

registrar handbook

2010



gp training in paradise



north coast
GP training

This handbook is to be read in conjunction with the
Australian General Practice Training - Guide for GP Registrars
published by Australian General Practice Education and Training,
available at www.agpt.com.au/Registrars/Guide/

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Welcome

Welcome to the Australian General Practice Training Program on the north coast of New South Wales.

This handbook is for registrars training with North Coast GP Training.

North Coast GP Training offers lifestyle flexibility in a sought after location as well as high quality, innovative GP training in a rural environment.

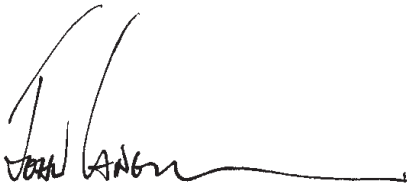
In this package you will find information you may require during the course of your training with North Coast GP Training.

Remember we are here to support you. Please contact the team at any time for any assistance, advice or just for a friendly chat.

After reading through this handbook please use the registrar checklist (see page 5) and ensure you complete all necessary program requirements.

We believe you have made a fantastic choice in joining us and we hope you agree.

We wish you a successful and happy time with North Coast GP Training.

A handwritten signature in black ink, appearing to read 'John Langill', with a long horizontal flourish extending to the right.

John Langill
Chief Executive Officer

Registrar checklist

- For information on your training sessions, check the educational calendar at www.ncgpt.org.au/members. These sessions are compulsory (unless otherwise stated). Ensure you arrive promptly and sign in.
- Check your email regularly for important information on your education and training. If you do not have an email address please contact the registrar support officer at NCGPT.
- Set dates at commencement of the term with the supervisor to evaluate term, learning plans and progress.
- Arrange your doctor's bag equipment and drugs. Registrars are expected to provide their own stethoscope, auroscope and ophthalmoscope. GPT1 registrars should discuss equipment needs with their supervisor.
- Attend a meeting with your medical educator or training advisor to discuss your term (four weeks into your term). NCGPT will arrange this meeting for you.
- Commence and/or maintain log book of educational activities, training, procedural skills and certifications.
- Commence and/or maintain learning planner. Discuss with your supervisor at weeks four, 12 and 20.
- Know your essential texts - purchase them or use the NCGPT libraries.
- Apply for any scholarships or allowances you might be eligible for. See section *14.1 Financial assistance* for further information on funding opportunities.
- Book early for courses such as EMST, ALS and APLS as they are often booked out well in advance. See section *12.8.1 Emergency courses* for further information on these courses.
- Apply for recognition of prior learning within the first six months of training.
- Contact ACRRM and work with your medical educator to determine their RPL status for ACRRM Fellowship (within the first 12 months of entry into the training program).
- Enrol early in FARGP if you are intending to attain this fellowship.
- Submit claim forms for half day release meetings and workshop attendance (as required).
- Re-enrol for each training year (re-enrolment takes place in December of each year).
- Prior to the commencement of each term complete and return the Application for a Medicare Provider Number and Application for Recognition as a GP.
- Prior to the commencement of each term ensure both your **medical registration** and **medical indemnity insurance** are current.
- Contact North Coast GP Training T: 02 6681 5711 or speak with your supervisor if you have any questions or require assistance regarding any aspect of your training.

1.0 Introduction to North Coast GP Training

1.1 Overview

North Coast GP Training Ltd (NCGPT) was established in December 2002 under a Commonwealth Government initiative to provide regionally based, vertically integrated innovative general practice vocational education.

An award winning GP regional training provider, North Coast GP Training has won national awards for:

- GPET Regional Training Provider of the Year
- GP Training Curriculum Innovation Award
- Staff Excellence Award
- Innovation Award
- GPET GP Registrar of the Year
- RACGP National Rural Faculty GP Registrar of the Year

Core values

- **Respect** for our program participants, colleagues and stakeholders
- **Integrity** in our actions and interactions with others
- **Support** for those in our programs, our staff and our partner organisations
- **Excellence** in all that we do

Vision

Through excellence and progressive approaches to general practice training, NCGPT aspires to a future where all North Coast communities have access to high quality GP centered primary care.

Mission

North Coast GP Training is dedicated to delivering personalised, supportive and innovative general practice education and training to the general practice workforce and to contributing to better health outcomes for the communities of the NSW north coast through:

- Attracting, training and retaining highly skilled, enthusiastic and committed GP registrars
- Delivering the highest quality education and support to our program participants, their supervisors and training practices
- Working in partnership with others to provide integrated, sustainable and innovative training programs

Geographical boundaries

The North Coast GP Training region stretches from Laurieton in the south to the Queensland border in the north and west to the Great Dividing Range.

Governance

NCGPT is a membership based organisation with a board of directors elected by independent GPs working in the North Coast region.

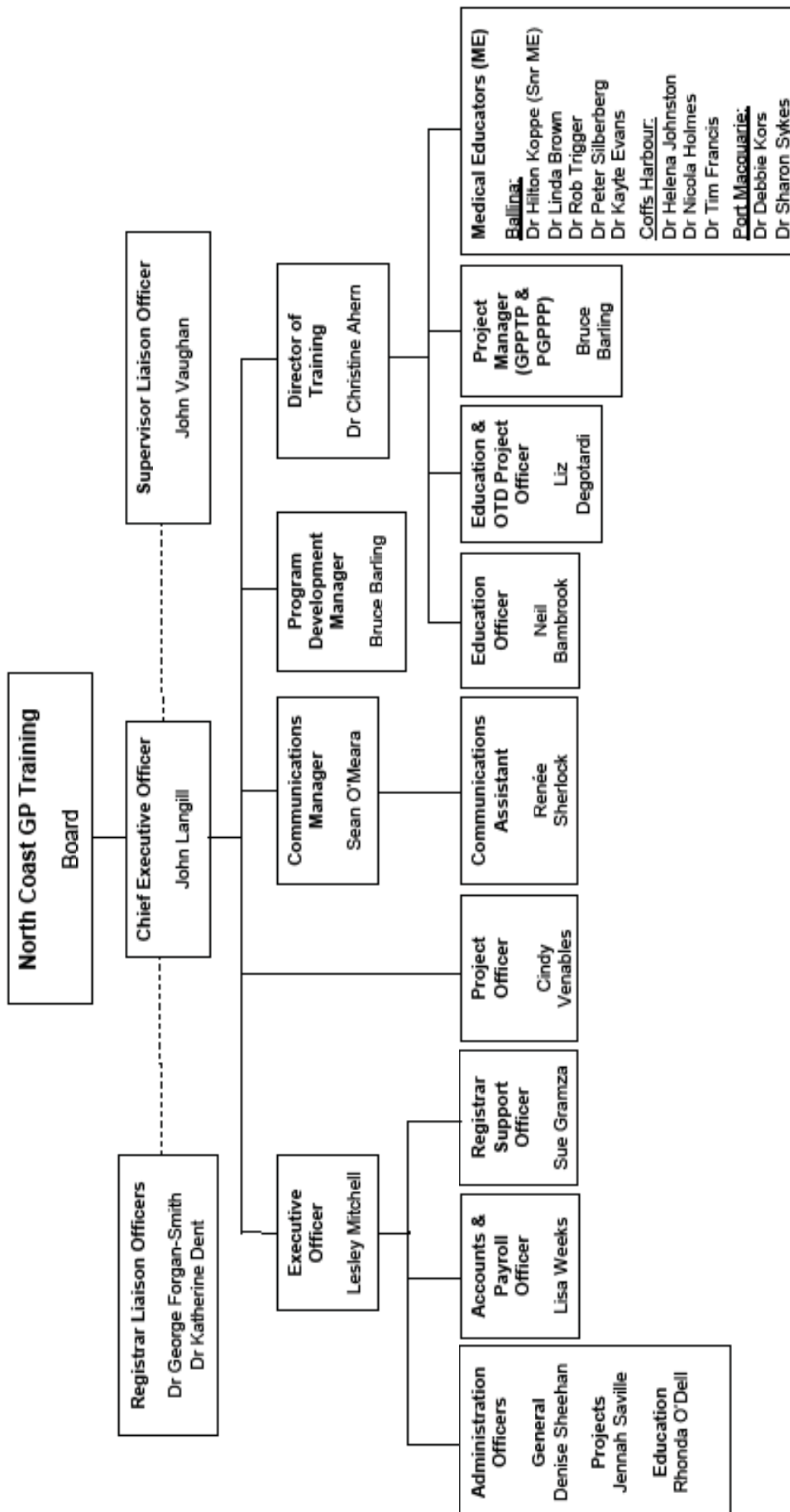
Regional offices

The head office of NCGPT is based in Ballina with regional offices and staff in Coffs Harbour and Port Macquarie.



1.2 North Coast GP Training staff

North Coast GP Training employ a range of professional and qualified staff to ensure the needs of the training program are met. The organisational structure is as follows:



1.3 North Coast GP Training Board

North Coast GP Training is a membership organisation with a board consisting of independent GPs elected by the regional membership.

The Directors are based throughout the Hastings Macleay, Mid North Coast, Northern Rivers and Tweed Valley areas.

The Board of Directors guide the current and future direction of general practice training on the north coast. The current board members are:

Dr David Gregory (Chair)

Dr John Kramer (Director)

Dr Nick DeMarco (Director)

Dr John Moran (Director)

Dr Chris Jambor (Deputy Chair)

Dr Tim Francis (Director)

Dr Chris Mitchell (Director)

Mr Gary Southey (Director)

1.4 North Coast GP Training team

North Coast GP Training employs a range of staff to ensure that registrar's training needs are met. The role of the training team is to help registrars achieve their learning objectives, advise registrars on their training needs, undertake External Clinical Teaching (ECT) visits and provide education programs and activities for registrars and supervisors. NCGPT also works closely with General Practice Education and Training (GPET), the Royal Australian College of General Practitioners (RACGP) and the Australian College of Rural and Remote Medicine (ACRRM) to ensure the training program is relevant and up to date with the standards set out by the aforementioned bodies.

Director of Training (DOT)

The director of training is an experienced GP who coordinates the activities of the medical educators. While this position is based in Ballina, the DOT provides advice and information about training needs to registrars in all regions.

