The Australian General Practice Training (AGPT) program is an Australian Government initiative.

General Practice Education and Training Limited (GPET) is a wholly owned company established by the Commonwealth Government.

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Welcome and congratulations on your successful selection into the Australian General Practice Training (AGPT) program for 2014.

The AGPT program was created to give you nationally consistent, comprehensive and quality education and training in the specialty of general practice. It is intended to provide you with the skills and experience that you need to work towards your fellowship and ultimately to gain specialist (general practice) registration.

The AGPT program is delivered on a regional basis through an ongoing collaboration between General Practice Education and Training Ltd (GPET), regional training providers (RTPs), the Royal Australian College of General Practice (RACGP) the Australian College of Rural and Remote Medicine (ACRRM) and General Practice Registrars Australia (GPRA).

During your time in the AGPT program you will be able to access a range of GP training options, including Aboriginal and Torres Strait Islander health training posts, and/or academic posts as part of the overall offering.

I hope that you enjoy your training time in the AGPT program and that you take the opportunity to maximise your learning and to work closely with your supervisors, practices and RTP towards meeting the needs of your community in delivering primary healthcare.

Good luck with your endeavours.

Associate Professor Richard Matthews AM
Chair
GPET Limited
The AGPT Program

The Australian General Practice Training (AGPT) program is a high quality, national postgraduate vocational training program for medical graduates wishing to pursue a career in general practice.

The AGPT program is managed by General Practice Education and Training Limited (GPET), a wholly owned Australian Government company with a board made up predominantly of GPs. GPET was created in 2001 by the Australian Government to establish a regionalised approach to training, which is now delivered by 17 regional training providers (RTPs) across Australia.

Once accepted into the AGPT program, registrars can choose to train towards the Fellowship of the Royal Australian College of General Practitioners (FRACGP) and/or Fellowship of the Australian College of Rural and Remote Medicine (FACRRM). Both Fellowships lead to specialist registration as a general practitioner with the Medical Board of Australia. FRACGP registrars can also choose to undertake the RACGP Fellowship in Advanced Rural General Practice (FARGP) which has specific requirements as an additional rural qualification. For further information on Fellowships, please refer to the Fellowships section of this Guide.

The AGPT program involves a three- or four-year full-time (or part-time equivalent) commitment by registrars depending on the end point qualification. Training is conducted within accredited medical facilities by accredited supervisors and assessed by experienced medical educators. The training includes self-directed learning, regular face-to-face educational activities and in-practice education. During training registrars gain valuable practical experience in accredited teaching hospitals, rural and urban practices (or Aboriginal Controlled Community Health Services) and specialised medical centres.
What Happens Now?

The AGPT program gives you a range of opportunities to undertake your training in a variety of locations with your chosen RTP or in related areas in the pathway in which you have accepted a place.

Training is based on the curricula prescribed in the specialty of general practice by the RACGP and ACRRM. These curricula are documented extensively by each organisation and details are available on their respective websites.

What is a regional training provider (RTP)?

An RTP is a regional training provider is an organisation which has been contracted by GPET to provide you with the means to undertake the AGPT program.

Your RTP will provide you with:

- Training placements in accredited teaching posts
- Personalised support and a learning program
- Education and training events and activities
- Networking opportunities with other registrars
- Facilities and access to resources
- Advice and support relating to AGPT program and policy changes.
Map of AGPT Providers

*General Practice Training Queensland (formerly Central and Southern Queensland Training Consortium).
Setting a direction in the AGPT program

Once you have accepted an offer of a place with an RTP then, together with your RTP, you have the opportunity to plan your training for your future career in general practice. You will have access to experienced medical educators and GP supervisors and mentors as well as registrar liaison officers to assist and inform you as you plan the direction you wish to take, both during training and after.

The structure of the training includes options that can be taken at certain points, allowing you flexibility consistent with your educational objectives and overall training requirements. Information on flexible training options is provided later in this Guide.

Much of the training relies on self-directed learning and as an adult learner you are expected to set your plans and directions in keeping with the structure, curriculum and phases of training.

In the early phase of training you will be assisted to ensure that your plans are achievable. These plans must be negotiated with, and endorsed by your medical educators, who will also offer advice based on their experience and educational expertise.

While a major part of your education and training takes place in an experiential manner in accredited training posts with accredited supervisors, your RTP will complement that with other educational activities to satisfy your learning needs and curriculum content. This composite of in-practice and external-to-practice education and training has been well tested and found to meet the needs of registrars as they progress to unsupervised general practice.

Achieving your goals

Once you have defined your overall educational and training plan, and it has been endorsed for the phase of training you are about to enter, you will find that there are well-established resources to provide opportunities and support to succeed with your plans. Apart from the core elements of units of training, there are funded courses and other activities sponsored by RTPs to supplement the educational activities you have chosen as part of your plan.

Working with other registrars will assist you, especially as you approach the assessment components of FRACGP, FACRRM and FARGP. Experience has shown that study groups constructed and run by registrars for examination and assessment components have been important in achieving success. General Practice Registrars Australia (GPRA), RACGP faculties and ACRRM-run pre-examination courses are available and can provide excellent preparation for the examination. Pre-examination preparation sessions, practice examinations and recommended reading lists are among the resources ACRRM provides to assist registrars in preparing for FACRRM assessment.

