com*
ACRRM educational site includes interactive modules on dermatology, radiology, mental health
Registrars have subscription paid for by VtoC

PriMed *www.primed.com.au*
interactive GP education modules

IMGateway accessed via Links section of VtoC website (you will need to log-in)

There are countless useful websites for clinical guidelines, patient information and other resources.

www.medicalobserver.com.au is one site that has a large number of relevant links listed.

When you start your GP Term1 you will be given a USB stick pre loaded with helpful links and resources.

It is encouraged now to start collating any good sites that you come across in a single location; e.g. a folder on your computer or onto a memory device.

Procedural Skills

Apart from diagnostic and management skills, there are a number of practical procedural skills which you need as a GP. The specific procedures which comprise the essential or desirable procedures on any list may change over time and the location in which you practice. The RACGP has had a list in its curriculum companion and ACRRM requires a logbook of clinical skills. Other RTPs often require these to be checked off by the supervisors.

These procedures fall into different groupings. Some are skills which we would consider as an essential part of routine examination, diagnosis and management in primary care such as visual fields testing, performing pap smears, taking swabs, performing breast examinations, performing spirometry and giving injections. Another group are the essential skills for responding to emergency situations such as CPR. These are covered by the relevant certification. A further group of procedures relate to skin problems and include biopsying, cryotherapy, excision and suturing. There are also practical procedures relating to common eye and ear problems and procedural skills relating to musculo-skeletal problems (applying casts, bandaging, joint injections etc).

The skills you need may depend on your geographic location and the other health professionals where you work, but GPs are expected to have the capability to respond in many and varied situations and to ensure patient safety.

It is reasonable to expect that registrars will have gained experience in a number of these areas in their hospital time. Where these skills have not been acquired it is expected that the required skills will be acquired during GP training in the real world of the practice context. They should form part of your learning plans and be discussed with your supervisor. Your acquisition of the relevant skills will be discussed with your Training Adviser as you progress through the program.

GP Training is your best opportunity to acquire these skills and increase your competence. This is when you have paid time set aside for learning and a supervisor keen to help you.

In Training Assessment (ITA)

In-Training Assessment (assessment during training) occurs regularly during training and is intended to help you and the RTP to assess your progress. It takes several forms and occurs in several contexts. There are many opportunities for informal feedback but there are also formal assessments built into the educational program.

Workshops	Independent	In Practice
Commencement Assessment Quizzes, MCQs, exam type questions Analysis of consultation videos Consultation role plays	Skills project (information pages following) Specific modules Case reports	Assessment of consultation skills and procedural skills Doctor's Interpersonal Skills Questionnaire (patient feedback) Teaching Visits (at least five)

Most registrars proceed through training with no major problems and utilise feedback and assessment to fine tune their learning plans. Occasionally, weaknesses are discovered in the knowledge, competence or performance of registrars which require intervention and the aim is to identify these issues earlier rather than later. Sometimes problems need to be addressed in areas such as professional behaviour.

General Practice Training – Valley to Coast conducts its GP Training Program in accordance with college standards and AGPT policies. The RACGP Standards for General Practice Education and Training, Programs and Providers 2005 Standard P.10 states that "*An integral and critical part of the education and training in the program must be high quality, regular formative assessment with constructive feedback to registrars on their performance. This assessment must be supported by: a documented remediation processes to assist registrars whose progress is assessed as unsatisfactory and a documented process for dealing with registrars whose progress remains unsatisfactory after remediation."*

You will receive regular feedback

GPET also has a policy on Remediation (see website)

ReCEnT

The Registrar Clinical Encounters in Training (ReCEnT) Project

The ReCEnT project is an educational initiative of GP Training Valley to Coast and a requirement of satisfactory completion of training.

Background

Consulting with patients is the core learning activity of general practice training. GP registrars learn by the apprenticeship model, seeing patients in the general practice setting under the supervision of accredited trainers. Ideally, the content of each registrar's clinical experience should include 'common and significant conditions' and be similar to that of Australian vocationally registered (VR) GPs.

However, in real life, the curriculum 'walks through the door', and the exposure to different patient demographics and presentations is highly variable from one registrar to another across their training.

ReCEnT Project

The ReCEnT project aims to record and analyse the nature of the clinical and educational content of Valley to Coast registrar consultations over time. Registrars are asked to record the details of sixty consecutive patient encounters at the mid points of their general practice training terms (generally April and October). Consultation data will include patient demographics and details about the visit (date, duration, billing and whether the registrar has seen the patient before). Data will also be collected on the clinical aspects of the consultation, including reasons for encounter, problems managed, and details about management (investigations requested, referrals made, procedures performed, medications prescribed and follow-up arranged).

Registrars will also document a range of educational factors related to the consultation. These include supervisor educational input, other sources of support and assistance (including the nature of conditions for which registrars seek advice) and the generation of educational learning goals. As well, registrars will answer a question about exposure to violence.

The ReCEnT project will also include registrars training in community-based, non-general practice positions. These potentially include posts in dermatology, family planning, community mental health and the Prevocational General Practice Placement Program (where GP registrars training in the hospital setting undergo a specific placement in general practice).

Educational Applications

Primarily, ReCEnT data will act as a mechanism for formative assessment, allowing registrars to reflect on their practice in comparison to peers and other benchmarks. Registrars will be able to make broad observations about curriculum coverage (demographics, complexity, acuity, continuity) and identify gaps in clinical exposure. Learning needs can then be addressed with a variety of educational interventions.

As well, ReCEnT project data will provide information on curriculum coverage across the whole registrar group and training region. Patient encounter data will help identify differences in learning opportunities across different practices in the training region, as well as those across different models of service delivery e.g. private practices, Aboriginal Medical Services. Patient encounter data will also inform professional development training and support of GP Supervisors in their teaching role.

The other major application of the ReCEnT project is that of further research and development. The ReCEnT project is a ready platform for registrar research activities, particularly for those registrars wishing to complete their skills project considering an Academic Extended Skills post.

Training for Rural Practice

Training for Rural Practice

Valley to Coast provides the opportunity for registrars to develop the knowledge and skills required for the full range of general practice - from inner city practice to regional, rural and remote practice. Valley to Coast is committed to supporting registrars to prepare for rural general practice - whether this is a career in rural practice or rural terms during training.

If you wish to pursue a career in rural general practice, Valley to Coast can support you in working towards a higher qualification in rural general practice - namely the Fellowship of the Australian College of Rural and Remote Medicine (FACRRM) or the Fellowship of Advanced Rural General Practice (FARGP) with the RACGP. Please talk to your Training Adviser about these options.

FACRRM as an Endpoint of Training

Summary of requirements

FACRRM is now available as an alternative endpoint of training for registrars in the Australian General Practice Training Program. GP registrars can choose to do FACRRM on its own or in combination with FRACGP. (Previously FACRRM could only be done in addition to FRACGP.)

3 Pathways to FACRRM

- via Regional Training Providers as part of Australian General Practice Training (AGPT)
- via Remote Vocational Training Scheme (RVTS)
- Independent – self-directed, outside AGPT. This is self-funded and the doctor must have their own access to a Provider No.

Terms

12 m Core Clinical Training[1] (post-internship) in ACRRM accredited hospital[2].