Regional Medical Educators (ME)

NCGPT medical educators are all experienced GPs with educational experience. They are based in Ballina, Coffs Harbour and Port Macquarie. Each regional medical educator organises and facilitates half day educational release programs, undertakes visits to the registrar's practice, provides professional support and offers assistance and progress reports. Their primary role is to help registrars achieve the stated learning objectives of training. The medical education team also assists and advises supervisors on the requirements of their role as supervisors for NCGPT. Medical educators and the director of training may be approached at any time for advice during training or on matters affecting training.

Education Officer (EO)

The education officer, based in Ballina, assists the director of training and medical educators to develop and maintain a high quality training program. The education officer is also responsible for coordinating workshops, the half day release program and learning planners.

GP Supervisors

NCGPT supervisors are selected, experienced GPs who work in RACGP and NCGPT accredited training practices. As this is a vocational training program, GP supervisors provide the majority of the teaching to GPT1 and GPT2 registrars. They provide registrars with one on one teaching, close supervision, support, feedback and advice. They also provide general support and guidance to registrars especially in familiarising the registrar with the local area and support to assist the registrar and their family.

Registrar Support Officer (RSO)

The registrar support officer is based in Ballina and is the key point of contact and support for NCGPT registrars and their families with regards to their placement in communities throughout the NCGPT region.

The RSO also maintains data entry in IRIS, organises social events and assists registrars as needed.

GP Mentors

NCGPT mentors are experienced GPs who provide registrars in GPT3 and GP Extended Skills with guidance, supervision and practical help.

Consultants and specialists

A variety of other staff are employed by NCGPT who have expertise in a particular field. These people include medical specialists, Aboriginal educators and consultants.

For further information on the training team see www.ncgpt.org.au/the-crew



1.5 North Coast GP Training membership

Becoming a member of North Coast GP Training allows you to take more than just a passing interest in your training. NCGPT values its members and the contributions they make.

Membership is available to general practitioners who:

- a) Live within the region and are supervising or training registrars or medical students
- b) Are registrars in vocational training for general practice
- c) Are undertaking (or been accepted to undertake) approved continuous professional development activities.

Benefits of membership:

- a) Elect the Board of NCGPT
- b) Greater choice and flexibility in designing a career path
- c) Innovation and choice in the way training is delivered and managed in the region
- d) Ability to make and extend links for lifelong learning via university and division involvement in training
- e) Industry representation - a forum to express views, concerns and issues
- f) Access to NCGPT library
- g) Receive NCGPT publications.

Membership is free. An application form has been provided for you with your welcome pack. Contact the NCGPT registrar support officer (RSO) if you do not have a membership application form and would like to become a member.

1.6 The Rural, Remote and Metropolitan Area classification system (RRMA)*

Please note: not all towns listed below have an accredited GP training practice. General registrars can be placed anywhere within the NCGPT region. Registrars on the rural pathway are restricted to RRMA 3-7 locations.

RRMA 2 (metropolitan centre with urban population of over 100 000)

Tweed Heads

RRMA 3 (large rural centres with urban centre population of between 25 000 and 99 000)

Lismore (including Nimbin and Goonellabah), Port Macquarie (including Laurieton & Wauchope)

RRMA 4 (small rural centres with urban centre population of between 10 000 and 24 999)

Alstonville, Ballina, Casino, Coffs Harbour, Grafton, Lennox Head, Woolgoolga

RRMA 5 (rural centres with a urban centre population under 10 000)

Bangalow, Bellingen, Bonalbo, Brunswick Heads, Byron Bay, Coraki, Dorrigo, Evans Head, Harwood Island, Iluka, Kempsey, Kyogle, Maclean, Mullumbimby, Murwillumbah, Nambucca Heads, Ocean Shores, South West Rocks, Urbanville, Woodburn, Woodenbong, Yamba.

* Please note that as of 1st July 2010 the RRMA classification system will be replaced with the Australian Standard Geographical Classification - Remoteness Areas system (RA).

For more information on changes to the RRMA classification system see the FAQs on the GPET website:

www.agpt.com.au/NewEvents/Update/article.shtml?article=1627542000

2.0 The north coast region

The north coast region is a vibrant blend of people, landscapes, rural and regional lifestyles.

The region is renowned as a surfing nirvana and for its exuberant identity, performing arts (e.g. music festivals), crafts, colourful weekly markets, fresh produce and leisure activities.

This combination of cultural and physical appeal has made the north coast the state's fastest growing region and a draw card for travellers from Australia and overseas.

The north coast is blessed with a sub tropical climate. Average summer and winter temperatures are 27 and 18 degrees Celsius respectively.

The region is serviced by airports in Port Macquarie, Grafton, Coffs Harbour, Ballina and Lismore with international airports at Coolangatta and Brisbane.

People move to this region for a more relaxed way of life. They experience all the benefits of rural or regional living, yet are still within driving distance of Sydney, Brisbane or the Gold Coast for weekend breaks.

The NCGPT region has a population of approximately 488 538 and covers a geographical area of 35 813 sq. kms.

There is one area health service in the region - The North Coast Area Health Service (NCAHS).

There are four networks/divisions of general practice within the NCGPT region:

- Tweed Valley General Practice Network (TVGPN)
- Northern Rivers General Practice Network (NRGPN)
- Mid North Coast Division of General Practice (MNCDGP)
- Hastings Macleay General Practice Network (HMGPN)

They are primarily responsible for supporting GPs in their role as providers of health care and ensuring effective interaction with other health services, community groups and the public.

There are 21 hospitals in the region. These hospitals are of varying levels ranging from large base hospitals e.g. Lismore to smaller district hospitals e.g. Ballina.

There are approximately 500 general practitioners working in the area and approximately 70 GP registrars at any given time. A high standard of health is provided to the community, and training in the north coast practices and hospitals is excellent.

There are two university departments operating in the region – Northern Rivers University Department of Rural Health (NRUDRH) based in Lismore, and the University of NSW Rural Clinical School campus' based in Coffs Harbour and Port Macquarie.

NCGPT registrars are expected to live within the north coast region.

See www.ncgpt.org.au/visit-the-north-coast for further information on the beautiful north coast region.

3.0 Overview of the Australian General Practice Training Program

The Australian General Practice Training Program (AGPT) takes a minimum of three years full time to complete. Part time training is also supported by NCGPT.

Registrars are required to satisfactorily complete 12 approved training units (normally requiring three years of training).

Each training unit is equivalent to three months full-time training.

1st year	Mandatory hospital term* (12 months, four units)
2nd year	GPT1 (six months, two units) and GPT2 (six months, two units)
3rd year	GPT3 (six months, two units) and extended skills term - may be completed in a GP setting (six months, two units) AND, completion of the Royal Australian College of General Practitioners fellowship examination (FRACGP)
4th year	Optional Fellowship in Advanced Rural General Practice (FARGP) - two Advanced Rural Skills Posts each six months Optional Fellowship of the Australian College of Rural and Remote Medicine (FACRRM). FACRRM may be completed in addition to FRACGP. Registrars wishing to train towards this fellowship must indicate their preference early on in the training program.

* Registrars who come to our region with considerable hospital experience may apply for recognition of prior learning (RPL) which may reduce training time by up to one year (see section 4.6 *Recognition of prior learning*). RPL must be approved prior to applying to sit for the FRACGP exam.

Note: all registrars are required to complete the Aboriginal health curriculum and an approved advanced life support course (provided as part of the NCGPT training program).

Successful completion of the Fellowship Royal Australian College of General Practitioners exam (FRACGP) is a requirement for all registrars. Training for the FRACGP takes a minimum of three years. After six months of full time equivalent, supervised general practice terms (providing requirements for the hospital term have been met), registrars may sit the first component of the FRACGP.

The Fellowship of Australian Rural General Practice (FARGP), an extended fellowship with a rural focus, may also be achieved via the NCGPT training program. Interested registrars may also complete the Fellowship of the Australian College of Rural and Remote Medicine (FACRRM). Completion of both the FARGP and FACRRM involves a fourth year of training.

For detailed information on the Australian General Practice Training Program please refer to the 'Australian General Practice Training - Guide for GP Registrars' published by General Practice Education and Training (GPET). This guide can also be downloaded from www.agpt.com.au

3.1 Mandatory hospital experience

This term is on top of the hospital intern year and must be undertaken in an accredited hospital. Registrars must check with NCGPT that a proposed placement is accredited. A minimum of four hospital units are required to be undertaken in an Australian hospital as part of the AGPT. They must include:

1. Paediatrics (including emergency department experience):
 - a) which includes a high proportion of paediatric emergency attendances with appropriate supervision from paediatricians, and/or appropriately experienced general practitioners and/or emergency physicians in RACGP accredited hospitals;
 - b) where there is a significant focus on the recognition, diagnosis and management of the seriously ill child.
2. General surgery (or equivalent)
3. General medicine (or equivalent)
4. Accident and Emergency rotations (or equivalent)

FOCUS:

- On medical areas not previously covered that relate to general practice
- Increased responsibilities and requirements
- Increased focus on personal needs and plans for the future
- Mastering time management
- Consider forming a study group in preparation for the FRACGP exam
- *Book into an EMST / ALS / APLS course now if possible

Please note: advanced life support (ALS) training prior to applying for RACGP fellowship is an essential component of registrar training and may be undertaken in the hospital year.

In addition to these experiences, registrars must obtain hospital experience in at least three additional areas whilst in hospital practice. These areas must have relevance to general practice and fit within the overall learning needs of the registrar. Some examples of hospital disciplines of relevance may be:

- | | |
|-------------------------------|--|
| a) Anaesthetics | i) Ear, nose and throat |
| b) Dermatology | j) Geriatrics |
| c) Ophthalmology | k) Infectious diseases |
| d) Orthopaedics | l) Prevocational general practice |
| e) Psychiatry | m) Other relevant hospital experience may be approved by the DOT in consultation with the state RACGP censor if it aligns to the educational and experience requirements of the registrar. |
| f) Rehabilitation | |
| g) Urology | |
| h) Obstetrics and gynaecology | |

Experience in child and adolescent health must be gained by registrars before entering their first accredited basic general practice term unless otherwise approved by an NCGPT medical educator. For further information see the AGPT Policies 2008 www.agpt.com.au/PoliciesPublications/RecentPolicyChanges/

Other educational requirements in hospital time

Doctors in their hospital term are required to:

- Meet and discuss (face to face or by phone) their learning plans and future plans with a nominated NCGPT medical educator on at least two separate occasions.
- Participate in regional educational activities as permitted by hospital commitments
- Commence and maintain a log book of educational activities; training, procedural skills and certifications, as required; and any other relevant hospital based (or general practice based) activities.