Giving feedback to improve training — registrar satisfaction survey

As part of its commitment to providing registrars Australia-wide with an opportunity to comment on their training experiences, GPET conducts a national survey of registrars. All registrars will be invited to provide feedback on their training each year. GPET is conscious that registrars are approached frequently for feedback and opinion about a variety of issues. However, GPET is the national body responsible for the oversight of the AGPT program and is one of the bodies able to take action on national issues identified by registrars, directly or through the RTPs. Registrars are therefore expected to participate in the national survey whenever there is an opportunity. Good response rates will allow GPET to act confidently on the feedback you provide.
Experience has shown there is often confusion amongst registrars regarding pathways, rural and general, so the following information has been provided to assist.

Registrars undertaking the AGPT program do so in the general or rural pathway. These pathways determine the area where you train, not the content of your GP training. In most RTPs who offer both the rural and general pathway, there is no difference between the training given to either group. The only significant difference is that rural pathway registrars have some restrictions as to where they can be placed during their training.

The allocated pathway places are used by the Australian Government to ensure that at least 50% of GP training places across the country are located in rural areas.

A registrar’s training pathway has no implications on where they can later work as a GP.

Following you will find further specific information relating to general pathways and rural pathways for your training in the AGPT program.
General pathway RA1-5

Registrars in the general pathway of the AGPT program can train in Australian Standard Geographical Classification – Remoteness Areas (RA) 1-5 locations (see Appendix 1 for more information about the ASGC-RA classification scheme or go to: doctorconnect.gov.au). Many registrars in this pathway have chosen it with the intent of becoming urban general practitioners. However, such a choice does not preclude a change in career direction, which has often occurred after registrars have worked in and enjoyed general practice in rural areas.

General pathway registrars entering training in 2014 will have a great deal of flexibility to fulfil their 12-month general pathway training obligation by electing one of the following options:

1. 12 months training in a rural location classified as RA2-5
2. 12 months training in an outer metropolitan location
3. 12 months training in a non-capital city classified as RA1
Or
4. 12 months training comprising two of the following:
   • six months in an outer metropolitan location
   • six months training in a rural location classified as RA2-5
   • six months training in a non-capital city location classified as RA1
   • six months training in an Aboriginal & Torres Strait Islander health training post in an Aboriginal medical service.

For noting: Continuing general pathway registrars (2010 cohort and earlier) who are yet to satisfy their general pathway training obligation can apply to their RTP to have all training undertaken from 1 January 2010 onwards recognised under these options.

You may be eligible to access the General Practice Rural Incentives Program (GPRIP). For more information please refer to Appendix 2 of this Guide.

Required training for part-time registrars in the general pathway

Registrars who have sought and been granted part-time training are permitted to complete their general pathway training obligation in a 12-month period part time. They may not undertake any other general practice work during this period. The intent for part-time registrars is that all of their available working time will be spent in their chosen option/s to satisfy the 12-month pathway obligation.

It is important to note that your training obligations under the general pathway should be met in a general practice setting. For further information on your training obligations and the appropriate setting, please contact your RTP.

Rural pathway RA2-5

Since 1 July 2010 rural pathway registrars are required to undertake their training in rural locations RA2-5 (see Appendix 1). The rural pathway offers a range of benefits and opportunities commensurate with the work of rural general practice. It requires registrars to undertake the majority of their general practice training in rural areas.

Registrars in the rural pathway who meet eligibility criteria have the additional opportunity to benefit from the Australian Government’s General Practice Rural Incentives Program (GPRIP) (see Appendix 2).

Training locations and distribution of training placements across an RTP region will be managed by the local RTP to ensure appropriate workforce outcomes are achieved.
Training Requirements

Training standards

There are principal standards that impact on educational activities throughout training. For ACRRM, these principal standards include:

- ACRRM Standards for Regional Training Provider Recognition
- Supervisors and Teaching Posts in Primary Rural
- Remote Training and Advanced Specialised Training.

For RACGP, these principal standards include:

- RACGP Standards for General Practice Education and Training
- Programs and Providers and Standards for General Practice Education and Training
- Trainers and Training Posts.

GPET requires RTPs to deliver training that complies with these overall standards to ensure the standards and quality of training is maintained.

Copies of the training requirements are available on the RACGP and ACRRM websites and at RTP offices.
General requirements

The general requirements of all AGPT registrars include:

- Learning the job. The GP registrar’s task is to actively seek relevant experiences to achieve competence, both clinically and as an effective member of a practice team.
- Attending meetings and making contacts with educational staff (medical educators/ training advisers or rural coordinators) at least twice per year to:
  - Review achievements from previous learning plan
  - Review incoming formative assessment data
  - Identify new learning objectives and learning needs
  - Plan career and learning strategies
  - Review log book entries for the preceding period
  - Address issues of concern to the registrar.
- Participating in educational activities as required by the RTP including any required additional rural educational activities.
- Participating in any required assessment during training.

Post-intern hospital training

Intern and post-intern hospital training and experience allows registrars to progressively expand their knowledge and clinical skills as well as gain broader understanding of the roles and functions of various aspects of the healthcare system, and their relation to the overall healthcare of the community. The intern pre-registration year is a period of considerable further learning and growth – doctors gain increased knowledge and skills in particular areas of medicine in far greater depth than any previous exposure, and they have the opportunity of further enhancing their skills in doctor-patient communication, doctor-doctor communication, dealing with families/relatives, gaining an understanding of the healthcare team approach to overall care and follow-up, and being part of a team approach to issues surrounding complex serious illnesses.