24 m Primary Rural and Remote Training providing generalist care in a rural[3] context This can be in an ACRRM accredited rural General Practice, AMS[4], rural hospital[5] or RFDS post

12 m Advanced Specialised Training[6] consisting of an ACRRM accredited Advanced Specialised Training (AST) post[7] in one of ten disciplines (Anaesthetics, O&G, Surgery, Population Health, Remote Medicine, Emergency Medicine, Aboriginal and Torres Strait Islander Health, Adult Internal Medicine, Paediatrics and Mental Health)

Educational requirements and documentation

Must have undertaken, by the end of training, hospital terms in Medicine, Surgery, Emergency Medicine, Paediatrics, Anaesthetics and O&G.
Any four ACRRM RRMEO modules
Completion of 2 tier one EM courses (or 1 tier one and two tier 2 courses)
Completion of required terms

Assessment

Clinical Skills Logbook (summative)
MCQ formative – ABFM exam online (optional)
MCQ summative – 125 Q by internet with invigilator[8]
MiniCEX – 5 patient encounters every 3 months during training. These are formative except for one which is summative[9]. Summative MiniCEX is done by external ACRRM assessors
Multi-source feedback - one per year during training. These are formative except for one which is summative[9]
STAMPS – OSCE x 8 done by videoconference; done in last 6 m of training after all other assessment completed (summative)

[1] Core Clinical Training must be done first
[2] must be PMC accredited or accredited by ACRRM
[3] must be rural; prefer RRMA 4-7, will consider RRMA 3 or 2
[4] generally must be RRMA 3-7, will consider RRMA 2 or 1
[5] must be accredited by ACRRM; must provide primary and continuing care of an unreferred patient population, including management of chronic disease, acute illness, health promotion, disease prevention, across the age spectrum- as defined in the Primary Curriculum 3rd ed.
[6] can be done before PRRT
[7] can be completed in a rural or urban setting, determined by the discipline and where experience in that discipline can be most appropriately obtained
[8] may be done anytime after 12m training; must be completed 6m prior to the end of training
[9] may be done anytime after 24m training; must be completed 6m prior to the end of training

RACGP Fellowship of Advanced Rural General Practice (FARGP)

(previously known as the Graduate Diploma in Rural General Practice)

Summary of requirements for GP registrars

1) 12 months of rural terms

2) 12 months of Advanced Rural Skills Posts (ARSP). This can be done at any stage of training. There are currently 10 options:

- Emergency Medicine
- Anaesthetics
- Obstetrics
- Surgery
- Mental Health
- Aboriginal Health
- Child and Adolescent Health (Paediatrics)
- Adult Internal Medicine
- Small Town General Practice
- Individually designed ARSPs eg Palliative Care, Musculoskeletal Medicine

Each option has its own curriculum and assessment requirements

1) Working in Rural General Practice Module (150 hrs) - designed to accompany a rural GP term

2) Emergency Medicine Module (50 hrs) - which comprises an emergency medicine course, a clinical audit and designated learning activities

3) Elective educational activities (160 hrs) - these are chosen in consultation with the medical advisor and may include elective modules (eg Aboriginal Health, Critical Thinking and Research, Is the Child seriously ill), tutorials, seminars, workshops, CDP activities, on-line leaning, case histories and presentations, peer group discussions, experiential learning, projects and research.

4) Learning plan (proposed program of educational modules and activities) to be submitted to the National Rural Faculty within three months of commencement. The learning plan should be modified as necessary as the candidate progresses through training.

5) Regular contact (every 6 months) with your medical adviser.

6) Documentation by means of a Learning and Educational Assessment Portfolio (LEAP) which includes evidence of:

    - your learning plan of educational modules and activities
    - record of clinical experience and performance
    - completion of educational modules, activities and assessment
    - completion of ARSP curriculum requirements

The LEAP is submitted for final assessment by the Censor.

Notes:

- The candidate must also attain the FRACGP prior to the award of the FARGP
- There are provisions for recognition of prior learning
- The FARGP is usually done over 2 years but can be done over 1 - 4 years
- There is no charge for registrars to undertake the FARGP – Valley to Coast will fund the purchase of the required modules and LEAP

Procedural Training

General Practice Procedural Training Program Information Sheet

NSW Health is offering funding for GP Procedural Training Posts in the specialty areas of Anaesthetics; Emergency Medicine; Surgery; Obstetrics; and Mental Health. Funding is currently available and is expected to be ongoing. General Practice Training-Valley to Coast is coordinating the program in the Hunter and Manning regions.
The aim of these posts is to provide the training in procedural disciplines and mental health that is needed for rural General Practice. The training posts are intended to be flexible and to allow part time options, to meet the needs of the doctors who require the training.

Trainees	These posts are being targeted towards 3 groups of doctors: 1) Registrars enrolled in vocational General Practice training 2) Rural GPs who wish to acquire new skills or improve existing skills 3) Metropolitan based General Practitioners proposing to take up rural practice
Post Duration	Priority will be given to 12 and 6 month training posts, the program will however, be flexible enough to allow for the development of shorter term training, particularly if the GP is applying to improve their existing skills.
Accreditation	The posts will link with existing accreditation processes for an Advanced Rural Skills Post (ARSP) through the RACGP and the relevant Joint Consultative Committee.
Funding	NSW Health will fully fund the base salary of the trainees on a pro rata basis. The salary scale will be based upon existing awards and will be determined by the Area Health Service in consultation with NSW Health and the trainee. Posts are supernumerary with the allocated funds being quarantined for the GP training post.
Medical Indemnity	As Area Health Service employees, trainee medical indemnity will be covered by the TMF.
Teaching & Supervision	Trainees placed in procedural posts will have a Specialist supervisor and a Rural GP supervisor. The specialty supervisor will provide on-site supervision and be available to the trainee to provide appropriate advice and back-up. The supervisor is expected to either provide or organise structured teaching time throughout the training period.
Assessment	Assessment requirements are detailed for each discipline. In general, assessment involves the trainee maintaining a clinical diary and writing case studies. These will be reviewed and assessed by the supervisors. In some cases the trainee will have additional assessment items such as a viva. A formal trainee report is to be completed by the examining supervisors and submitted to the accreditation authority at the end of the traineeship.

Organisational Issues

Financial support for registrars - 2011

1) Educational Courses and Resources

Valley to Coast subscribes to the following resources so that registrars have free access:

- Hunter Postgraduate Medical Institute educational meetings (CDP program)
- RRMEO online (ACRRM's online educational platform)
- IMgateway (online resource for herb, supplement and complementary medicine information)

Emergency Medicine Courses
We will reimburse you for the full registration fee for successful completion of specified emergency medicine courses undertaken during your training, namely:
EMST, ELS, APLS and ALSO
STEMI courses

- Advanced Cardiac Life Support (ACLS) level 3A
- Paediatric Advanced Life Support (PALS) level 2A and 3A
- Emergency Doctors Bag Course (EDBC)

RACGP courses

- Clinical Emergency Management Program (CEMP) Intermediate
- Clinical Emergency Management Program (CEMP) Advanced

This is no longer restricted to one course per registrar. Reimbursement is made on receipt of a copy of the certificate of successful completion of the course.