Note: if you have not received your log book please contact NCGPT.

Hospital terms are organised by the registrar directly with an RACGP or ACCRRM accredited hospital. For advice and assistance contact the director of training at NCGPT. Please note: If a hospital term is not approved by RACGP and/or ACCRRM, it will not count towards training.

3.2 GP Term 1 (GPT1)

This term is undertaken in accredited general practices throughout the NCGPT region. It is with direct supervision and teaching. GP supervisors mentor registrars for the six month placement (full time).

For further information see the AGPT Policies 2008 www.agpt.com.au/PoliciesPublications/RecentPolicyChanges/

Time requirements for GPT1

During this term there is expected to be a high level of supervision, graduated responsibility and an increasing patient load.

1. Onsite supervision to be available 80% of the time from the supervisor,
2. Telephone access to be available at all times,
3. A minimum of three hours face to face teaching per week. This can be undertaken with your supervisor, as part of an external teaching activity or an external clinical teaching (ECT) visit.

Teaching activities for GPT1

In order to meet the standards for general practice training the following (or equivalent) must be achieved during GPT1:

1. Early formulation/modification of the learning plan (with a medical educator and supervisor). The learning plan is to be reviewed at regular intervals with the supervisor in consultation with the medical educator.
2. Early review of the registrars' learning objectives for GPT1 in consultation with the supervisor and/or medical educator. Recommended at weeks five, 12 and 20.
3. Three hours of structured teaching per week with supervisor. During weeks that the registrar attends structured three day workshops or receives an ECT visit the structured teaching with the supervisor may be deemed unnecessary.

FOCUS

- Introduction to general practice
- Transition from tertiary level health care to primary and secondary levels
- Efficient management of early patient presentation
- Gatekeeper role
- Patient centredness
- Continuity of care
- Communication skills
- Procedural skills
- Membership of health care team
- Business management skills
- Consider forming a study group in preparation for the FRACGP exam

4. Discussion with the supervisor of specific cases causing problems for the registrar.
5. Other in-practice educational activities such as observation of the supervisor's consultations by the registrar, clinical meetings and demonstrations.
6. Participation in education release programs to the equivalent of one session (i.e. one half day per week) and includes:
 - Full day orientation to rural general practice,
 - Three day workshop in Sydney,
 - Three day regional workshop,
 - Half day educational release meetings,
 - Two day regional workshop,
 - One day Aboriginal Cultural Awareness workshop (can be undertaken in GPT1 or GPT2).
 Note: rural rotators are required to confirm their educational commitments with their (home) regional training provider.
7. The equivalent of two half day sessions of direct observation of registrar consultations (by supervisors and/or medical educators) for feedback and assessment purposes. These will be achieved through two ECT visits during GPT1. Registrars will be contacted by NCGPT to arrange these visits.
8. Participation in formative assessment. Formative assessment is direct feedback to registrars on their progress and performance in developing and mastering consultation, diagnostic and patient management skills by GP supervisors.
9. The registrar is expected to progressively make entries in, and maintain, the log book during this term.
Note: if you have not received your log book please contact NCGPT.
10. A training appraisal will be given by an ME.
11. Registrars may approach the NCGPT DOT or MEs at any time for advice on training.

3.3 GP Term 2 (GPT2)

This term is undertaken in accredited general practices throughout the NCGPT region. This term is with direct supervision and teaching. GP supervisors mentor registrars for the six month placement (full time).

For further information see the AGPT Policies 2008
www.agpt.com.au/PoliciesPublications/RecentPolicyChanges/

FOCUS

- Increased level of responsibility
- Less supervision
- Full patient load
- Build on knowledge and skills learnt in basic term
- Consider forming a study group in preparation for the FRACGP exam

Registrars are able sit the AKT segment of the RACGP exam during GPT2. For further information visit
www.racgp.org.au/exam

Time requirements for GPT2

During this term there is expected to be a high level of supervision, graduated responsibility and an increasing patient load. An orientation will be given at each new practice.

1. Onsite supervision to be available 50% of the time from the supervisor,
2. Telephone access to be available at all times,
3. A minimum of 1.5 hours face to face teaching time per week with your supervisor. This can be undertaken with your supervisor, as part of an external teaching activity or an external clinical teaching (ECT) visit.

Teaching activities in GPT2

In order to meet the standards for general practice training the following (or equivalent) must be achieved during GPT2:

1. Early formulation/modification of the learning plan (with medical educator and supervisor).
Recommended at weeks five, 12 and 20.
2. One and a half hours of structured teaching per week with supervisor. During weeks that the registrar attends structured three day workshops or receives an ECT visit the structured teaching with the supervisor may be unnecessary.
3. Discussion with the supervisor of specific cases causing problems for the registrar.
4. Other in-practice educational activities such as observation of the supervisor's consultations by the registrar, clinical meetings and demonstrations.
5. Participation in education release programs to the equivalent of one session (i.e. one half day per fortnight) and includes:
 - Full Day Rural Orientation (extra requirement for new registrars),
 - Three day workshop in Sydney,

- Half day educational release meetings,
- One day Aboriginal Cultural Awareness workshop (can be undertaken in GPT1 or GPT2),
- Other activities as required by NCGPT.

Note: rural rotators are required to confirm their educational commitments with their (home) regional training provider.

6. The equivalent of two half day sessions of direct observation of registrar consultations (by supervisors and/or medical educators) for feedback and assessment purposes. These will be achieved through two ECT visits during GPT2. Registrars will be contacted by NCGPT to arrange these visits.
7. Participation in formative assessment. Formative assessment is direct feedback to registrars on their progress and performance in developing and mastering consultation, diagnostic and patient management skills by GP supervisors.
8. The registrar is expected to progressively make entries in, and maintain, the log book during this term.
9. A training appraisal will be given by an ME.

3.4 GP Term 3 (GPT3)

During GPT3 registrars are more self-directed in their learning, and are expected to participate in all activities available to GPs i.e. continuing professional development activities. It is generally in this phase of training that registrars prepare and sit for the FRACGP examination.

FOCUS:

- Form a study group in preparation for the FRACGP exam - if you haven't already.
- Attend pre-examination seminars

While no formal training is mandatory, registrars are expected to attend division educational events and are welcome to attend NCGPT educational events, by negotiation with their supervisor.

Please note that training must still be undertaken in an accredited practice. An orientation process will take place if commencing placement with a new practice.

For further information see the AGPT Policies 2008

www.agpt.com.au/PoliciesPublications/RecentPolicyChanges/

Time requirements in GPT3

During this term the registrar is being prepared for independent practice and is placed in an approved practice with a mentor.

1. Onsite supervision, general monitoring and supervision from the supervisor,
2. Telephone access to be available at all times,
3. There is no formal face to face teaching required by the supervisor, however, one hour of structured teaching time, that has been agreed by the medical educator or supervisor, must be undertaken by the registrar. It can be satisfied by completing a learning activity assessed as a category 1 RACGP QA&CPD activity of no less than eight hours duration*.

* This requirement is part of the 2005 RACGP Training Standards. Registrars who commenced their training on or after 1 January 2008 are required to train towards the 2005 standards. Registrars who commenced their training before 1 January 2008 will continue to train to the 2001 standards where no structured teaching time is required by the registrar in GPT3.

Teaching activities in GPT3

In order to meet the standards for general practice training the following (or equivalent) must be achieved during GPT3:

1. Early formulation/modification of the learning plan (with medical educator and supervisor).
2. Participation in educational activities such as review of the registrar's consultations by direct observation and discussion.
3. Discussion with the supervisor of specific cases causing problems for the registrar.
4. The equivalent of one half day session of direct observation of registrar consultations (by supervisors and/or medical educators) for feedback and assessment purposes. This will be achieved through one ECT visit during the subsequent term. Registrars will be contacted by NCGPT to arrange this visit.
5. Participation in formative assessment. Formative assessment is direct feedback to registrars on their progress and performance in developing and mastering consultation, diagnostic and patient management skills by GP supervisors.
6. The registrar is expected to progressively make entries in, and maintain, the log book during this term.
7. A completed log book must be presented for completion of training.

3.5 Extended skills in General Practice

Registrars are required to undertake extended skills training relevant to general practice. Extended skills training may be undertaken in a variety of different settings, or in the general practice setting.

An extended skills training unit taken outside general practice may be undertaken at any time during the registrar's training. Extended skills training in general practice can only be undertaken after the completion of GPT1, GPT2 and GPT3. Extended skills training units must be approved by NCGPT's director of training and are arranged on an individual basis.

The following disciplines may be available:

- Aboriginal Health
- Anaesthetics
- Complementary Medicine
- Drug and Alcohol
- Emergency Medicine
- Mental Health
- Sexual Health
- Obstetrics
- Palliative Care
- Paediatrics
- Sports Medicine
- Academic Registrar Posts – public health and research
- RLO or RRADO posts
- Extended skills in general practice.