Prevocational doctors in training have the opportunity to reflect on processes of hospital care as they relate to general practice, and vice versa, as well as on the relationship and communication requirements between hospital specialists/ departments and referring GPs.

During the post-intern phase of hospital training, doctors may have the opportunity to focus on medical areas not previously covered in their earlier hospital training that directly relate to their future roles as general practitioners. In addition, mandatory training requirements can be certified as having been undertaken during this period.

Recognition of prior learning

Recognition of prior learning (RPL) is not an automatic right. It is determined by the Colleges and can reduce your overall time in the AGPT program.

You should discuss RPL with your RTP early in your time in the AGPT program, at least within the first year. The application is completed by you and submitted to your RTP who will make a recommendation and forward it to the relevant College. All applications for RPL are determined by the Colleges on their individual merit.

Please refer to the College websites for more information – acrrm.org.au or racgp.org.au
Overseas training

Training undertaken overseas during the AGPT program may be possible, but registrars should discuss this early in the program with their RTP. All overseas training should be approved prospectively.

Registrars seeking RPL retrospectively for training undertaken overseas which has been completed should discuss this with their RTP. It is important to note that the Colleges will have different requirements and standards for RPL in relation to overseas training.

Mandatory hospital experience

Certain hospital rotations and experiences are mandatory preparation for the AGPT program. The following summary provides a guide for registrars, but it is recommended that you refer to the relevant college websites for more information.

- Internal medicine – preferably general medicine or a rotation that offered broad medical experience
- Surgery – general surgery is preferred or, if unavailable, a surgical rotation that covers the principles of basic surgical care
- Emergency or emergency medicine
- The paediatric requirement can be met through a variety of ways. The Colleges have specific requirements and you should discuss this with your RTP as soon as possible.

For noting: Both Colleges require certain hospital terms, the details of which can be found on the relevant college website. ACRRM also requires obstetrics and gynaecology and anaesthetics, however it is possible to fill gaps in terms during subsequent training, see the ‘Core Clinical Training Policy’ lists.

Doctors who enter general practice training while employed in the hospital setting are required to:

- Meet and discuss their learning plans and future plans with a nominated medical educator/training adviser
- Participate in regional educational activities as permitted by their hospital commitments

For noting: You will be required to keep a record of your educational activities. You should talk to your RTP as soon as possible to confirm the format of recordkeeping required, as there are different requirements from the Colleges for this activity.

Training in Aboriginal and Torres Strait Islander health

This important aspect of training is being addressed by GPET and the RTPs as part of the Council of Australian Governments’ (COAG) ‘Closing the Gap’ campaign, in consultation with local Aboriginal and Torres Strait Islander communities and the National Aboriginal Community Controlled Health Organisation (NACCHO).

All registrars are required to satisfy the requirements of the Aboriginal and Torres Strait Islander Health Curriculum Statement (contained in the ACRRM and RACGP curricula) as a completion of training requirement.

Training is available in accredited Aboriginal training posts throughout Australia in urban, regional and rural settings. Special registrar salary funding arrangements are available to support these posts.

These posts may be accredited for any core general practice/primary rural and remote training term and in some cases are also accredited as advanced rural skills/advanced specialised training posts.

Registrars are able to temporarily transfer between RTPs to undertake training in posts if appropriate experience is not available in their region.

For more information about training in Aboriginal and Torres Strait Islander health posts, please speak to your RTP in the first instance, or refer to gpet.com.au
Flexible Aspects of Training

Part-time or full-time training

GPET reports to the Australian Government on the basis that registrars train for a minimum of 38 hours per week. This is also referred to as 1.0 full-time equivalent (FTE). Any time less than 0.8 FTE is defined by GPET as being part-time equivalent (PTE).

As a minimum, GPET requires registrars to train no less than 9 (0.3) patient contact hours per week in order to remain in the AGPT program.

It is important to note that any training time beyond 1.0 FTE is not counted towards your overall training hours.

All registrars are deemed by GPET to commence training at FTE of 1.0. If less time or part-time is sought, then an application must be made by you to your RTP. Part-time training applications and requirements are managed by your RTP.
The Colleges may also have some specific requirements around full-time versus part-time equivalent training that you should take into account when planning your training with your RTP.

**RACGP**
- RACGP accepts that training is between 0.8 and 1.0 to be recognised as full-time equivalent
- Any training time under 0.8 is recognised as part-time equivalent.

**ACRRM**
- ACRRM regards full-time on the basis of being 1.0 FTE
- Anything less than 1.0 is regarded as part-time equivalent
- ACRRM requires a minimum of 0.5 for training.

### Leave from training
Details of leave available to registrars are set out on the GPET website (refer to ‘Leave Policy 2010’).

### Transfers
Registrars are not automatically entitled to a transfer between RTPs and/or between the general and rural pathways, particularly in the first six months of training in the AGPT program. Any applications for transfers require the approval of the RTP and GPET.

Details of eligibility for transfer are set out on the GPET website (refer to ‘Transfer Policy 2010’).