Educational Course Allowance
We will provide an allowance of up to $2,000 over the duration of your training to fund the registration fee for other courses on the following basis:

Course	Fund up to
Monash Dermatology Module (MCM9204)	$2,000
HPMI Shared Obstetrics Care Course	100% of reg'n fee
Family Planning Association course	50% of reg'n fee
Diploma in Child Health	50% of reg'n fee
Diploma in Obstetrics	50% of reg'n fee
Other appropriate courses	50% of reg'n fee

Travel and accommodation for these courses is at your own expense.

Educational Resources Allowance
We provide an allowance of up to $1,000 over the duration of your training to fund the purchase of educational resources, medical equipment or laptop computer.

2) Reimbursement of travel and accommodation expenses

Relocation to the Region
Valley to Coast will fund removalist costs up to $3,000 (reimbursed on tax invoice); plus an incentive payment of $1,500 plus an additional $1,500 per family member (to a maximum of $7,500 in total) - to encourage registrars and their family to move their primary residence to the region (urban or rural).

Regional workshops
We will fund travel for Valley to Coast compulsory workshops held in this region:

- if using public transport we will reimburse actual travel costs
- if using a private motor vehicle we will reimburse expenses on a sliding scale based on distance (details are on the claim form)

We will reimburse overnight accommodation, up to a specified amount, for registrars attending workshops in this region where this is required to avoid excessive fatigue or an increased risk of accident. This is generally available if the one way trip is more than one hour. This needs to be approved in advance. Copies of tax invoices are required for reimbursement of accommodation.

Sydney Workshops
For 3 day compulsory workshops in Sydney you will be eligible for reimbursement of travel expenses, or an allowance for private motor vehicle use, for the trip to and from Sydney plus re-imbursement for accommodation up to a specified amount for up to 3 nights. Re-imbursement will be in line with suggested rates of accommodation at the time of the workshop. Copies of tax invoices are required for reimbursement of accommodation.

Notes:

- Reimbursement of travel and accommodation expenses will be done every three months at the mid-point and end of the term.
- All amounts are inclusive of GST
- The financial support described above is available to registrars during their training. 'During training' means from commencement of training up until you have completed your training time. It does not include "Extension of Recognition as a General Practitioner while awaiting Fellowship" which is an administrative process designed to ensure that you still have access to a provider number during the period <u>after</u> you have finished training but before you have formally been awarded Fellowship.

This policy will be renewed on an annual basis in line with our annual funding from GPET.

Financial Support for Rural Terms - 2011

Valley to Coast provides financial support to GP registrars undertaking rural GP terms in order to encourage registrars to live in the town where they are undertaking their term and to help defray the costs associated with moving to a rural town.

This support is payable for all rural GP terms undertaken during training. It is not payable if the registrar commutes on a daily basis and only stays in the town when on call.

Relocation subsidy
We will pay up to $2,000 per registrar per term to reimburse removalist expenses. Payment requires a tax invoice from the removalist and may be claimed at the start of Term.

Rental subsidy
We will pay up to $220 per week as a rental subsidy per registrar. (If the practice pays for your rental accommodation, the subsidy will be paid to the practice). Payment requires evidence of rent paid. Payment will be made at the end of Term.

Internet/Telephone subsidy
We will pay $60 per month per registrar as an internet/telephone subsidy. Payment requires an internet/telephone bill in your name. Payment will be made at the end of Term.

Note:
The financial support described above is available to registrars during their training. 'During training' means from commencement of training up until you have completed your training time. It does not include "Extension of Recognition as a General Practitioner while awaiting Fellowship" which is an administrative process designed to ensure that you still have access to a provider number during the period after you have finished training but before you have formally been awarded Fellowship.

Terms and Conditions - GP Term 1 and GP Term 2

Expectations

You will be employed by the practice
- agreed salary
- 9% super
- annual leave
- sick leave
- tax taken out
- covered for workers compensation

You will participate fully in the practice
- in hours consulting
- hospital work
- home visits
- nursing home visits
- after hours work
- on-call

But your load should not be more onerous than that of the other doctors

Terms & Conditions

Based on the "National Minimum Terms & Conditions for GP Terms 1 and 2" document (available on the VtoC website) which has been negotiated by the GPRA and the National GP Supervisors Association. Teaching practices agree to meet the National Minimum Terms & Conditions.

Essential points:
- Ordinary hours - minimum salary plus 9% super OR 45% of billings plus 9% super - whichever is greater over a 3 month cycle
- Overtime - time in lieu OR time and a half over a 4 week cycle (plus 9%)
- After hours and on-call - minimum of 55% of gross billings (plus 9%)
- The practice will give you paid leave for all compulsory educational workshops
- You may negotiate above these conditions if you wish

You should have a written employment agreement with the practice. A sample agreement to supplement the National Terms & Conditions document is attached.

Negotiating your term
- what should you discuss? - see following page
- be aware of the supervisors perspective
- discuss any specific needs you have
- organise your holidays early

If you have any questions or problems with Terms & Conditions, assistance is available from your
- Registrar Liaison Officer (RLO)
- Medical Educator

We will always back you up to ensure you receive the minimum terms and conditions

SAMPLE ONLY – practices need to adjust this to your own requirements

EMPLOYMENT AGREEMENT

I …….. hereby agree to employ …….
Employer *Registrar name*

as a GP Registrar for GP Term1 (Basic Term) **OR** GP Term 2 (Advanced Term)

at …….
Practice location(s)

from ……. to …….
date *date*

You will be employed in accordance with the current "National Minimum Terms and Conditions for Basic and Advanced GP Terms" plus the following conditions. (If there is a difference between the following conditions and the conditions stated in that document, then the conditions stated below will take precedence.)

1. You will be required to work the following hours and duties:

   Normal hours

   Additional hours if applicable (eg any additional sessions when another doctor is on holidays)

   After hours and on call work

   Home visits

   Nursing home visits

   Hospital work

Delete 2 if there is no variation from the National Minimum Terms and Conditions

2. You will be paid $ …… per hour for ordinary hours up to 38 hours per week OR ……% of gross billings (averaged over a 3 month cycle) whichever is the greater

   $ …… per hour for additional ordinary hours (weekly ordinary hours in excess of 38, averaged over a 4 week cycle) OR time-in-lieu

   ……% of gross billings for booked work outside ordinary hours

   ……% of gross billings for on-call work on practice premises

   ……% of gross billings for on-call work off practice premises

   PLUS 9% superannuation for all of the above categories

3. You are required to arrange a provider number for the practice location(s) for the full period of your employment.

Delete 4 if not required

4. Following the completion of your employment you agree not to work as a GP within a …… km radius of this practice for a period of …… months

5. Your supervisor …… agrees to be available for
   Name of supervisor
   supervision and advice by phone or, if requested, in person at all times when you are working or on-call. If your supervisor will not be available then he / she will delegate this responsibility to another GP and you will be informed of these arrangements in advance.

6. Your supervisor agrees to provide ……. hours of structured teaching to you each week (excluding those weeks when you attend a 2 or 3 day workshop, have a teaching visit, or are on annual leave) as one-to-one teaching or by other means as mutually agreed.

7. The practice agrees to release you for your compulsory educational workshops and that you will be paid for this time as part of your normal hours.