To arrange your extended skills training term, contact the NCGPT director of training. For further information see the AGPT Policies 2008 www.agpt.com.au/PoliciesPublications/RecentPolicyChanges/

3.6 Summary of training matrix

Parameters	GPT1	GPT2	GPT3 and Extended Skills in General Practice
Training Practice Accreditation	Must be accredited with RACGP or ACRRM as a training practice.		
Supervision	At least 80% of time to be onsite; remaining 20% to be contactable by phone.	At least 50% of time to be onsite; remaining 50% to be contactable by phone.	Supervision consistent with GP registrar's current experience. Should be contactable 100% of the time.
In practice teaching with GP supervisor*	Three hours of regular, set aside teaching time each week during rostered, paid work time.	One and a half hours of regular, set aside teaching time each week during rostered, paid work time.	None formally required, but informal teaching by mentor encouraged.
Direct Observation of GP Registrar's consultations by supervisor	Should occur regularly throughout the term. Qualifies for TIP.	Should be regularly undertaken.	None required but encouraged.
External Clinical Teaching (ECT) visits	Two per six month term, usually by a medical educator/supervisor.	Two per six month term, usually by a medical educator/supervisor.	One per six month term, usually by a medical educator/supervisor.
Training Appraisal (TA) visits	One per six month term, usually by a medical educator.	One per six month term, usually by a medical educator.	One per six month term, usually by a medical educator.
Learning planner in 2010	Supervisor required to assist in the development of the learning planner.		
Supervisor training in 2010	Supervisor required to attend one day of training per year.	Supervisor required to attend one day of training per year.	Supervisor required to attend one day of training per year.
Education Release Program*	GP registrar released for educational activities for the equivalent of one session per week. GP registrars to be paid by the teaching practice for attendance.	GP registrar released for educational activities for the equivalent of one session per fortnight. GP registrars to be paid by the teaching practice for attendance.	None required. However, GPT3 registrars are invited and encouraged to attend.
Workshop program	Three workshops, each lasting up to three days, are held over the six months of GPT1. GP registrars are paid for attendance by the teaching practice. These workshops are compulsory.	One workshop, lasting up to three days, is held over the six months of GPT2. GP registrars are paid for attendance by the teaching practice. These workshops are compulsory.	Attendance at all NCGPT GPT1 and GPT2 workshops is encouraged but optional, and the practice is not required to pay the GP registrar.
Aboriginal Cultural Awareness workshops	GP registrars are required to attend a one day workshop once in either GPT1 or GPT2. GP registrars are paid for attendance by the teaching practice. These workshops are compulsory.		
Basic Life Support (BLS)	GP registrars are required to complete and satisfactorily pass the BLS within the 12 months prior to the closing date for applications to sit the FRACGP examination.		
Advanced Life Support (ALS)	GP registrars are required to complete and satisfactorily pass the ALS to be granted completion of training status.		
Time in practice	26 weeks with a maximum of three weeks of leave for all purposes.	26 weeks with a maximum of three weeks of leave for all purposes.	GPT3 (six months) to be completed in general practice. Plus completion of an extended skills term (six months) which may be undertaken in the general practice setting.
Eligibility to sit RACGP Fellowship exam	After six months of full time equivalent supervised general practice terms (providing requirements for the hospital term have been met), registrars may sit the first component of the RACGP fellowship exam.		
Eligibility to sit ACRRM fellowship examination	ACRRM candidates should contact the ACRRM medical educator for advice about eligibility and assessment.		
Recognition of Prior Learning (RPL)	RPL may be used for shortening the length of time in training or to obtain time credit for previous learning in required areas and use it for training.		

4.0 Other important aspects of the AGPT program

4.1 Aboriginal health training

All registrars are required to satisfy the requirements of the Aboriginal Health Curriculum Statement (contained in the RACGP curriculum) as a completion of training requirement.

A cultural training day is offered in GPT1 and GPT2 to all registrars in each node.

NCGPT offers posts available in Aboriginal Medical Services (AMS) throughout the region including Ballina, Casino, Coffs Harbour, Grafton and Kempsey. Aboriginal health training offers registrars the opportunity for a rewarding cultural experience as well as excellent medical exposure. For further information contact the NCGPT Director of Training.

4.2 Emergency training

Completion of an Advanced Life Support (ALS) certificate is mandatory during training. This certificate may be offered by NCGPT at the emergency half or full day release in each region.

As a rural training provider, NCGPT also encourages registrars to attend approved emergency courses offered by other organisations. Such emergency courses equip registrars to practice in rural settings, and in particular increase competence and confidence for those working as VMOs in the emergency departments of small rural hospitals. VMO positions are an integral part of many rural general practice placements.

Course fees, but not travel and accommodation costs, will be reimbursed following the completion of the course **if** prior approval has been sought from the NCGPT director of training. In order to receive reimbursement the following items must be sent to NCGPT:

- Registrar course reimbursement claim form (available at www.ncgpt.org.au/members)
- Copy of course tax invoice (receipt) from original payment made by you
- Copy of your certificate of attendance

4.3 Academic posts

NCGPT will help to arrange academic posts throughout the region. These posts provide salary funding for up to six months of full time academic training in addition to or during the current three years of training. They are for registrars interested in pursuing a career in academic general practice. Applications are sought twice per year. For further information see the AGPT Policies 2008 www.agpt.com.au/PoliciesPublications/RecentPolicyChanges/

4.4 Mandatory elective units

Registrars are required to complete a minimum of three years active training while enrolled in the AGPT program (unless granted time reduction by recognition of prior learning for hospital and/or extended skills experience).

Registrars who are granted RPL for some or all of their post-intern year of hospital training, but are required to complete three full years of the training program must complete an equivalent number of mandatory elective units to make a minimum of 12 active units (16 units for those pursuing Advanced Rural Skills Posts (ARSP)).

These units may be undertaken in general practice but this may only be done after the completion of all other required time i.e. GPT1, GPT2 and GPT3.

For further information see the AGPT Policies 2008 www.agpt.com.au/PoliciesPublications/RecentPolicyChanges/

Time requirements for mandatory elective units

During this term the registrar is being prepared for independent practice and is in placed in an approved practice with a mentor.

1. Onsite supervision or telephone access to be available 100% of the time from the mentor.

Teaching activities in the mandatory elective units

In order to meet the standards for general practice training the following (or equivalent) must be achieved during the mandatory elective term:

1. Early formulation/modification of the learning plan (with medical educator and mentor).
2. Participation in educational activities such as review of the registrar's consultations by direct observation and discussion.

3. Discussion with the supervisor of specific cases causing problems for the registrar.
4. The equivalent of one half day session of direct observation of registrar consultations (by supervisors and/or medical educators) for feedback and assessment purposes. This will be achieved through one ECT visit during the term. Registrars will be contacted by NCGPT to arrange these visits.
5. Participation in formative assessment. Formative assessment is direct feedback to registrars on their progress and performance in developing and mastering consultation, diagnostic and patient management skills by GP supervisors.
6. The registrar is expected to progressively make entries in, and maintain, the log book during this term.

4.5 Other elective training

Elective training in addition to the minimum requirements for training may be taken by registrars:

- Who require extra or particular training experience e.g. for registrars who have been unsuccessful in the FRACGP examination,
- Who wish to gain skills for particular areas of practice,
- To increase their breadth of experience,
- To develop special interests in addition to Special Skills,
- Who are new parents returning to work. Registrars who have completed 12 months of GP terms are eligible.

Elective time needs to be approved prospectively taking into consideration the individual's training needs and the nature of the post. Posts can include hospital, special skills or advanced rural skills posts. They can also include clinical work such as aviation medicine, occupational health, school medical service or academic work related to general practice.

This term can be arranged by contacting the NCGPT Director of Training. For further information see the AGPT Policies 2008 www.agpt.com.au/PoliciesPublications/RecentPolicyChanges/

4.6 Recognition of prior learning (RPL)

As an adult learner, registrars may have had previous experience in accredited hospital or other posts that may be recognised as relevant prior learning for general practice. Applications for RPL must be made in the first six months of training. Application forms are available from the NCGPT registrar support officer, Sue Gramza T: 02 6681 5711 E: sueg@ncgpt.org.au

Application forms must be submitted to the NCGPT director of training once completed.

For further information see the AGPT Policies 2008 www.agpt.com.au/PoliciesPublications/RecentPolicyChanges/

4.7 Re-enrolment

Re-enrolment is an annual process by which a registrar applies to continue being a member of Australian General Practice Training.

This process occurs in December of each year. To be eligible for re-enrolment the registrar must meet all training requirements by the end of the training year. These requirements include:

- Satisfactory completion of the registrar's learning plan and objectives,
- At least two meetings with a medical educator or other designated person to review learning plans and objectives,
- Satisfactory performance in any other required formative assessment,
- Satisfactory participation in NCGPT's educational program as evidenced by attendance and participation.

Re-enrolment forms are available for easy download at www.ncgpt.org.au/members

These forms must be submitted to the NCGPT DOT by the closing date. Failure to enrol after two weeks (from the closing date) may result in the loss of the registrars place in the training program. If the registrar plans to be on leave of absence, a leave application form must be submitted with the request for re-enrolment. When part time training is requested, a part time training application must be submitted with the request for re-enrolment.

For further information see the AGPT Policies 2008 www.agpt.com.au/PoliciesPublications/RecentPolicyChanges/

4.8 Remuneration

During hospital training, registrars are paid according to the RMO/HMO award in their state.

During GPT1 and GPT2, registrars are employed by the teaching practices. The national minimum terms and conditions for GPT1 and GPT2 document provide guidelines for practices and registrars when negotiating remuneration and other employment conditions. See attachment two.

During GPT3 registrars and practices negotiate on terms and conditions suitable for both parties. For advice or assistance contact North Coast GP Training.

4.9 Applying for completion of training and fellowship

To apply for fellowship with the RACGP, registrars must complete a Fellowship Application Form and attach the following documentation:

1. A copy of current medical registration receipt,
2. A copy of notification of successful completion of the college examination,
3. A copy of notification of satisfactory completion of training program requirements.

To obtain completion of training, registrars are required to request a completion of training assessment from NCGPT.

4.10 Extension of training while awaiting fellowship

Registrars who have successfully completed the AGPT program and have passed the college examination may seek an extension of training while they await award of fellowship.

While accessing the benefits of this extension arrangement, registrars are expected to apply for award of fellowship as soon as possible following receipt of their examination results having met all AGPT and all other college requirements.

Extensions of training while awaiting fellowship will only be provided for registrars who:

- a) Maintain medical registration in the appropriate state(s);
- b) Immediately advise NCGPT of any change to their medical registration;
- c) Maintain adequate and appropriate professional indemnity insurance;
- d) Apply to GPET for an extension of their provider number in a timely manner to ensure continuity of access for their patients to Medicare rebates;
- e) Provide current contact details to NCGPT; and
- f) Are not enrolled in any other fellowship medical training program except for training leading to Fellowship of the Australasian Faculty of Public Health Medicine (FPHM) of the Royal Australasian College of Physicians. As the registrar still falls under the aegis of the AGPT program, an extension of training will only be given if:
 - The post complies with currently funded college standards for accredited or approved posts and supervisors.

Note: a maximum extension of six months can be applied for, unless the registrar is enrolled in the FARGP.

5.0 Roles and responsibilities

5.1 Responsibilities of the registrar

General requirements are:

1. Learning the job - actively seeking relevant experiences to achieve competence,
2. Attending meetings and making contact with educational staff at least twice per year to:
 - Review achievements from the previous learning plan
 - Review incoming formative assessment data
 - Identify new learning objectives and learning needs
 - Plan career and learning strategies
 - Review log book entries
 - Address issues of concern to the registrar,
3. Participation in educational activities as required by NCGPT,
4. Participation in formative assessment as required by NCGPT,
5. Participation in any required assessment as required by NCGPT,
6. Maintain an up to date log book,
7. Disclose and discuss with their supervisor/medical educator any medical condition which might place themselves or their patients at risk.