### AGPT academic posts
AGPT academic posts enable registrars to gain training experience in an academic environment, contribute to the development of teaching and research in general practice, and improve the academic status of general practice. Eligibility requirements, application dates and selection processes for academic posts are detailed on the GPET website.

More information can be sought from RTPs or the Registrar Research and Development Officer (RRADO) at rrado@gpet.com.au
Australian Defence Force (ADF) registrars are required to meet the same general educational requirements as other registrars enrolled in training. ADF registrars are required to undertake a period of full-time civilian general practice training. Other training can be undertaken in a combination of civilian and military posts. Some exceptions apply, and these can be discussed with the registrar’s RTP or with Joint Health Command.

Because of the service demands on ADF registrars, it is recommended that where possible they undertake a full-time civilian core general practice or primary rural and remote training unit during their post-intern year (there are some exceptions for ACRRM candidates). Ideally, to meet the general service requirements placed on ADF registrars both in Australia and overseas, this unit would be undertaken in a rural setting to allow the registrar more exposure to the differing responsibilities rural general practice and/or rural and remote medicine entails.

Rural training presents the opportunity to be exposed to and learn a range of responsibilities, decision-making, leadership, autonomy, teamwork, and coordination skills that are fundamental in rural and remote medicine and/or rural general practice. In addition, rural-based training provides opportunities to learn procedural skills commonly utilised in a rural or remote setting that relate to many of the skills required for ADF deployments both within Australia and overseas.

As well as the normal leave entitlements available to all other registrars, ADF registrars are permitted to take discretionary leave while they undertake required ADF service that cannot otherwise be accredited towards training time.

ADF registrars deployed overseas, or within Australia, may apply in advance (when possible) to have all or some of their deployed medical experienced approved as training time. This should be discussed with the registrar’s RTP/senior medical educator with reference to the relevant college standards.
Regional training providers

Teaching and administrative staff are employed by RTPs to ensure the range of training needs and individual learning styles of registrars are met. In terms of in-practice general practice training, the principal providers of education are the GP supervisors, supported by their RTPs.

The AGPT program provides medical education using experienced GPs in the primary role of GP supervisors and mentors, as well as medical educators.

The focus on regions in the AGPT program enables a variety of educational providers at differing levels of medical education to deliver education that meets with the needs of local communities and responds to regional priorities in health care. RTPs are often able to combine their activities with university rural clinical schools, for instance, and with local general practice networks. Regionalised vocational training thus intensifies the richness of the educational experience available to the GP registrar, and maximises the availability of educational resources in the region.
Medical educators

Each RTP has a staff of medical educators, or access to medical educators, who are experienced GPs with educational experience. Their role is to help registrars achieve the stated learning objectives of training. As experienced and practising GPs, they have a unique mix of educational experience and practical knowledge and experience in the general practice environment.

Medical educators liaise with GP supervisors, organise and conduct external education activities; and provide advice and support to registrars, and teacher training and support for GP supervisors and mentors. They also undertake a number of other activities, such as acting as training advisers to individual registrars and, where undertaken, performing external clinical teaching (ECT) visits.

External clinical visitors

External clinical visitors are employed by the RTPs and may come to training sessions and will work with the medical educators to deliver external clinical teaching visits.

Registrar liaison officers and supervisor liaison officers

RTPs employ registrar liaison officers (RLOs) and supervisor liaison officers (SLOs). The liaison officers provide support and advice to registrars and supervisors on a wide range of issues related to training and education. They also help to address any issues or problems registrars or supervisors wish to bring to the attention of the RTP.

GPET funds an RLO Network and a GPSLON Network (General Practice Supervisor Liaison Network) (GPSLON) to enable registrars and supervisors, respectively, to share information and meet regularly to provide professional development support to assist them in their roles. GPET also funds medical educators to get together regularly (Australian Medical Educators Network), share ideas and work on common goals to enhance the training provided to registrars through the AGPT program.

Training advisers

To assist registrars to develop their planned learning activities, experienced GPs, usually medical educators, are appointed to each region to act as training advisers. They help registrars to develop learning goals and plans to suit individual needs. They also advise on appropriate learning experience, review registrar performance and provide career and general counselling.

Registrar medical educators

Registrar Medical Educators (RMEs) have the opportunity to teach medical students and other registrars whilst gaining personal knowledge, skills and competencies required for a career in medical education. The ability to educate others is a crucial role in general practice; for patients, fellow health professionals and junior colleagues. It can assist registrars towards becoming a well-informed and inspired GP. Starting as an RME provides registrars with a well-supported means of ‘testing the waters’ when considering a career in medical education. Interested registrars should contact GPRA to join the GP Registrar Medical Education Network (GPRMEN) in order to connect with other RMEs.

Administrative staff

The RTP administrative staff will work closely with you to provide support to facilitate placements and the accreditation of posts where needed. They can act as a liaison point for you in communicating with other staff within the RTP and can provide a point of reference for relevant resources and organisations.

Other personnel

A variety of personnel with specific and detailed experience in their particular fields are employed by RTPs to augment the various educational activities. They include Aboriginal medical coordinators, cultural educators and mentors, other GPs, consultants and specialist GPs.