…… ……...
Signature of employer *date*

…… ……...
Signature of supervisor *date*

I accept this offer of employment on the stated terms and conditions

…… ……...
Signature of registrar *date*

Negotiating GP Terms 1 and 2

Suggested topics you should discuss with your GP Supervisor are:

Hours and pay

- Minimum Terms and Conditions document – use this as the basis of your discussion
- "normal" hours and pay
- time in excess of 38 hours and pay
- NB for both of these clarify whether you are talking 'booked consulting hours' or actual hours worked including results, phone calls, reports etc
- on-call requirements and pay
- superannuation

If you have special requirements, eg a specific half-day off, you must discuss these

Workload

- number of patients per hour
- expectations re home visits, nursing home visits, hospital work etc

Supervision and teaching

- supervision arrangements in practice hours
- supervision arrangements on-call
- arrangements for teaching time

Other

- discuss availability of your own consulting room
- arranging accommodation
- personal safety issues
- who are you responsible to in the practice?
- what if there is a significant conflict with another staff member – what is the process for resolving it?

Forms and paperwork

Once a firm agreement is reached with your GP Supervisor you should both sign an employment agreement.

Please return to Valley to Coast:

- The signed "Acceptance of GP term offer" form (indicating that you have signed an agreement)
- Application for a General Practice Registrar Placement application with term details and signed by you and your Supervisor. A separate application must be completed for each additional practice / site location address at which you work.

NB Application for a Medicare Provider Number for a Medical Practitioner for each placement must be sent directly to Medicare Australia

You will also need to:

- make sure your medical indemnity insurance is appropriate for the GP term
- find out your prescriber number
- show the practice proof of your medical registration and medical indemnity cover

Registrars as Employees versus Contractors

This position statement was prepared by a joint working group formed by the National GP Supervisors Association (NGPSA), General Practice Registrars Australia (GPRA) and the Association of Chief Executives of the Regional Training Providers (ACE). NGPSA, GPRA and ACE have formally endorsed the following statement.

Legal advice obtained clearly indicates that under law the relationship between a training practice and a GP registrar is that of an employer and employee. Under both industrial relations law and taxation law, the relationship would not be recognised as that of a principal and independent contractor. Even if payment arrangements are set up on the basis of contracting, if the matter came before a court of law, this arrangement would be considered invalid and would be deemed to be that of an employer and employee. This applies to all terms undertaken by GP registrars.

There may be exceptional circumstance where the legal position is different. We would recommend that anyone who considers their circumstances to be exceptional to obtain clear legal advice supporting that position before entering into a contracting arrangement.

The risk of setting up a contractor arrangement lies mostly with the practice. If a dispute arose and the matter came before a court of law, the practice could be liable for employee entitlements, superannuation entitlements and associated penalties, PAYG taxation and associated penalties, unfair dismissal proceedings and penalties under the Fair Work Act.

Practices sometimes choose to engage a registrar as a contractor as they perceive that this will avoid payroll tax. The financial effect of this is often small. If the arrangement came to the attention of the payroll tax authorities, the practice could be held liable for the outstanding tax.

Practices sometimes choose to engage a registrar as a contractor as they perceive that this will avoid having to take out additional practice professional indemnity to cover the employer's vicarious liability. If a claim was made against a registrar, the contracting arrangement would be likely to come under scrutiny and be deemed to be an employment arrangement. The practice would then be exposed to the vicarious liability without an appropriate policy.

A GP registrar entering into a contractor arrangement also exposes themself to some risk. There is a risk that the contracting arrangement could call into question the cover of their own professional indemnity insurance if their category was that of a GP registrar rather than an independent GP. If the registrar does not have an adequate understanding of their legal obligations under a contracting arrangement there are also risks associated with failure to comply with, or adequately plan for, taxation and GST liabilities. If the registrar does not take out appropriate insurance in the absence of employer workers compensation insurance cover there are risk associated with injury, illness and loss of income.

The National GP Supervisors Association, General Practice Registrars Australia and the Regional Training Providers have all considered this matter and strongly recommend that practices should engage GP registrars as employees and not as independent contractors.

Medical Indemnity Insurance

It is important to ensure that you maintain indemnity insurance that is appropriate to your situation. This means that you need to review it each time your situation changes.

Whenever you change the nature of your clinical work, change employers or change the way in which you are employed or contracted, you should carefully review your insurance to ensure that your cover is adequate and appropriate.

Most GP registrars will have medical indemnity insurance through a medical defense organisation under a GP registrar category. This type of category usually requires that you in a training program, are working in an accredited training post, and are working under supervision. If these conditions do not apply, you may not be covered.

Specific examples of situations where GP registrar cover may be inadequate are:

- If you undertake additional clinical work that is not formally part of your training (eg additional hospital, after-hours or locum work)
- If you undertake independent practice without supervision (eg if you have additional qualifications and credentialing in anaesthetics or obstetrics that allow you to practice independently)
- If you have passed your exams and are on an “Extension awaiting Fellowship” and are working without supervision
- If you have obtained Fellowship and are working without supervision

There are subtle differences between different medical defense organisations - do not assume that all medical indemnity policies are the same.

If you are working in a public hospital, you may be covered by the hospitals insurer (the Treasury Managed Fund in NSW). This may cover only part of this work (eg public patients but not private, DVA or compensable patients).

In other cases you will need to revise your own medical indemnity cover. If you are unsure whether your medical indemnity cover is adequate you should write to your insurer and inform them of the change to the scope of your clinical work and ask them to confirm if your present cover is appropriate. It is wise to have this advice in writing and not rely on phone advice.

Appeals and Complaints

General Practice Training – Valley to Coast Board Policy

Part 1 – Appeals or Complaints against Valley to Coast

If a complaint arises as a consequence of a decision by General Practice Training – Valley to Coast (VtoC) the following procedure will apply:

1. The party with a complaint (whether a registrar, supervisor or practice) should discuss the matter with the person responsible and attempt to resolve the matter.

2. If the matter cannot be satisfactorily resolved in the above manner then the party with the complaint should notify the CEO of their complaint in writing. The CEO will then refer the matter to the Review Committee.

3. The Review Committee must meet and consider the complaint as soon as practical but no later than one month after the notification of the complaint to the CEO. The Review Committee will comprise the Registrar Liaison Officer, the Supervisor Liaison Officer and a Medical Educator. In the absence of one or more of these people the CEO will nominate a replacement person(s). If the appeal or complaint has arisen as a result of the actions of a person who is a member of the Review Committee, then that person will stand aside from the committee and the CEO will nominate a replacement person. An external independent person may be appointed to the committee as a replacement or additional member at the discretion of the CEO.

4. The Review Committee will give the party about whom the complaint has been made an opportunity to make a written submission to the Committee.

5. The party with the complaint and the party about whom the complaint has been made will be able to present their case in person to the committee. The committee will also be able to seek input from any other relevant parties to the complaint. The decision of the review committee will be communicated in writing to the relevant parties and to the CEO.

6. The party with the complaint has the right to lodge an appeal. A request for an appeal must be lodged in writing within 14 days of the notification of the decision of the Review Committee. The written appeal must be lodged in writing within 14 days of the request for appeal.

7. The written appeal will be considered by the Board of General Practice Training – Valley to Coast at the next appropriate board meeting. The party with the complaint has the right to put their case to the board in writing. The board may, at its discretion, seek further information on the matter and may ask one or both of the parties involved to present their case in person to the board.