5.2 Responsibilities of director of training to the registrar

1. Development of educational program in consultation with MEs,
2. Oversee selection and placement of registrars,
3. Oversee training delivery,
4. Advise on selection and suitability of training options for registrars,
5. Monitor and assess performance of supervisors and other educators,
6. Monitor registrar wellbeing and progress,
7. Participation in the assessment of applications for leave, RPL, transfer etc.

5.3 Responsibilities of medical educators to the registrar

1. Education program development,
2. Liaise with, and support of registrars,
3. Monitor and assist registrar progress including conducting:
 - ECT visits
 - TA visits,
4. Teaching delivery,
5. Registrar assessment,
6. Coordination and participation in local educational events and activities,
7. Monitor learning plans.

5.4 Responsibilities of supervisors and the practice to the registrar

5.4.1 Practice based supervision and teaching

The training practice will ensure that a supervisor:

1. Is accessible to the GP Registrar at all times

For GPT1

- Provides direct, on-site supervision of the registrar for a minimum of 80% of the registrar's working time (100% supervision is recommended for the first month); and
- Is available by telephone for the remaining 20% of the time, during which the supervisor should be able to attend if required.

For GPT2

- Provides direct, on-site supervision of the registrar for a minimum of 50% of the registrar's working time; and
- Is available by telephone for the remaining 50% of the time, during which the supervisor should be able to attend if required.



2. Is available to the registrar during the registrar's clinical duties to provide clinical advice and assistance when required as per item one above.
3. Establishes, with the registrar, educational objectives early in the term which are documented in the registrar's learning plan by the fourth week of the term.
4. Provides formal, set-aside time for practice-based teaching each week in accordance with the RACGP Standards for General Practice Education and Training 2005. In meeting the requirements for formal structured teaching, the method by which formal teaching time is provided is flexible. However, the following minimum criteria need to be noted:
 - For a full time GPT1, three hours of teaching per week
 - For a part time GPT1, 1.5 hours of teaching per week
 - For a full time GPT2, 1.5 hours of teaching per week
 - For a part time GPT2, 0.75 hours of teaching per week
 - A maximum of one third of the minimum required teaching could take place outside of the training practice
 - 'Opportunistic teaching' is teaching which arises in response to a critical incident (e.g. discussion of a specific case or issue) and develops into a teaching and learning opportunity. It is included in teaching time and should be actively encouraged. Opportunistic teaching should account for no more than one third of the required teaching time.
5. Provides additional ad hoc teaching or 'as required' teaching interventions (for example, the demonstration of interesting cases, routine clinical skills and procedures, discussions during breaks) in addition to the formal teaching requirements referred to in item four above.
 Note: If no practice supervisor is available for the purposes outlined in items 1-5 above, the training practice will provide a substitute supervisor(s) who is/are approved by NCGPT for these purposes.
6. The training practice in conjunction with the registrar will maintain a brief summary outlining the content of, and the time spent on, teaching activities each week. This information is to be recorded in the registrar's log book and learning planner, and reviewed by the NCGPT from time to time.

5.4.2 Educational release

In accordance with GPET policies and guidelines the training practice will ensure that the registrar is released during paid time to attend the required educational activities.

Educational release times are as follows:

- Full time GPT1 registrars the equivalent of one session per week
- Full time GPT2 registrars the equivalent of one session per fortnight
- Part time GPT1 registrars¹ the equivalent of one session per fortnight
- Part time GPT2 registrars the equivalent of one session per month

¹ Refer to the national minimum terms and conditions for GPT1 and GPT2 registrars 2010 for a description of "part-time" and associated conditions. See attachment two.

5.4.3 Provision of feedback

Throughout the term the supervisor should develop and engage in an effective feedback process (both formal and informal) with the registrar.

Both the supervisor and registrar will provide feedback to each other through the use of structured assessment. See the NCGPT form 'structured feedback between registrar and supervisor'. The feedback guide and forms are to be completed at the end of the first, third and fifth months of the GP term.

The supervisor should actively seek input from the registrar throughout the term in the form of questions and concerns that the registrar may have.

5.4.4 Number, range and type of registrar services (case load and case-mix)

The training practice will ensure that the range of patients seen by the registrar is:

1. Appropriate to the registrars' level of experience,
2. As far as possible, representative of the attending practice population (e.g. age, gender, reason for presentation, acute care, on-going care, billing category etc).

The training practice will ensure that the number of patients seen by the registrar is:

1. Appropriate to the registrar's level of experience and the educational intent of the training environment,
2. Within the following guidelines: (see next page)

GP Term (level of training)	Expected average number of patients per hour	Maximum number of patients in any one hour	Minimum number of A1 consults per F/T week (pro rata for P/T)
GPT1 First three months	2-3	4	50
GPT1 Second three months	3-4	4	50
GPT2 Six months	3-4	4	50

5.4.5 Employment of the registrar

The training practice will ensure that:

1. Registrars undertaking a GP term in the training practice are employed by the training practice. Registrars are not to be regarded as 'self-employed' or 'contract' workers. Employment and tax laws relevant to an 'employee' apply to the registrar. NB: where exceptional circumstances require this requirement to be modified, e.g. for VMO status at some rural hospitals, NCGPT must be notified.
2. A written employment agreement is negotiated between the training practice and the registrar that at a minimum satisfies the national minimum terms and conditions for GPT1 and GPT2 registrars 2010. The national minimum terms and conditions document can be downloaded from the forms and documents section of the NCGPT website www.ncgpt.org.au/members
3. Rostering for both ordinary and on-call hours will be equitable with other practice doctors and will, wherever possible, be developed by negotiation with the registrar.
4. The registrar receives a formal orientation to the training practice and community.

6.0 Registrars in the practice

6.1 Training practices

There are currently approximately 49 accredited training practices in the NCGPT region. Towns range from classifications of RRMA2 to RRMA5. All practices within the region are classed as RA2 or above.

The region is divided into four training areas. These are Tweed Valley, Northern Rivers, Mid North Coast and Hastings Macleay.

Tweed Valley area

Accredited training practices are available in Murwillumbah.

Northern Rivers area

Towns in which accredited training practices are available include Ballina, Bangalow, Brunswick Heads, Byron Bay, Casino, Goonellabah, Lennox Head and Mullumbimby.

Mid North Coast area

Towns in which accredited training practices are available include Bellingen, Coffs Harbour, Grafton and Woolgoolga.

Hastings Macleay area

Towns in which accredited training practices are available include Kempsey, Laurieton and Port Macquarie.

6.2 National minimum terms and conditions

The terms and conditions of registrar employment is governed by the national minimum terms and conditions for GPT1 and GPT2 registrars 2010. See attachment two.

The national minimum terms and conditions is also available to download from the NCGPT website www.ncgpt.org.au/members

6.3 Registrar medical indemnity insurance

Registrars are required to maintain an adequate level of medical indemnity insurance cover throughout their training. A copy of this must be provided to the practice prior to commencement of training. Insurance must fully cover the registrar for the type of practice and procedural activity involved as well as for actions in negligence. It is advised that registrars discuss their individual circumstances with their insurer. See General Practice Registrars Australia (GPRA) www.gpra.org.au for further information.

Please note the following clarification of indemnity risks (provided by United Medical Protection):

1. Under the current GP Registrar Scheme and NSW law a registrar is required to hold their own indemnity insurance.
2. Where an employed doctor (Dr B) provides negligent treatment, legal proceedings can be brought against Dr B only, or the employer (Dr A) only, or both Drs A and B, or against the medical practice company or partnership.
3. Proceedings against Dr A only may include the following allegations:
 - Failure to properly train Dr B
 - Failure to properly supervise Dr B
 - Inappropriate delegation to Dr B
 - Failure to have a proper system or treating protocol in the practice
 - Liability as an employer for Dr B's negligent act (vicarious liability)

6.4 Registrar medical registration

Registrars are required to ensure their medical registration is current **at all times during their training**.

6.5 Registrar medicare provider numbers

Registrars are required to ensure that they apply to Medicare Australia for a Medicare Provider Number and Recognition as a General Practitioner **prior to the commencement of each term**.

The appropriate forms will be mailed to you when they are due for completion. It is the registrar's responsibility to complete these and return them to the appropriate body. The application for a Medicare Provider Number form must be returned to Medicare Australia and the application for recognition as a GP must be returned to NCGPT.

6.6 Admitting rights

In some practice placements registrars are provided with the opportunity for admitting rights at local hospitals. However, most after hours work is provided by local hospitals, reducing the need for after hours house calls.

Registrars who are required to provide emergency department services at small rural hospitals must apply for VMO rights to these hospitals. Practice staff will advise the timing and process for this.

Some hospitals e.g. Ballina require special registration under DVAs system in order to attract payment for DVA patients. Registrars are advised to check this with the practice and hospital prior to commencing this work.

Supervisors must give a comprehensive orientation to a registrar attending a particular hospital for the first time. The supervisor is required to be present for 100% of patient encounters for the first two registrar shifts.

All registrars with VMO rights must attend an emergency workshop yearly.

7.0 Communication

7.1 Addresses

Email

Registrars are required to advise an email address upon acceptance to the NCGPT training program. It is through email that registrars (including those in their hospital term) will receive all communications including important information regarding training and administration.

It is the responsibility of registrars to check their email regularly, and to maintain their inbox, in order to keep up to date with training program activities. Please ensure that you set your junk email permissions to an appropriate level so that you receive all correspondence from NCGPT staff emails (or alternately add NCGPT staff emails to your safe list and check your junk email regularly).

Phone

Registrars are required to provide a phone number(s) for NCGPT staff to contact during regular business hours.

Home

From time to time we will also require to send things of relevance by snail mail. So please ensure you provide your current home address, and notify NCGPT when you move.

7.2 www.ncgpt.org.au

The NCGPT website offers:

- Easy downloadable forms,
- Your educational calendar,
- A variety of education and reference links.

7.3 The North Coast Post

The North Coast Post is a monthly newsletter providing articles of interest, education and training updates, relevant information, upcoming event and educational information as well as reference to useful links. The newsletter is designed specifically to provide GP registrars and supervisors with up to date, current information regarding the training program and NCGPT news.