General Practice Registrars Australia

General Practice Registrars Australia (GPRA) is the peak voice for the next generation of general practitioners. It is a non-profit organisation run by GP registrars for GP registrars.
and represents their interests, supporting them through the training program and promoting general practice as the specialty of choice. The GPRA Advisory Council, which comprises all registrar liaison officers from around Australia, sits at the centre of any advocacy and policy activity to ensure the best outcomes for members.

One of GPRA’s key commitments is towards ensuring registrars are protected and well supported across any industrial issues related to their training. GPRA negotiates the national minimum terms and conditions (NMTC) document which outlines employment conditions for all registrars in the AGPT program. GPRA advocates on behalf of registrars with RTPs, Colleges, GPET and other stakeholders in the training environment to ensure registrars get a fair deal and can focus on completing their training.

GPRA works with industry stakeholders to ensure key policies relating to education and training are shaped by grassroots input from registrars. Over the years GPRA has been pivotal in introducing a range of new policies including rural retention payments, fatigue management, practice allocation policies and in-practice teaching guidelines to ensure improvement in the quality of the training experience for all registrars.

GPRA encourages all AGPT registrars to join one of their subcommittees:

- Assessment and standards
- Close the gap
- International medical graduates
- Rural issues
- Terms and conditions.

GPRA is committed to supporting Aboriginal and Torres Strait Islanders’ health within the education and training environment through the Indigenous GP Registrar Network (IGPRN). GPRA provides targeted educational support and personal mentoring to assist Aboriginal and Torres Strait Islander registrars in the AGPT program in meeting training and fellowship requirements.

GPRA also runs the General Practice Students Network (GPSN) and the First Wave Scholarship Program for medical students, as well as the Going Places Network for prevocational doctors.

To become a member of GPRA or IGPRN, to get involved, join a subcommittee or to find out more about GPRA:

Visit gpra.org.au
Email enquiries@gpra.org.au
Call 1300 131 198

AMA Council of Doctors-in-Training

The AMA Council of Doctors-in-Training (AMACDT) represents junior doctors, from interns through to senior registrars, at a federal level. Recent initiatives include:

- The AMA Safe Hours campaign – junior doctors still work unsafe hours but improvements have been made
- The doctors’ health campaign – the health and wellbeing of junior doctors is a priority for the council and it continues to lobby for better support structures
- The work-life flexibility project, which encourages attitudinal and practical change in training and employment arrangements.

The AMA is also very active in its lobbying for high-quality medical education, and has been a particularly strong advocate for enhanced general practice training.

From hospital interns to GP registrars, junior doctors face many pressures as they establish their careers, and often find it difficult to practise the behaviours they suggest to their patients.

The AMA offers a number of online resources on doctors’ health and working hours that registrars can use as they navigate through general practice training:

AMA online resources on doctors’ health – a handy webpage that gives useful tips, information and resources on doctors’ health and wellbeing is available on the AMA website (www.ama.com.au/doctorshealth).

For more information on doctors’ health and safe hours, or any of the AMACDT’s other activities, visit www.ama.com.au or email ditnetwork@ama.com.au

National GP Supervisors’ Association and supervisor liaison officers

The National General Practice Supervisors’ Association (NGPSA) is the formal peak body representing the views and communicating the issues related to GP supervisors and SLOs. It is independent of both GP Colleges.

The NGPSA and the GPSLOs encourage development of the significant role of the supervisor in the registrar’s educational experience.
During their hospital training time, registrars are paid according to the appropriate awards for junior medical officers.

During the first 12 months of community-based training registrars are employed by practices and the terms and conditions of employment are outlined in a document entitled National Minimum Terms and Conditions for GPT 1 and GPT 2 Registrars (NMTC). This document has been developed by the GPRA and NGPSA, and is available on the GPRA website (gpra.org.au).

Beyond the first 12 months of community-based training, GP registrars negotiate their own employment agreements with terms and conditions, as part of the transition towards becoming independent practitioners. It is recommended that registrars remain as employees for the duration of the training period.

While registrars are responsible for negotiating their own terms and conditions, registrars who feel they need assistance should seek advice from their registrar liaison officers, or RTPs before approaching practices. GPRA also provides advice to assist registrars in negotiating their employment agreement.
Incentives

The following incentives may be available to registrars in the AGPT program during the course of training. The purpose of these incentives is to promote careers in outer metropolitan, rural and remote areas.

a) GPRIP

For specific information on the General Practice Rural Incentives Program (GPRIP), please refer to Appendix 2 of this Guide.

b) Outer metropolitan incentives

Outer metropolitan incentives are available for general pathway registrars undertaking at least 12 months training in an outer metropolitan location.

A general pathway registrar training with a practice in an outer metropolitan area will receive a one-off payment of $2,500 for a 12-month placement (incentives are not available for placements of less than 12 months). The payment will normally be made at the commencement of the second half of the 12-month placement period.

Registrars undertaking part-time training will receive a pro-rata equivalent payment calculated by their RTP.

Registrars training in outer metropolitan locations other than RA1 will be eligible for the GPRIP registrar component instead of the outer metropolitan incentives.