8. The decision of the board will be final in regard to all matters except those specified in paragraph 9.

9. A registrar has the right to lodge a further appeal to the GPET Appeals Panel on matters that relate to the registrar's progress through the AGPT program.

Part 2 - Disputes between a Registrar and a Supervisor or Practice

Ideally any dispute at the practice level should be resolved by discussion between those parties. If the dispute cannot be resolved at the practice level, it should be referred to Valley to Coast. It is desirable that any such dispute is referred to Valley to Coast at the earliest possible stage.

Valley to Coast may be able to assist in the resolution of the dispute in the following ways:

1) By the provision of advice as to the interpretation of the National Minimum Terms and Conditions, College Standards, GPET requirements and accepted local practice.

   The registrar, supervisor or practice may seek advice from Valley to Coast staff (including the Director of Education, Medical Educator, RLO, SLO, or CEO).

2) By attending and facilitating discussions with the registrar and supervisor/practice in order to assist them to resolve the dispute. This can be done by a Medical Educator, Director of Education, CEO or by another person nominated by the CEO.

3) By acting as a mediator.

   Valley to Coast may offer to mediate with the intention of assisting the parties to resolve the dispute. This requires the voluntary participation of both parties. This can be done by a Medical Educator, Director of Education, CEO or by another person nominated by the CEO. The mediator will conduct meetings with both parties jointly and separately as required.

Both parties can elect to have an additional support person present during such meetings.

During the dispute resolution process, both parties should endeavour to continue to work in an appropriate and professional manner.

Termination of a term placement

Both the registrar and the supervisor/practice have a legal right to terminate their employment contract according to the provisions of that contract and relevant industrial relations law. However, the termination of a training placement may have significant consequences for both the registrar and the supervisor/practice. The term placement should not be terminated until all other reasonable options have been explored.

If either party wishes to terminate the placement, then the Director of Education must be consulted so that alternative solutions can be considered and explored. This consultation should occur before any decision regarding termination is made.

Resources

Practice Resource Texts

Practices have been supplied with text resources over the last number of years. These resources are for registrar use and are sometimes kept in a central position or in the designated registrars' room.
These resources need to be left in the Practice for the next valley to coast registrar to access in their term.
A wide range of texts have been supplied, but may not necessarily all be able to be located in each Practice.
As a standard we are attempting to keep all Practices supplied with the following core group:

An Atlas of Surface Microscopy of Pigmented Skin Lesions
or
Dermoscopy An Atlas 3E

Clinical Dermatology (Reeves)
or
Roxburgh's Common Skin Diseases
or
Skin Disease Diagnosis and Treatment (Habif)

Australian Medicines Handbook

Binan Goonj

General Practice - John Murtagh

Practising Rural Medicine in Aust – rural practices only

Reproductive & Sexual Health: an Australian clinical practice handbook

Contraception: an Australian clinical practice handbook

Practice-Based Teaching - A Guide for General Practitioners - Hays

Atlas of Primary Care – Zuber (replaces Minor Surgery)

The Doctor's Communication Handbook

Dermatoscope

Canon Video Camera

Gorillapod

Please see what texts are available to you in your Practice. *All Valley to Coast resource texts are labelled with this yellow sticker for easy identification.*

General Practice Training
valley to coast

This resource is for registrar use within the practice term.
Please leave in the **PRACTICE** for the next registrar's use

Acronyms

…. a quick reference

ACRRM:	Australian College of Rural and Remote Medicine
GPET:	General Practice Education and Training
GPRA:	General Practice Registrars Association
GPT:	General Practice Training – valley to coast
ME:	Medical Educator
RACGP:	Royal Australian College of General Practitioners
RC:	Retrospective Credit
RLO:	Registrar Liaison Officer
RPL:	Recognition of Prior Learning
RTP:	Regional Training Provider
SLO:	Supervisor Liaison Officer
TA:	Training Adviser
TAF meeting:	Training Advice and Feedback (at least 1 every six months)
CTV :	Clinical Teaching Visit where a Medical Educator or external visitor sits in with registrar in practice

Academic Terms for GP Registrars

The Academic Term is a great opportunity for registrars to dip their toe in academic General Practice. It is not just for registrars thinking about an academic career however . It provides an opportunity for registrars who are not planning an academic career to experience and gain some expertise in General Practice education and research which will be of value to them in their future clinical careers.

The Discipline of General Practice at the University of Newcastle (co located with Valley to Coast) has been one of five centres in Australia awarded recurring Academic Posts. If you have any interest in applying for a post speak with Parker Magin at the earliest opportunity. Parker will be pleased to discuss your ideas and plans.

AGPT
Australian General Practice Training

General Practice Education and Training Ltd
ABN 95 095 433 140 GPO Box 2914
CANBERRA ACT 2601 Australia
Level 3 Perpetual Building 10 Rudd Street
CANBERRA ACT 2601 Australia
Telephone +61 2 6263 6777
Facsimile +61 2 6263 6788
Email gpet@gpet.com.au
Website www.agpt.com.au

Some Frequently Asked Questions from the GPET website:

What is an Academic post?

An academic post gives you a chance to try out research and teaching as part of the GP training program. It's a great opportunity to receive a salary and support while you undertake a research project and to see if research is right for you.

Why would I want to do an academic post?

An academic term is a great way of trying out research in a supported environment or getting started in teaching. It can help you decide if you are interested in research, can give you really useful contacts in the research and teaching world and can provide a different perspective on your clinical work.

Am I eligible to do an academic term?

You have to have completed your basic term at the time of starting an academic post. You can do it anytime during your training or immediately after finishing your core training (while you are still a registrar do NOT wait until after you have finished all your training – that is too late).

What does an academic registrar actually do?

Essentially an academic term involves a mix of teaching, working on your research project, learning research skills and keeping up a bit of clinical work. Each of these elements can be quite different depending on your particular interests and learning needs. For example, the teaching could be of medical students at a university, it could involve teaching fellow registrars or may involve developing a training module in an area of your interest.

What sort of research do GP registrars do?

There are different options for research. You can join in with a project that is already running in the Discipline of General Practice at the University of Newcastle (the Discipline is collocated with Valley to Coast in the Newbold's Building) as long as you get ownership over a particular section of the project. If you have your own research question or interest you can develop and work on that. There are some examples on the GPET website of papers published by previous registrars. Another option is a systematic review such as a systematic review in an area that is of particular interest to you. This is a great way to learn how to review and appraise the current literature.

What could this post lead on to?

Lots of registrars end up taking on other academic work after their term has finished. Many use the year as preparatory work for a masters or PhD. Other registrars have

gone on to further teaching roles at universities or as medical educators. There are lots of different opportunities and you will find you are an attractive candidate for all sorts of different positions.

Can I do an academic term part-time?

Most registrars do the academic post part-time over 12 months, combined with clinical work. You need to do 2 or 3 clinical sessions per week (check the guidelines document). The minimum academic time is 3 sessions per week, although most registrars do more than this. Hence the minimum overall loading is 0.5 although this is currently under review.

Does it count toward my training time? (RACGP)

Yes, if you choose to do an academic term as a 'special skills post' it will count toward your training. The alternative, for those who have done other 'special skills' is to add an academic term on to your standard training. This arrangement doesn't count as training time – it is an optional extra and extends your training time.