7.4 Study groups

Getting together with other registrars who are studying for the RACGP exam can help to reduce the amount of preparation you will need to do as it becomes shared among the group.

A study group is a valuable way to learn from one another as you will find each registrar in the group has different strengths and deficiencies in knowledge. Registrars who participate in study groups generally perform better in the FRACGP examination.

If you are interested in forming a study group find out from NCGPT of other registrars in the area who are sitting for the exam. Organise to get together on a weekly basis, this can not only provide a useful study practice but a great social activity.

For further information or assistance contact Dr Nicholas De Marco at the Alstonville Clinic T: 02 6628 0505, or your local medical educator.

7.5 Who to contact

Enquiry or assistance area	Contact	Office	Telephone	Email
Education and training plus selection and placement, assessment of applications for leave, RPL, transfer etc, registrar wellbeing	Dr Christine Ahern Director of Training	Ballina	02 6681 5711	christinea@ncgpt.org.au
Medical education including information on half day release meetings, ECT visits and TA visits.	Dr Hilton Koppe Senior Medical Educator	Ballina	02 6681 5711	hiltonk@ncgpt.org.au
	Dr Linda Brown Medical Educator (FACRRM)	Ballina	02 6681 5711	lindab@ncgpt.org.au
	Dr Kayte Evans Medical Educator (PGPPP)	Ballina	02 6681 5711	kaytee@ncgpt.org.au
	Dr Peter Silberberg Medical Educator	Ballina	02 6681 5711	peters@ncgpt.org.au
	Dr Rob Trigger Medical Educator (OTD)	Ballina	02 6685 8666	robt@spot.com.au
	Dr Tim Francis Medical Educator (Procedural)	Coffs Harbour	0418 448 103	tfrancis@ausdoctors.net
	Dr Nicola Holmes Medical Educator	Coffs Harbour	02 6652 8111	nicolaandhubert@optusnet.com.au
	Dr Helena Johnston Medical Educator	Coffs Harbour	02 6652 0411	hjohnston@mncdgp.org.au
	Dr Debbie Kors Medical Educator	Port Macquarie	02 6559 5555	debbiek@tsn.cc
Dr Sharon Sykes Medical Educator	Port Macquarie	02 6583 2008	sharon.sykes@bigpond.com	
General education enquiries, half day release meetings, workshops, and learning planners.	Neil Bambrook Education Officer	Ballina	02 6681 5711	neilb@ncgpt.org.au
Administration, policies, procedures, general enquiries including application forms and reimbursements, social events, accommodation, and general registrar and family assistance.	Sue Gramza Registrar Support Officer	Ballina	02 6681 5711	sueg@ncgpt.org.au
Terms and conditions of employment, wellbeing, support and assistance.	Katherine Dent Registrar Liaison Officer	Ballina	0417 429 653	katdent10@hotmail.com
	Dr George Forgan-Smith Registrar Liaison Officer	Ballina	0408 159 418	gefsmith@mac.com
GP Procedural Training Program applications and information.	Bruce Barling Program Manager (GPPTP and PGPPP)	Ballina	02 6681 5711 0418 477 382	bruceb@ncgpt.org.au

8.0 Education and training resources

8.1 Curriculum

The NCGPT program curriculum is based on the RACGP and ACRRM curricula and identifies the core knowledge, skills and learning experiences needed for competent unsupervised general practice.

The RACGP curriculum may be viewed at www.racgp.org.au/curriculum

Those training with ACRRM will be able to view the ACRRM curriculum on RRMEO upon joining.

8.2 Learning planner

The learning planner is intended to help you bring some order to your training experience. You are free to choose your own format for documenting your learning planner, or you may use the NCGPT suggested format.

Your learning planner is a tool to help you identify, measure and meet your learning objectives by defining your individual and patient needs. It is provided to you at the beginning of your hospital terms and will be used by you until the end of your GPT3 or extended skills terms. This begins the process of your life-long learning as a general practitioner.

To fulfill annual re-enrolment essential criteria, your completed learning planner will show satisfactory attainment of learning objectives and records of meetings with a medical educator or training advisor who has reviewed it. There are a number of compulsory curriculum requirements to be completed by registrars in order to satisfy all training requirements. The learning planner will assist you to document evidence which demonstrates that you have met these requirements.

Evidence of your learning planner needs to be submitted on completion of your training for you to be eligible for RPL if you wish to obtain credit towards an extended skills award offered by other professional colleges. This document will become a record to celebrate your achievements.

8.3 Log books

The log book is published by GPET for the Australian General Practice Training Program. It is designed to enable the GP registrar to maintain a log of educational activities required for the satisfactory completion of the training program.

It is a requirement that a completed log book is submitted upon completion of training to provide evidence of training, e.g. self directed learning as part of the required documentation to be taken into consideration by the RACGP in its processes leading to the award of the FRACGP.

If you have not received your log book please contact NCGPT.

8.4 Texts

Registrars will need to refer to a variety of texts during their GP training. Recommended lists are available in the registrar learning planner and in the RACGP and ACRRM curricula. Many of these texts are available at each of the three NCGPT regional training centres for all registrars to utilise.

In addition, NCGPT supplies a voucher to NCGPT registrars* to purchase a medical text of their choice. NCGPT strongly suggest you buy the most recent edition of Murtagh, J. General Practice. However, many training practices will already have a copy of this publication supplied by NCGPT, so ask at your practice. NCGPT will also supply each NCGPT registrar* with Paediatric Pharmacopoeia 1st Edition.

* Registrars on rural rotation should speak to their home regional training provider for the purchase of text books.

8.5 NCGPT resource library

NCGPT maintains a small resource centre at its offices in Ballina, Port Macquarie and Coffs Harbour. This resource includes texts, videos, medical magazines and journals. There are also limbs (shoulder and knee) available to practice joint injections and or aspiration. For further information on accessing these resources contact your regional medical educator.

8.6 www.ncgpt.org.au

The NCGPT website offers:

- Easy downloadable forms,
- Your educational calendar,
- A variety of education and reference links.

8.7 GPLearning

GPLearning is an RACGP interactive web based learning platform. Candidates enrolled in the fellowship examination can access a mock examination through GPLearning. Each candidate can take the mock examination twice. After the first attempt, the candidates score is given for each international classification of primary care code. Candidates can access a set of referenced model answers after the second attempt, and medical educators provide individual feedback on performance.

For more information visit www.gplearning.com.au

8.8 RRMEO

RRMEO is the Australian College of Rural and Remote Medicine (ACRRM) medical education and online learning platform that combines online resources and education activities with telemedicine services. Through RRMEO, ACRRM members (and other RRMEO subscribers) participate in a wide range of learning activities and discussion groups, sharing experiences and knowledge with mentors and peers nearby or thousands of kilometres away.

For further information visit www.acrrm.org.au

8.9 RACGP John Murtagh library

The RACGP John Murtagh library operates a distance library service to GP registrars. Free access is available to registrars, medical educators and supervisors. The library offers over 8000 books, videos, audio, slides and CD ROMs. The catalogue is accessed via www.racgp.org.au/library

Loan material is sent by courier throughout Australia. The library also offers many other services including literature searches, electronic books and access to health and medical journals.

8.10 Australian Family Physician (AFP)

When you join the RACGP as a member you will receive free copies of the AFP which is RACGP's official publication. If you are a member and are not receiving your copy contact the RACGP T: 02 9886 4700.

8.11 Continuous Home Evaluation Clinical Knowledge (CHECK) program

CHECK is a monthly self education program which runs from January to December each year. The program provides a range of cases written by expert clinicians. Each case includes a brief clinical scenario followed by a series of questions designed to bring out the important issues for general practitioners to consider in the clinical history, examination, investigation and/or management of a problem. As an RACGP member you will receive a 12 month subscription free of charge.

For further information visit www.racgp.org.au/check

9.0 Registrar assessment and evaluation

Registrars at NCGPT are assessed in a variety of ways to ensure the highest quality training is received. These include:

9.1 Training appraisal (TA) visits

Each registrar requires a minimum of two TA visits per year. They are usually conducted by a medical educator or the director of training. On average a TA visit may take up to one hour with perhaps more time spent in the beginning of training.

For those registrars completing terms outside the region, TA visits may be conducted by phone.

Areas covered in this appraisal may include learning goals, training plans, self care and administrative issues.

Training appraisals, which may occur at the time of an ECT visit, at a separate visit or by telephone, consist of a structured interview which has the purpose of:

1. Assisting the RTP to ensure that the standards that apply to training and supervision are being met in the registrar's current placement
2. Allow timely advice to flow from the medical educator to the registrar regarding training and any future plans
3. Allow the medical educator to assess the completion of mandatory activities and processes.

A registrar must have regular formal training appraisals during their training time, as arranged by a medical educator.

All registrars are encouraged to contact director of training or a medical educator to discuss aspects of training at any time.

9.2 External clinical teaching (ECT) visits

An ECT visit, is the "home visit" of the registrar training program.

Medical educators are given the opportunity to observe the registrar during their consultations, and the ECT visit can be one of the most powerful learning experiences for the registrar.

The goal of the visit is for the medical educator to offer registrars feedback on their consulting style, and for registrars to be given the opportunity to ask the medical educator any questions regarding issues which may have arisen during the consultation. To facilitate this process, there needs to be sufficient time available between appointments, and so we ask the practice to schedule no more than two patients per hour, for the duration of the visit. The visit may last from two to three hours.

The RACGP standards require that registrars receive two ECT visits in GPT1 and GPT2, and one in their subsequent terms. Extra ECT visits may be requested by the registrar or supervisor, and initiated by the local medical educator.

Registrars are asked to retain their copy of ECT visits in their learning planner, and to document the date and details in their GPET log book.

For a sample ECT visit form visit www.ncgpt.org.au/members

9.3 Half day release evaluations

The NCGPT education team values the feedback it receives and uses evaluations to inform and drive improvements to the program. Reflection and feedback also enhance the learning of registrars. All teaching sessions are evaluated either by written or spoken word. We thank you for your honest and constructive responses.

9.4 Direct observation of registrar (by a supervisor)

This is an activity that may be performed by your supervisor which involves formal assessment of a minimum of three patient consultations. This information is then assessed by NCGPT medical educators.

9.5 Feedback

Supervisors are encouraged to give feedback to registrars three times during each term.

10.0 RACGP fellowship (FRACGP)

The Fellowship of the Royal Australian College of General Practitioners (FRACGP) is the end point of training for general practice at NCGPT. The aim of fellowship is to assess competence for working in unsupervised general practice.