To find an outer metropolitan location please use the DoctorConnect map by visiting www.doctorconnect.gov.au and clicking on ‘Search the Map’. For further information regarding the outer metropolitan incentives read the Training Location Obligations and Incentive Policy 2010 available on the GPET website at: gpet.com.au

c) HECS Reimbursement Scheme

Participants in the HECS Reimbursement Scheme are able to apply to have their HECS fees, for the study of medicine, reimbursed for each year of training undertaken or service provided in designated rural and remote areas of Australia. Eligible areas are RA 2-5 locations. Payments to eligible participants will be scaled by remoteness according to the RA classification of the locality they are training in or providing services in.

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<tr>
<td>RA4 – Remote Australia</td>
<td>3 years</td>
</tr>
<tr>
<td>RA5 – Very remote Australia</td>
<td>2 years</td>
</tr>
</tbody>
</table>

For noting: Some recipients of scholarships may be ineligible for the HECS Reimbursement Scheme.

For further information on the HECS Reimbursement Scheme, including eligibility requirements, visit http://www.health.gov.au/hecs or call Medicare on 1800 010 550.

Other grants or incentive programs

Other grants or incentive programs may be available to registrars via the Colleges, for more information visit: acrrm.org.au or www.racgp.org.au
Medicare access during training

Registrars are able to access the GP items in the Medicare Benefits Schedule for the period, and at the location, of their approved training placements. For this to be achieved, documentation defining the placement as an approved placement must be lodged by the registrar via the RTP before taking up a training position. The completed paperwork must be sent to the RTP at least eight (8) weeks before the commencement of the unit of training. Without this process being duly undertaken, access to Medicare is not possible. Particular attention needs to be focused on correctly recording the dates of the placements, as extensions to these dates (including any variations to the approved period) require notification to Medicare Australia. Medicare Australia cannot and will not backdate applications that are received after the commencement of a placement (the commencement date cannot be a date earlier than the date Medicare Australia receives the placement advice from GPET). Registrars are responsible for the timely and correct submission of this information. The ‘Application for General Practice Registrar Placement’ form is available on the GPET website.
In accordance with arrangements with Medicare Australia, RTPs will forward the registrar’s application form to GPET, who will then review it and if appropriate, approve it. GPET will then forward the application form to Medicare Australia prior to registrars commencing their training placement.

Medicare Australia will register the placement and advise the registrar in writing of the provider number, location details and the period of eligibility associated with the approved placement.

For noting: If registrars do not submit their application to their RTP within the appropriate timeframe to allow for the processing time (8 weeks before the start date of the placement), this may cause delays in registrars commencing their placements, which can in turn cause inconvenience to training practices and their patients.

Registrars who want to continue accessing Medicare benefits whilst awaiting examination results and fellowship must ensure their current placements are renewed prior to the expiry date to prevent loss of Medicare access. Registrars must make the application for extension of their placement to GPET (via their RTP), who will then forward the application to Medicare for processing.

Overseas trained doctors who train in the AGPT program on the rural pathway, and therefore undertake their training in rural areas, will be able to get a provider number in order to obtain Medicare benefits.

The 10-year moratorium does not apply to overseas-trained doctors and FGAMs who:

- Registered with a state of territory medical board before [1 January 1997]

Or

- Made an application to the Australian Medical Council (AMC) to undertake examination, which was received before 1 January 1997, and on the day the application was received the doctor was eligible to undertake those exams.

*FGAMS or Foreign Graduates of Accredited Medical Schools are AGPT applicants who were not born in Australia or New Zealand and whose primary medical qualification was obtained in Australia or New Zealand whilst a temporary resident at the commencement of their primary medical qualification.

Moratorium scaling

Since July 2010 doctors subject to Section 19AB of the Health Insurance Act 1973 (the 10-year moratorium) are able to reduce their time requirements (currently 10 years) by up to five years, depending on the Remoteness Area of the location where they practise (see Appendix 1).

For more information please refer to the DoctorConnect website: www.doctorconnect.gov.au

Doctors requiring detailed information about their individual circumstances in relation to Section 19AB of the Health Insurance Act 1973 (the 10-year moratorium) should contact the Department of Health and Ageing Workforce Regulation Section at 19AB@health.gov.au.

New Zealand doctors

Since 1 April 2010 doctors who were New Zealand citizens or New Zealand permanent residents at the time of commencement of a primary medical qualification gained in an accredited Australian or New Zealand university will no longer be subject to Section 19AB of the Health Insurance Act 1973 (the 10-year moratorium).
There are two vocational training outcomes offered to all registrars in the AGPT program:

• Fellowship of the Royal Australian College of General Practitioners (FRACGP), with or without the Fellowship in Advanced Rural General Practice (FARGP);
• Fellowship of the Australian College of Rural and Remote Medicine (FACRRM).

GP registrars enrolled in the AGPT program can choose to train towards the FACRRM or the FRACGP/FARGP qualification, or both, to gain specialist registration as a general practitioner. Fellowships are equally recognised and there is no restriction on where either fellowship will allow recipients to practise throughout Australia.

Registrars pursuing the FRACGP can also choose to undertake the additional RACGP Fellowship in Advanced Rural General Practice (FARGP) as an additional qualification. This can be done concurrently with the FRACGP. The FARGP requires 12 months of advanced rural skills posts and has specific educational requirements.