Does it count toward my training time? (ACRRM)

Yes, an academic term counts as part of the standard training (it can NOT count toward the advanced part of training.) Policies in regards to this are still being developed – further details will emerge soon. Posts need to be approved by the censor prospectively and you're advised to get support from your RTP.

How does the funding work?

There is a maximum of 6 months full-time equivalent funding (salary) for you to do the post. If you are successful GPET will give the money to your RTP who will negotiate a contract with the university or rural clinical school that is supervising you. They then pay you a salary (plus some of it covers their costs). It usually ends up as less pay than clinical work, but is very rewarding in other ways. The pay and contract for your clinical work is separate and should be negotiated via the usual channels.

How do I find a supervisor?

Your academic supervisor is really important and will make a huge difference to your experience of academic life. Contact Parker Magin. Alternatively you can contact the Registrar Research and Development Officer (RRADO) for some suggestions of helpful academic GPs to approach in your local area.

How do I apply?

There are two rounds of applications. Check the website for details, but they usually close around March and September. The application forms are on the website for you to download and you need to fill out all the sections of the application. If you are having trouble or need some advice please contact the RRADO.
It's important to realise that GPET, your RTP, universities and supervisors are all really keen and supportive for you to do research. If you put in the effort you are very likely to be successful in your application and will get lots of skills and experience from the post.

What are they really looking for in my application?

The application process can seem a bit daunting at first but is actually not too hard once you break up the sections and address them one at a time. The selection panel is really looking for a few key things and you need to demonstrate these in your application:

a) That your project idea is manageable and realistic. They want you to have a positive experience so consider the timeframe carefully.
b) That you have thought through the study design. It doesn't have to be perfect yet, but you have to demonstrate you've thought about it, done a bit of background legwork and come up with some reasonable ideas and a plan.
c) That your supervisor is going to be supportive. It's really important that your supervisor has the skills, availability and commitment to your project. Make sure this comes through in the application e.g. with a meeting schedule or ongoing feedback process. Your supervisor can use the pro forma declaration provided on the website for their section of the application form.
d) That you have thought about your learning needs for research and have some sort of a plan in place e.g. tutoring with the librarian to improve your literature searches, a course on that statistics program you plan to use or attending an academic writing workshop. There is $3,000 held by your RTP specifically for professional development costs as this is an important part of the term.
e) That you have a plan to do some teaching and to extend your teaching skills, e.g. when and who you will teach and what skills training sessions you will be able to attend (at your university or somewhere else.) This is flexible so don't worry if you are fairly remote – something can usually be arranged to give you enough experience.

f) That you have some outcomes in mind such as presentation at a conference and a paper in a particular journal. You need a plan to publicise your findings.
g) Previous academic registrars who have been successful in the application process can help you with your application, as can the RRADO, your supervisor and your RTP.

When will I find out if I'm successful?

The applications are reviewed by a panel of academic GPs and this can take several weeks. Usually you will be contacted informally by the RRADO within 3 weeks of the closing date then will receive a formal letter a week or so after this. The committee may require modifications to your proposal – these would be outlined clearly in the letter.

How can I find out more?

Have a look at the other resources on the website check out the application forms and information pack. If you have particular questions, would like to attend the Registrar Research Workshop or want to join the academic interest email update list, contact the Registrar Research and Development Officer (RRADO). The RRADO is a part-time registrar position at GPET. The RRADO supports registrars involved in research, represents registrar interests on various research committees and is generally the first port of call for registrar research questions. The current RRADO is Rachel Lee and she can be contacted on rrado@gpet.com.au or 0427-284-927.

Doctor's bag - Typical contents

Medications		
Ventolin MDI	salbutamol	100mcg
Bricanyl injection	terbutaline	500mcg in 1ml
Adrenaline injection	adrenaline	1mg in 1ml
Lasix injection	frusemide	20mg in 1ml
Dihydergot	dihydroergotamine	1mg in 1ml
Diazepam	diazepam	10mg in 2ml
Promethazine	promethazine	50mg in 2ml
Stemetil	prochlorperazine	12.5mg in 1ml
Tramal	tramadol	100mg in 2ml
Maxolon	metoclopramide	10mg in 2ml
Glucagen Hypokit	glucagon	1mg
Naloxone	naloxone	2mg in 5ml
Nitrolingual pumpspray	glyceryl trinitrate	400mcg
Benzylpenicillin injection	benzylpenicillin	600mg x2
Lignocaine 2%	lignocaine	5ml
Aspirin	aspirin	300mg x2

Equipment	Paperwork
Guedel's airway	MIMS
IV cannula & bung	script pad
stethoscope	Path request form
sphygmomanometer	XR request from
auriscope	letterhead
ophthalmoscope	envelope
torch	hospital admission forms
tongue depressor	pen
patellar hammer	guidelines (eg for meningitis, anaphylaxis)
thermometer	Schedule 8 book
syringes 5ml	Medicare vouchers
needles 21g & 23g	DVA vouchers
alcohol swabs	Medical certificate pad
dressings	Home visit record slips
crepe bandage	
micropore tape	
stitch cutter	**In the car**
scissors	map
scalpel blades	Laerdal pocket mask
tourniquet	gloves
set of path tubes	bright torch (for house numbers)
a 10ml or 20ml syringe	
sharps container	
lubricant	
gloves	

Accommodation

The **accommodation** near Valley to Coast – Newbolds Building is:

- Citigate Newcastle
  418 Maitland Rd, Mayfield Ph 4967 1977

- Sovereign Inn
  309 Maitland Rd, Mayfield Ph 4968 4405

- Best Western Travellers Motor Village
  295 Maitland Rd, Mayfield Ph 4968 1394

- The Gateway Hotel (Wests Mayfield)
  26 William St, Corner Industrial Drive, Mayfield Ph 4903 6300

Train stations

Nearest railway stations to Valley to Coast:

Waratah is the closest. Otherwise Broadmeadow or Hamilton and catch a taxi

Please see page 37 for details re Reimbursement of travel and accommodation expenses.

RACGP John Murtagh Library Services

All registrar members can access our comprehensive Library service free of charge.

First time users of the Library are requested to register at: http://www.racgp.org.au/library/registration . Additionally access to the Library's licensed resources in the secure areas of the website, including the Library's full text databases and the eBook collection, requires users to be logged in to the RACGP website. The link for registration for a RACGP web account and login to the RACGP website can be found on the left hand side of the website at www.racgp.org.au .

Our services include :

- A reference and enquiry service to answer questions on a broad range of health and medical topics.

- Access to a unique and specialised collection of books and other materials covering areas such as General Practice, Medical Education and Aboriginal Health. Loans are sent out and returned by pre-paid courier service. The online catalogue can be accessed via the website at http://resource.racgp.org.au/ or items can be requested by author and/or title (if known) or by subject via phone (03) 8699 0519; fax (03) 8699 0400; email library@racgp.org.au or the online forms at www.racgp.org.au/library/requestloan

- Literature searches, may be requested on the online form at: http://www.racgp.org.au/library/literaturesearch . Library staff use a range of databases including Medline , Health Collection, CINAHL (Nursing and Allied Health), APAIS Health, ATSIHealth, RURAL (The Rural and Remote Health Database), Health Business Elite, ERIC (for educational resources), The Cochrane Library, and Health & Society Database. Printouts are delivered by mail, fax or Email.