The FRACGP exam comprises of three separate components (two written components and one clinical component)

Written components

- Applied Knowledge Test (AKT) \$1,480
150 questions to be completed in four hours
- Key Feature Problems (KFP) \$1,480
26 questions to be completed in three hours

Clinical component

- Objective Structured Clinical Examination (OSCE) \$2,950
This comprises of 14 clinical cases with a number of rest stations throughout the rotation. It takes approximately four hours

Registrars are required to be a member of the RACGP prior to enrolling in any examination component. A Basic Life Support (BLS) certificate dated no more than 12 months prior to the closing date for exam applications is a requirement for enrolment. Before enrolling, candidates are required to read the RACGP Assessment Handbook for Candidates and the Assessment Policies.

As of 2009, you may enrol in any of the following:

- The AKT only. This is a prerequisite to the KFP and OSCE. You must pass the AKT before you are allowed to undertake the OSCE,
- The AKT and KFP and enrol in the OSCE later in the year once the AKT results are released. You are able to sit the AKT and KFP on the same day regardless of the AKT performance outcome,
- The AKT and OSCE and enrol in the KFP later in the year. If you choose this option and do not pass the AKT you will not be able to proceed with the OSCE assessment. You will be eligible for a refund of the OSCE and withdrawal fees will apply,
- All three segments AKT, KFP and OSCE. If you choose this option and do not pass the AKT you will be eligible for a refund of the KFP and/or the OSCE. Withdrawal fees will apply.

Registrars may sit for the AKT following GPT1 provided the hospital year has been completed or RPL has been approved. The KFP and OSCE cannot be attempted until GPT2 has been completed.

For further information on the FRACGP examination, including the assessment handbook, visit www.racgp.org.au/assessment and use the QuickLinks education toolbar.

NCGPT provides a local facility for sitting the written component. Registrars must travel to a capital city to sit the clinical component.

NCGPT presents an exam information session in each node once a term. A practice clinical exam is provided for all registrars sitting the exams wherever possible. As well, registrars are encouraged to discuss exam preparation with their supervisor and ME.

Study groups are recognised as a helpful method to prepare for exams also. See section 7.4 *Study Groups* for further information.

11.0 ACRRM fellowship (FACRRM)

Fellowship of ACRRM is the endpoint of vocational preparation for rural and remote medicine. The ACRRM pathway is recognised as a viable alternative route to full vocational registration. Registrars may elect to achieve fellowship through both RACGP and ACRRM via the AGPT training program.

Fellowship of ACRRM will be awarded by application from the candidate following demonstration of satisfactory completion of all training and assessment requirements. The FACRRM examination comprises of five separate components:

- Multi Source Feedback (MSF) \$400
- Mini Clinical Evaluation Exercise (miniCEX) \$1,035
- Multiple Choice Question (MCQ) \$495
- Structured Assessment Using Multiple Patient Scenarios (StAMPS) \$935

Registrars are also required to complete a Procedural Skills Logbook in order to pass FACRRM assessment.

ACRRM employs a range of criteria for aspects of training and experience to assess RPL that can be used for credit towards attainment of the ACRRM fellowship. This criteria includes participation in a relevant training program and clinical practice in rural and remote medicine.

The names of successful candidates for fellowship will be added to the college's vocational register indicating that the doctor has attained the necessary skills, knowledge, behaviour and experience to be considered a qualified specialist in the discipline of Rural and Remote Medicine.

FACRRM is recognised as a generalist qualification for Medicare Australia and MBS purposes.

Registrars should contact ACRRM and work with their medical educator to determine their RPL status within the first 12 months of entry into the training program (AGPT) in order to make the best use of their training time. Interested registrars will be advised about the ACRRM assessment process by the ACRRM medical educator.

NCGPT offers advice and mentoring as well as a diversity of experience for this pathway. This may be via placements at procedurally focussed practices, small rural hospital work, or placements with the NSW GP Procedural Program. Support to access a procedural post is through the NCGPT GP procedural training program (GPPTP) manager, Bruce Barling. ACRRM mentorship is provided by Dr Linda Brown, medical educator, NCGPT. See section 7.5 *Who to Contact* of this document for contact information.

For further information on the ACRRM program and fellowship see www.acrrm.org.au/assessment

12.0 Opportunities for other qualifications and experience

In order to enhance the rural training of our registrars, NCGPT provide particular attention to assisting registrars to develop their learning plans. This will help to prepare registrars for rural practice or to progress towards an advanced rural award (the fellowship in Advanced Rural General Practice or ACRRM Fellowship) during their vocational training. NCGPT facilitate experiences that prepare registrars for the challenges of general practice in a variety of settings by supporting access to training. These include the following:

12.1 Hospital

Post-intern phase of hospital where doctors may have the ability to focus on medical areas not previously covered in their earlier hospital training and which focus on their future roles as general practitioners. These include:

- Anaesthetics
- Dermatology
- Orthopaedics
- Rehabilitation
- Obstetrics and Gynaecology
- Emergency Medicine
- Psychiatry
- Infectious Diseases
- General Medicine
- Ophthalmology
- ENT
- Geriatrics
- Urology

12.2 Academic

If your interests lie in research or teaching, academic posts can be organised on an individual basis. Individual registrars make their applications through GPET. Applications are sought twice per year. NCGPT are able to provide assistance with your application. These include:

Academic general practice posts

These posts enable registrars to gain training and experience in an academic environment to develop appropriate academic skills, including planning and evaluation of teaching and research activities. The positions provide salary funding for up to six months full time academic training in addition to the current three years of training. Applicants who intend to undertake a research project during their academic post may apply for the RSRF (see below) for funding to that project. For further details visit

www.agpt.com.au/TrainingPosts/Academictraining/

Registrar Research Fund (RRF) Grants and Research Research Prize

The RSRF aims to encourage research within the field of General Practice. For further information visit

www.agpt.com.au/TrainingPosts/Academictraining/

Registrar research workshop

The registrar research workshop is an annual, three day intensive workshop which aims to introduce interested registrars to all stages of the research process. Academic GPs from around the country guide participants from refining a question all the way through to dissemination of results. Each year 25 registrars are funded to attend the event. For further details visit

www.agpt.com.au/TrainingPosts/Academictraining/

For further information on research and academic opportunities contact the Registrar Research and Development Officer (RRADO) at GPET T: 1300 658 515 E: rrado@gpet.com.au

12.3 Extended skills training

Registrars are required to undertake six months of extended skills training relevant to general practice. Extended skills training may be undertaken in a variety of different settings or within the general practice setting. An extended skills training unit taken outside general practice may be undertaken at any time during the registrar's training. Extended skills training in general practice can only be undertaken after the completion of GPT1, GPT2 and GPT3. Extended skills training units must be approved by NCGPT's director of training and are arranged on an individual basis.

For further information on extended skills training see section 3.5 *Extended skills in General Practice*.

12.4 Advanced Rural Skills Post (ARSP)

This is an optional fourth year for all registrars. ARSPs can be organised on an individual basis (subject to availability) in:

- Aboriginal health
- Adult internal medicine
- Anaesthetics
- Child and adolescent health
- Emergency medicine
- Mental health
- Obstetrics and gynaecology
- Advanced obstetrics and gynaecology
- Surgery
- Small town rural GP - an opportunity to design a curriculum to meet the needs of an individual rural GP. This is a flexible post which can be designed around your needs and in a location to suit you.

12.5 Aboriginal health training posts

Aboriginal health is a national and regional health priority. There are five Aboriginal Community Controlled Health Organisations (ACCHOs) in the NCGPT region offering registrars the opportunity for a rewarding cultural experience. Good supervision ensures that the registrar feels well supported. The registrar is considered a highly valued member of the team and is generously welcomed by the community. The work is extremely satisfying both medically and personally.

For further information speak to your medical educator or contact the NCGPT director of training.

NCGPT ACCHOs

- Bulgarr Ngaru Medical Aboriginal Corporation, Grafton
- Bullinah Aboriginal Medical Service, Ballina
- Casino Aboriginal Medical Service, Casino
- Durri Aboriginal Corporation Medical Service, Kempsey
- Galambila Aboriginal Health Service Inc, Coffs Harbour

12.6 GP Procedural Training Program (GPPTP)

In association with NSW Health, NCGPT offers GPs and GP registrars the opportunity to participate in procedural training in the region. The initiative offers posts in the following skill areas:

- Obstetrics and Gynaecology
- Advanced Obstetrics and Gynaecology
- Anaesthetics
- Emergency Medicine
- Mental Health

Procedural training can be counted as part of hospital training, as an extended skills post or as an advanced rural skills post in working towards the FACRRM or FARGP. Some posts may be undertaken on a part time basis. For more information, please contact the NCGPT program manager, Bruce Barling.

12.7 Fellowship in Advanced Rural General Practice (FARGP)

The FARGP provides an educational program to complement and reinforce training or experience in rural general practice. It may also be used to acquire new enhanced rural skills. It is closely integrated with the RACGP Curriculum for General Practice and Advanced Rural Skills Training curricula.

The FARGP award is an appropriate qualification to be used for providing incentives to recruit and reward doctors who continue to work in rural general practice. It is also a suitable qualification for recognition by hospitals for the purpose of visiting medical officer rights.

For further information contact the RACGP Rural EDO, Di Schaefer T: 1800 636 764 E: rural@racgp.org.au or the NCGPT DOT, Christine Ahern T: 02 6681 5711 E: christinea@ncgpt.org.au

12.8 Enhanced rural training

As previously stated, NCGPT encourages registrars to develop the skills and knowledge required for delivering rural general practice and remote rural general practice. The RTP therefore provides access and funding to rural orientation programs, extended skills posts, advanced rural skills posts and competency-

based skills courses designed to prepare registrars for rural and/or remote practice. Courses designed to enhance emergency and other skills are outlined below. For further information about funding please contact the NCGPT director of training.

12.8.1 Emergency courses

Early Management of Severe Trauma (EMST) course

The EMST course is an intensive and interactive course in the management of injury victims in the first one to two hours following severe injury. Emphasis is placed on life-saving skills and a systematic clinical approach. The course comprises of lectures, practical skill stations, case scenarios and discussions. Assessment is continuous throughout each stage of the course and includes both pre-course and post-course MCQ tests and initial assessment scenarios. The basis of the course is to teach a system of care after injury to provide the participant with the basic knowledge necessary to:

- Assess the patient's condition rapidly and accurately
- Resuscitate and stabilise the patient according to priority
- Determine if the patient's needs exceed facilities capabilities
- As appropriate, arrange safe transfer to definitive care
- Assure that optimum care is provided.