Additional information on the Fellowships available to registrars are provided in the following sections of this Guide.
Australian General Practice Training 2014

**FACRRM QUALIFICATION (ACRRM)**

- **Year One**
  - Core Clinical Training Time
  - 12 months
- **Year Two**
  - Primary Rural & Remote Training
  - 12 months
- **Year Three**
  - Primary Rural & Remote Training
  - 12 months
- **Year Four**
  - Note: Fourth year is for FACRRM & FARGP candidates
  - Advanced Specialised Training
  - 12 months

**FRACGP QUALIFICATION (RACGP)**

- **Hospital Training Time**
  - 12 months
- **GP Terms**
  - GPT 1 – 6 months
  - GPT 2 – 6 months
- **GPT 3**
  - 6 months
  - Extended Skills
  - 6 months

**Possible equivalence**

* Credit given for AGPT program training already undertaken towards one Fellowship, prior to undertaking a second or third Fellowship
† Can be achieved in dual accredited practices or posts
‡ Leading to specialist (general practitioner) registration

**Disclaimer:** *This is a linear presentation; training units in years two to four may not have to be undertaken in the order shown. Doctors are advised to contact their preferred RTP to discuss training options.*
The RACGP sets the standards for both general practice and general practice education in Australia, and provides support and advocacy for over 19,000 GP members.

The RACGP training program which leads to the granting of Fellowship of the Royal Australian College of General Practitioners (FRACGP), delivers the knowledge, skills and attitudes necessary for competent, unsupervised general practice anywhere in Australia. The Fellowship in Advanced Rural General Practice (FARGP) can also be completed and recognises the extra skills that general practitioners may acquire to work with confidence in rural and remote communities.
The RACGP program offers:

- Flexible training which can focus on specific areas of practice
- Opportunities to train in a variety of areas and environments to gain the essential competencies of an accomplished doctor
- An emphasis on training to meet the diverse needs of communities.

The FRACGP is a three year program that is comprised of:

**Hospital training (12 months),** which consists of four compulsory hospital rotations (general medicine, general surgery, emergency medicine and paediatrics) and three hospital rotations of your choice, provided they are relevant to general practice.

**General practice placements (18 months)** completed in accredited teaching practices and including a term in an outer metropolitan area or rural and remote area.

**Extended skills term (6 months),** providing an opportunity to develop general practice skills in a range of RACGP approved settings. Options include an overseas post, an academic post, or extended procedural skills within a hospital or practice.

Recognition of prior learning is available for up to 12 months of the FRACGP program, and should be discussed with your RTP after you begin your training.

Other requirements for FRACGP include:

- Completion of an Advanced Life Skills course
- Completion of the Aboriginal Health Curriculum
- Completion of the RACGP exams

The Fellowship in Advanced Rural General Practice (FARGP) also includes 12 months of Advanced Rural Skills Training in one or more disciplines relevant to rural general practice.

The section “Vocational Training” under the “Becoming a GP” tab on the RACGP website www.racgp.org.au has the current information on the requirements for the FRACGP, including the Registrar Handbook. Here you can also find links to further information about FARGP. On the website you can also find curriculum information, links to the RACGP library and resources.

Registrars are welcome to contact the RACGP with any training query on 1800 626 901, or racgpeducation@racgp.org.au
Fellowship of the Australian College of Rural and Remote Medicine

Rural GPs need a broader set of procedural and other skills. The aim of the Fellowship of the ACRRM (FACRRM), with its unique scope of practice, is to produce fellows who can function as safe, confident general practitioners, capable of working independently and collaboratively in a variety of healthcare settings throughout Australia but particularly in rural and remote communities.

Fellows of ACRRM work in private general practice, hospital based medicine, Aboriginal medical services, retrieval and emergency medicine, as GP anaesthetists, GP obstetricians and more, often concurrently, which means your career can be as varied and as rewarding as you want it.
Clinical training requirements

ACRRM registrars are required to complete a minimum of four years of vocational training in accredited posts. This includes:

- 12 months Core Clinical Training (CCT) in an accredited metropolitan, regional or rural hospital recognised for intern training. CCT provides baseline competencies for safe clinical practice and includes terms in general internal medicine, general surgery, paediatrics, emergency medicine, obstetrics and gynaecology, and anaesthetics. Registrars who have missed some terms or have less than 10 weeks in a term can remediate any gaps in their learning during their subsequent training. This could be in one or more of the following ways:
  1. Cover the required skills as part of another rotation or combination of rotations
  2. Work in a rural hospital with procedural GPs
  3. Undertake a combination of course of study, simulation and/or clinical attachment
  4. Undertake an advanced specialised training (AST) in the discipline e.g. the Joint Consultative Committee on anaesthesia training post for anaesthetics.

- 24 months Primary Rural and Remote Training (PRRT) in a combination of ACRRM accredited facilities including; general practices, hospitals, Royal Flying Doctor and Aboriginal medical services. You may choose to complete this training in one or several locations but it must include a minimum of six months in a community primary care facility and a minimum of 12 months living and practising in a rural / remote setting.

- 12 months (minimum) AST in ACRRM accredited posts in one of the 11 approved disciplines.

A Recognition of prior learning application is available through the ACRRM website. Training time will be reduced if ACRRM determines that prior experience is equivalent to training requirements.

ACRRM registrars are also required to complete:

- All formative and summative assessment and modalities
- At least two ACRRM accredited emergency medicine courses
- Four Rural and Remote Medical Education Online (RRMEO) modules.