- A Current awareness service to help members keep up to date in specific areas of interest provides regular eTable Of Contents (e-TOC) via the Library's website at http://www.racgp.org.au/library/etoc . Tables of contents for subject packages of journal titles and some single journal titles are uploaded each month. Members can register to receive an alert when new content is available on the website.

- The Journal service provides copies of articles of interest from the hundreds of journal titles held by the Library.

- Inter Library Loans Service to obtain books and articles not available in the RACGP John Murtagh Library.

- One-on-one literature search training is available via a web interface or in person – contact Jane Ryan (03) 8699 0516 or jane.ryan@racgp.org.au to arrange convenient time

Users also have access to :

- DynaMed an evidence based point of care database offering evidence summaries for around 3,200 clinical and drug topics, accessed via our website. Also available as a PDA/handheld (smartphone, iPhone, iPod Touch, iPad) download. For more details go to : www.racgp.org.au/library/dynamed

- The Online Oxford Medical Journals Collection offering full text of 40+ journals including current issues. Simply go to www.racgp.org.au/library/oxfordjournals and click on the required title to be taken to the journal website

- Audio Digest programs for immediate playback or for downloading to pc or mp3 players for later listening : www.racgp.org.au/library/downloads . PDF format summaries are also provided and CDs of programs may be borrowed from the Library

- Various ebooks including Harrison's Online, the AccessMedicine Collection and a collection of EBL titles at http://www.racgp.org.au/library/ebooks

- Health Collection, a full text database of 100+ Australasian health, medical and allied health journals and other publications : www.racgp.org.au/library/research

- ProQuest Health and Medical Complete database, and a suite of EBSCOhost databases (including CINAHL, Psychology & Behavioral Science Collection, Health Business Elite, and a general Australasian reference database). These databases are available at : http://www.racgp.org.au/library/research and offer access to full text articles from over 1000 of the world's leading medical, psychology, nursing and health journals. Search individual databases or across selected EBSCOhost databases using various searching options. The EBSCOhost databases can now also be accessed by smartphones and web-enabled handhelds

- A customised version of PubMed with special links to many full-text articles available through the Library's ProQuest and Ebscohost databases. To enable the link search sessions needs to be running in ProQuest and EBSCOhost and login to the RACGP website is necessary. Follow instructions found at : http://www.racgp.org.au/library/pubmed. Perform a search using this customised version of PubMed and view the results in "Abstract" display mode. Icons indicating 'RACGP Library article access' will display and clicking on these icons will link to the articles, the majority of which are in full text . Icons indicating that full text articles are freely available from the publishers will also display.

Requests for assistance, information, searches and loans can be made by phone : (03) 8699 0519, fax (03) 8699 0400, email : library@racgp.org.au as well as via our online request forms. Library staff can be contacted between 9.00 am and 5.00 pm, Monday to Friday.

Online resources available to members and other eligible users to support clinical decision making, research endeavours, continuing professional development (CPD) and training.

DynaMed

DynaMed is an evidence based clinical reference tool created for use by doctors and other health professionals, primarily for use at the point of care. DynaMed provides around 3000 clinically organised summaries, and can be accessed online or as a download for personal digital assistants (PDAs).

For more information and to access DynaMed visit: www.racgp.org.au/library/dynamed

EBSCOhost databases

A suite of EBSCOhost full text databases comprising: the popular nursing database CINAHL Plus with Full Text; MEDLINE with Full Text; Psychology & Behavioral Sciences Collection; Health Business Elite along with the useful general reference database Australian & New Zealand Reference Centre. Advanced linking technology enables seamless access from cited references within PubMed and point of care tool, DynaMed, to many full text articles available through EBSCOhost as well as live links to full text journal titles from the library's A–Z list of journals.

A mobile version of this suite of EBSCOhost databases is now available.

Find these databases at **www.racgp.org.au/library/ebscohost**

ProQuest Health and Medical Complete database

ProQuest Health and Medical Complete is a database of journals covering all clinical and healthcare disciplines, including medical sciences, immunology, pharmacy, nursing, and surgery, with over 1200 of the journals being available in full text. Live links are available from references within PubMed and the library's A–Z list of journals.

ProQuest Health and Medical Complete can be accessed at: www.racgp.org.au/library/proquest

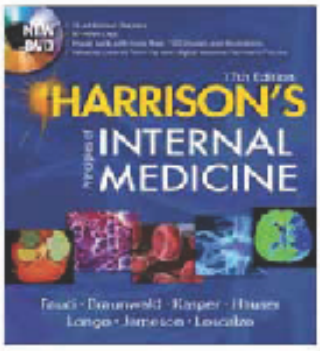
These databases can be found at: www.racgp.org.au/library/ebscohost

Informit databases

A suite of Informit databases provides Australasian content to complement the international content of the library's other databases. The Informit Health Collection database provides full text articles from over 100 journal titles and other publications covering a broad range of health subjects. Nine further subject searchable databases cover areas such as allied health, Aboriginal health and rural health, with links to some full text content.

To find out more visit: www.racgp.org.au/library/informit

Telephone: 03 8699 0519 Fax: 03 8699 0400 Email library@racgp.org.au



Harrison's Online

Harrison's Online featuring the complete contents of Harrison's Principles of Internal Medicine (17th edition), along with additional content such as podcasts, graphics, lecture notes and videos.

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Audio Digest downloads

Audio Digest produce monthly themed issues comprising of a number of audio articles which can be listened to directly via the website, or downloaded to computers or MP3 Players for playback at a convenient time.

Members have access to programs covering family practice, obstetrics and gynaecology, and child health. Summaries of each program are available as PDFs alongside the MP3 links.

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ETOC (Electronic Table of Contents) service

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A–Z journal list

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Professional Skills Project

FAQs

1. Why is acceptable completion of this project a requirement to complete training at GPTVTC?
   Answer: Competent GPs require more skills than mere clinical knowledge. This is recognised in the curriculum areas of Critical Thinking and Research as well as GPs as Teachers and Mentors. Some of these skills will be demonstrated within the requirements of the Professional Skills Project. Audit and quality improvement are part of the skillset of GPs
2. What sort of activities can I do that satisfy this part of the curriculum at valley to coast?
   Answer: Your project may involve audit, research or teaching (see requirements below)
3. How much time will it take?
   Answer: We would expect a minimum of 40 hours over Terms 1 and 2 (which is less than one hour per week). Some projects may take a little more.
4. How do I know what is required?
   Answer: whichever topic or options you choose as your project activity, you will need to
   a. Discuss with your ME and perhaps with Parker Magin depending on complexity
   b. Submit a clear outline of your proposal (about 250 words) **by end of Term 1**
   c. Submit a report (minimum 1500 words) which includes
      i. Literature review
      ii. Description of methods
      iii. Results
      iv. Conclusions / interpretation / application
   d. Present your project in an appropriate context (provide evidence of this)
5. What does a literature review involve?
   Answer: the extent of the review may depend on the nature of your project and the topic. The review should summarise what is known about the topic and justify the questions you are now asking. It generally involves a systematic searching of the world literature on the topic, a critical evaluation of that literature and a synthesis of the results. The required extent and complexity of the review is less than that required of a published systematic review, but it must still be systematic. The level of required comprehensiveness will be dependent upon the volume and complexity of extant literature in the area. For example, a literature review on occupational violence affecting GPs-in-training (in which there is very little literature world-wide) would need to be more comprehensive than a literature review of hypolipidaemic pharmacotherapy (where there is a prodigious amount of published evidence). It will be different for a project involving teaching compared to one involving research or audit.
   There are examples of appropriate literature reviews and there is guidance and information available on how to search the literature, although many of you will already be familiar with this from your undergraduate studies.
6. What are the timelines?
   Answer: The report must be handed in by the end of Term 2 unless by prior agreement with your ME and because of the length or complexity of the project. The written proposal must be handed in no later than the end of Term 1 (in order to give yourself time to do the project)
7. How will it be assessed?
   Answer: It will be read and assessed by two MEs and deemed satisfactory / unsatisfactory. You may be required to make some minor or major changes for it to meet the minimum standard. Presentation in an appropriate context is required for satisfactory assessment
8. To whom do these guidelines apply?
   Answer: Any registrar entering training or commencing Term 1 from January 2012