For up-to-date details regarding FACRRM education and training components and curriculum, assessment, and educational support and resources visit the College website acrrm.org.au, which includes sub-sections on:

- Vocational Training – for information regarding enrolment, FACRRM training, curriculum and policies, including recognition of prior learning
- ‘ACRRM Primary Curriculum’
- RRMEO – Online Learning – for information about ACRRM’s Online Learning modules
- Assessment – The Assessment Handbook outlines all the requirements of the assessment process in detail.
The Australian Standard Geographical Classification – Remoteness Area system*

The Australian Standard Geographical Classification – Remoteness Area (ASGC-RA) system was introduced on 1 July 2010.

The ASGC-RA has been developed by the Australian Bureau of Statistics using 2006 census data and is widely used by Commonwealth and state agencies.

The ASGC-RA divides regions that share remoteness characteristics into RA groups. RA-1 is major cities and can be defined as urban locations; RAs 2-5 are grouped in progressively more remote locations, and can be defined as regional or remote.

<table>
<thead>
<tr>
<th>RA Classification</th>
<th>RA Category</th>
</tr>
</thead>
<tbody>
<tr>
<td>RA 1</td>
<td>Major cities</td>
</tr>
<tr>
<td>RA 2</td>
<td>Inner regional</td>
</tr>
<tr>
<td>RA 3</td>
<td>Outer regional</td>
</tr>
<tr>
<td>RA 4</td>
<td>Remote</td>
</tr>
<tr>
<td>RA 5</td>
<td>Very remote</td>
</tr>
</tbody>
</table>

The AGPT general training pathway applies in Remoteness Area (RA) 1-5 locations, and the rural pathway applies in RA 2-5 locations.

*The ASGC-RA system is under review. A new review was announced as an outcome of the Mason Report in 2013. If there are changes to the system which impact on AGPT program registrars, then information will be provided on the GPET website or through your RTP.
The General Practice Rural Incentives Program (GPRIP) commenced on 1 July 2010.

The GPRIP provides incentive payments for both GPs and registrars practising in rural locations.

GPRIP is available for registrars on the general or rural pathway in the AGPT program, specifically for the training time spent in a rural area.

Eligibility for GPRIP is based on the Australian Standard Geographical Classification – Remoteness Areas (ASGC-RA) rating of a location and the duration of training time completed in that area.

For more details about the GPRIP please go to the GPET website, gpet.com.au
Regional training provider contacts

**Australian Capital Territory/New South Wales**

Beyond Medical Education (NSW and Victoria)
W: beyondmedical.com.au
T: (02) 6334 4359 or (03) 5441 9300

Bogong Regional Training Network (NSW and Victoria)
W: bogong.org.au
T: (02) 6057 8600
E: bogong@bogong.org.au

Coast City Country General Practice Training (ACT and NSW)
W: ccctraining.org
T: (02) 6923 5400
E: admin@ccctraining.org

**General Practice Training Valley to Coast (NSW)**
W: gptvtc.com.au
T: (02) 4968 6753
E: gptraining@gptvtc.com.au

**GP Synergy (Sydney and northern NSW)**
W: gpsynergy.com.au
T: (02) 9818 4433
E: info@gpsynergy.com.au

**North Coast GP Training (northern NSW)**
W: ncgpt.org.au
T: (02) 6681 5711
E: info@ncgpt.org.au

**WentWest (western Sydney)**
W: wentwest.com.au
T: (02) 8811 7100
E: wentwest@wentwest.com.au
Northern Territory
Northern Territory General Practice Education
E: ntgpe.org
T: (08) 8946 7079
E: reception@ntgpe.org

Queensland
Queensland General Practice Training*
W: csqtc.qld.edu.au
T: (07) 3552 8100
E: csqtc@csqtc.qld.edu.au

Queensland Rural Medical Education
W: qrme.org.au
T: (07) 4638 7999

Tropical Medical Training
W: tmt.org.au
T: (07) 4729 5000

South Australia
Adelaide to Outback GP Training Program
W: adelaidetoutback.com.au
T: (08) 8366 3100
E: info@adelaidetoutback.com.au

Southern GP Training (SA and Victoria)
W: southerngptraining.com.au
T: (03) 5132 3100 or (03) 5562 0051
E: east@sgpt.com.au or west@sgpt.com.au

Sturt Fleurieu Education and Training
W: sfet.com.au
T: (08) 8172 7600
E: sturt.fleurieu@sfet.com.au

* formerly Central and Southern Queensland Training Consortium (CSQTC)

Tasmania
General Practice Training Tasmania
W: gptt.com.au
T: (03) 6215 5000
E: enquiries@gptt.com.au

Victoria
Beyond Medical Education (Victoria and NSW)
W: beyondmedical.com.au
T: (03) 5441 9300 or (02) 6334 4359

Bogong Regional Training Network (Victoria and NSW)
W: bogong.org.au
T: (02) 6057 8600
E: bogong@bogong.org.au

Southern GP Training (Victoria and SA)
W: southerngptraining.com.au
T: (03) 5562 0051 or (03) 5132 3100
E: west@sgpt.com.au or east@sgpt.com.au

Victorian Metropolitan Alliance
W: vma.com.au
T: (03) 9822 1100

Western Australia
Western Australia General Practice Education and Training
W: wagpet.com.au
T: (08) 9473 8200
E: admin@wagpet.com.au