Rationale for the Professional Skills Project

General Practice requires not only the acquisition of day-to-day consulting skills (diagnosis, management, patient communication) but also the development of other important skills, including the ability to seek out new information for patient care, assess it critically and be able to apply it appropriately and effectively in clinical practice. It also involves communication of clinical, audit or research material to professional colleagues. The skills involved may be summarised as:

- Self-assessment and audit
- Critical thinking and research
- Education and teaching
- Peer communication

Thus, as part of their training with General practice Training valley to coast, registrars **must complete a Professional Skills Project.**

Supervision

The project is supervised by the registrar's Medical Educator but there is considerable research and evaluation expertise within the Valley to Coast team, including Dr Parker Magin who is responsible for the critical thinking and research aspects of the curriculum. His help can be sought at any stage. Registrars are also urged to include their Supervisor in the planning and conduct of their project when this is appropriate (this would, especially, be so for projects involving practice audit).

Scope

Registrars often find it difficult to choose what sort of project to choose. We have therefore decided that the default project will be a practice audit and there will be a workshop session on the audit process. Audit skills are crucial to evidence based general practice.

1. **A practice audit**
    - This will require discussion with your supervisor and your short proposal should detail the requirements for the audit including patient numbers, targets etc It will require a report incorporating
        - A short literature review and background outlining the rationale for the audit
        - A Methods section outlining setting, numbers, data extraction methods and means of analysis
        - A Results Section
        - A Discussion and Conclusions section incorporating reflection upon the implications of audit findings at personal and Practice levels. It must then include actual or anticipated changes in personal practice, and practice policy or procedures, as a result of the audit findings
    - Involvement in an established NPS audit would satisfy the requirements of the project activity, providing an appropriate individual report is submitted.

However, we do not wish to stifle curiosity and research interest so if the registrar has a particular question they wish to explore by another methodology or a conventional research project which may be larger, then this can be discussed with their ME. The nature, size and scope of such a project would be flexible but there are guidelines and minimum requirements.

The minimum amount of time involved for the project would be expected to be 40 hours. The project should be "do-able" and useful.

2. Research

This would entail a small research project in an area of interest to you and with relevance to general practice. Such research might take one of several paths.

- Suitable methodologies would be a cross-sectional questionnaire-based study or a qualitative study involving focus groups or semi-structured individual interviews. More complex research methodologies would normally be beyond the scope of the project but may be applicable, especially within the context of an Academic Term.
- Planning a somewhat larger (though still modest) research project with the intention of conducting this study in an Academic Registrar term
- Involvement as part of ongoing research with valley to coast staff
    - This would involve taking on a defined role and defined tasks within an ongoing research project (providing 'value added' substance to the project, rather than non-defined 'work experience' with the Valley to Coast research team). The ReCEnT study provides considerable scope for this on an ongoing basis, but there will be other Valley to Coast studies which will provide opportunities at particular times.

It is also entirely appropriate that some projects may be done as joint projects. Some project aims and methodology may require a critical mass of registrar time and effort or volume of data collection that necessitates joint involvement. But joint projects must be carefully thought through with explicit recognition of individual tasks and responsibilities and a recognition that the joint report assessment decision of accepted/not accepted will apply to all participating registrars.

It is possible that the objectives of this aspect of the curriculum could be met by a significant involvement in teaching, provided certain criteria are met.

3. Teaching

This may be teaching of students or your peers, as outlined below:

- Development and delivery of several teaching sessions (at least 4) for undergraduate students
    - An outline of the teaching plan (objectives, methods) with reference to relevant literature
    - This will require a description of the context of the teaching (who, where, what level etc)
    - A commentary on the process (what actually happened)
    - Collection and analysis of feedback from the students
    - Minimum one page evaluation of the sessions
- Preparation and delivery of a teaching session in a registrar workshop
    - This is not just a case presentation or other short required presentation
    - It will be a 30-60 minute presentation with appropriate handouts and references
    - It will include a minimum 500-1000 word commentary on the teaching skills relevant to large group presentations (with reference to the literature)
    - Collection and analysis of feedback
    - It will include a short reflection on the feedback received and evaluation of the session

Assessment process

MEs will consider the registrar's observed performance in activities involved in the project as well as assessment of a written formal report. The project will be assessed jointly by the registrar's ME and Parker Magin according to predetermined guidelines. The research study of an Academic Term registrar will satisfy the project requirements for Valley to Coast and satisfactory completion will be assessed by the Academic Registrar's academic supervisor who will be a University appointment and not necessarily a Valley to Coast employee.

Presentation and communication

All registrars are required to present the findings of their project in an appropriate forum. What that forum is will be dependent on a number of factors

- The nature of the project
  - audits are particularly suitable for presentation at practice clinical meetings
  - teaching sessions to undergraduates or registrars will be presented as an inherent component of the project
- The availability of the forum - there is a limited number of timeslots for inclusion of Project presentations in registrar workshops
- The quality and level of sophistication of the project
  - Higher quality projects will be considered for presentation at registrar workshops
  - Exceptional projects may be suitable for submission for a conference paper presentation or to a peer-reviewed journal
- Whether the project has ethics approval - presentation as a conference paper or publication in a peer-reviewed journal require Human Research Ethics Committee approval. Obtaining this de novo is usually too onerous a task for small project, but projects linked to existing Valley to Coast research projects will have ethics approval

If it is not presented at one of the above options, a short verbal presentation will be made in front of the assessors

What you should do

1. Before you embark on your specific audit or research project you should discuss it with your Medical Educator for suggestions and advice
2. Then hand in a brief (approx 250 word) proposal for approval. This should include a statement describing the nature of your project (research, audit or teaching) including the question or problem you are addressing and your proposed methods and timeline.
3. Completed projects are due in by the end of Term 2 unless their complexity requires longer time in which case you need an extension granted by your ME. This extension should be granted prospectively in recognition of the anticipated complexity or problematic logistics of the project rather than retrospectively in the event of inadequate progress.

A completed project is one of the requirements of completion of training and progression through training may be delayed if timelines are not met.