For further information see www.surgeons.org

Advanced Paediatric Life Support (APLS) course

APLS Australia, is a group committed to improving the early management of acutely ill and injured children. The course has the support of the Australasian College for Emergency Medicine, Australian College of Paediatrics and the College of Rural and Remote Medicine. Courses are conducted throughout Australia on a regular basis. The course content includes:

- Life support - basic and advanced
- Serious illness
- Serious injury
- Practical procedures, including radiology and pain management.

The course calendar is available at <http://www.apls.org.au/Courses>

Emergency Life Support (ELS) course

The two day course teaches a systematic approach to the emergency management of any seriously ill patient. There are 18 participants per course with skill station groups of three participants per instructor. The course content is a mix of lectures, interactive group discussions, skill stations, clinical scenario assessments and written tests. Participants receive a comprehensive manual which contains material for the skill stations and lectures. It encapsulates a body of knowledge and a range of skills which are the basis for safe and effective practice of emergency medicine. The manual can reside in emergency departments as a reference book for isolated doctors.

For further information see www.asem.org.au

Advanced Life Support (ALS) course

Register for the ALS course and learn some vital patient care skills. The two-day course is coordinated by highly qualified, experienced facilitators and utilises workstations to assist the integration of theory into practice. During the workshop, the participants actually get to utilise the equipment, perform the acts and manage the arrest scenarios themselves. The workshop content includes:

- Common causes of cardiac arrest
- Assessment of the compromised person
- Review basic life support
- Advanced airway management
- Intubation procedure (incl. assessment)
- Recognising and managing life-threatening arrhythmias
- Emergency drugs
- Defibrillation (incl. assessment)
- Transcutaneous (external) pacing (incl. assessment)
- ALS algorithms
- Practice and assessment of megacode management.

For further information see www.hcts.com.au

Advanced Life Support in Obstetrics (ALSO) course

The ALSO course is a theoretical and practical course designed to assist health professionals develop and maintain the knowledge and practical skills to manage emergencies that may arise in maternity care. The procedures and approaches covered in the ALSO course are reasonable, consistent and evidence-based which enable everyone to not only identify those at risk of obstetric emergencies but also to manage emergencies when they arise.

Rural Medical Emergency course

The purpose of this course is to provide rural emergency doctors and nurses with cross domain, team based learning opportunities using medical simulation, incorporating clinical knowledge, procedural skills and crisis resource management skills and behaviours. And secondly, to diagnose, investigate and manage common and important medical emergencies in rural and remote practice. The workshop will use a variety of teaching methods such as medium fidelity simulation, small group case studies, procedural skills stations and interactive lectures to cover a range of topics. The content is relevant to rural and remote practice. Topics include crisis resource management, toxicology, retrieval, respiratory and cardiac emergencies, DKA, OandG, paediatrics, clinical reasoning and diagnostics.

For further information contact Health Workforce Queensland

T: 07 3105 7800 E: admin@healthworkforce.com.au W: www.healthworkforce.com.au

Pre-Hospital Trauma Life Support (PHTLS) course

The PHTLS course is a unique two-day multidisciplinary continuing education program designed to increase knowledge and skills in delivering critical care in front line pre-hospital trauma care and the handling of trauma patients. PHTLS teaches students to deal with trauma where there may be some delay in transferring the patient to a healthcare facility. The PHTLS course consists of a mixture of lectures and practical skills stations. Students on a PHTLS course learn to identify the mechanism of injury, interpret signs and symptoms, recognise life-threatening injuries, perform appropriate interventions and identify a trauma patient with multiple injuries.

For further information contact Queensland Health Skills Development Centre

T: 07 3636 6208 or visit www.sdc.qld.edu.au/phtls.htm

12.8.2 Other courses to extend skills

The purpose of these grants is to increase the quality and accessibility of clinical skills training to NCGPT registrars by providing subsidies to assist in undertaking clinical skills training similar to, but not necessarily restricted to, the courses below.

Procedural training (see section 12.6 *GP procedural training program*) also offers registrars the opportunity to enhance skills relevant to rural general practice.

For further details contact the NCGPT director of training.

Advanced Life Support Recertification Program

The workshop content includes:

- Information update, review of guidelines and skills
- Intubation procedure (including assessment)
- Defibrillation (including assessment)
- Transcutaneous Pacing (including assessment)
- ALS Algorithms
- Practice and assessment of megacode.

For further information visit www.hcts.com.au/courses.php

Family Planning Association (FPA) Health Refresher Day

The course content includes:

- Contraception
- HIV/AIDS
- Men and Boys
- Menopause
- Sexual health
- Sexually transmitted infections (STIs/STDs).

To register visit www.fpnsw.org.au/education/

Sexual Health and Family Planning Australia Certificate in Sexual and Reproductive Health (Doctors Course)

This is recommended for all registrars wishing to increase their knowledge base and clinical skills in sexual and reproductive health. The course aims to:

- Expand knowledge of reproductive health and contraceptive techniques
- Further develop communication skills in the areas of contraceptive choice, STIs, common gynaecological problems, pregnancy issues and sexuality
- Develop clinical skills that complement the theoretical aspects of the course

The course has three modules, all of which must be completed satisfactorily to gain the Family Planning Australia Certificate. The three modules may take up to four months to complete.

To register see www.fpnsw.org.au/education/

Diploma in Child Health (DCH)

This is recommended for registrars wishing to increase their knowledge and skills in paediatric medicine. The DCH aims to:

- Encourage the principles of evidence based practice as part of ongoing paediatric medical education
- Understand the health care needs of the patient and their family in the context of their physical and geographical location
- Encourage attitudes of respect and consideration and promote the role of advocacy for all children and their families
- Encourage age, developmental, socio-economic, cultural and language appropriate communication and interaction with children and their families.

For further details or to register go to www.chw.edu.au/dch/2010/australia/

13.0 Important dates

13.1 NCGPT educational calendar

This list is a guide only and dates may change without notice. Registrars must check the calendar at www.ncgpt.org.au/members and their email regularly.

Educational calendar: term 1, 2010

Date	Activity	Level	Venue
18 January	Orientation Day	All new registrars	Port Macquarie
18 January	Orientation Day	All new registrars	Coffs Harbour
19 January	Orientation Day	All new registrars	Ballina
27-29 January	Basic Workshop	GPT1 registrars	Angourie
30-31 January	OTD exam prep workshop	OTDs and GPT3 registrars	Angourie
10 February	Emergency Medicine	GPT1 and GPT2 registrars	Port Macquarie
18 February	Emergency Medicine	GPT1 and GPT2 registrars	Ballina
26 February	Emergency Medicine	GPT1 and GPT2 registrars	Coffs Harbour
27-28 February	GPT3 Workshop	GPT3 registrars	Ballina
3 March	Immunisation	GPT1 and GPT2 registrars	Port Macquarie
4 March	Sexual Health	GPT1 and GPT2 registrars	Ballina
5 March	Sexual Health	GPT1 and GPT2 registrars	Coffs Harbour
6 March	2010.1 RACGP written exam	Registrars sitting 2010.1 RACGP exam	TBC
12-14 March	Beyond the Medical Record Creative Writing Retreat	Attendance confirmed by registration	Lennox Head
17 March	Paediatrics	GPT1 and GPT2 registrars	Port Macquarie
18 March	Immunisation	GPT1 and GPT2 registrars	Ballina
20 March	2010.1 ACRRM MCQ exam	Registrars sitting 2010.1 ACRRM exam	TBC
26 March	Immunisation	GPT1 and GPT2 registrars	Coffs Harbour
17 April	Trial 2010.1 RACGP OSCE	Registrars sitting 2010.1 RACGP exam	Ballina
21 April	Dermatology	GPT1 and GPT2 registrars	Port Macquarie
22 April	Dermatology	GPT1 and GPT2 registrars	Ballina
30 April	Dermatology	GPT1 and GPT2 registrars	Coffs Harbour
5-7 May (TBC)	Combined Sydney Workshop	NCGPT GPT1 and GPT2 registrars	Macquarie University
8 May	2010.1 RACGP OSCE	Registrars sitting 2010.1 exam	Ballina
12 May	Mental Health	GPT1 and GPT2 registrars	Port Macquarie
20 May	Mental Health	GPT1 and GPT2 registrars	Ballina
21 May	Mental Health	GPT1 and GPT2 registrars	Coffs Harbour
3-4 June	Life Stages Workshop	GPT1 registrars	Coffs Harbour
5-6 June	OTD exam prep workshop	OTDs and GPT3 registrars	Coffs Harbour
9 June	Musculoskeletal & Workcover	GPT1 and GPT2 registrars	Port Macquarie
17 June	Youth Health	GPT1 and GPT2 registrars	Ballina
25 June	Youth Health	GPT1 and GPT2 registrars	Coffs Harbour
26-27 June	OTD Consultation Skills	OTDs and GPT3 registrars	TBC

Note: rural rotators are required to confirm their educational commitments with their (home) regional training provider.

13.2 FRACGP examination dates

2010.1 RACGP examination

Enrolment period	Closed 11 December 2009
Written component	6 March 2010
Clinical component	8 May 2010

2010.2 RACGP examination

Enrolment period	3 May 2010 - 25 June 2010
Written component	21 August 2010
Clinical component	24 October 2010

For information regarding RACGP fellowship see section *10.0 RACGP examination*.

For up to date information on the FRACGP examination components and examination dates visit www.racgp.org.au/exam

13.3 FACRRM examination dates

MSF can be completed at the candidates choosing, and candidates can enrol at any time.

2010.1 ACRRM examination

MiniCEX	February-July 2010 (Enrolments closed December 2009)
MCQ	20 March 2010 (Enrolments close 22 January 2010)
StAMPS	17 and 18 July 2010 (Enrolments close 30 April 2010)

2010.2 ACRRM examination

MiniCEX	August-December 2010 (Enrolments close 14 May 2010)
MCQ	28 August 2010 (Enrolments close 2 July 2010)
StAMPS	4 and 5 December 2010 (Enrolments close 24 September 2010)

For information regarding ACRRM fellowship see section *11.0 ACRRM fellowship*.

For up to date information on the FACRRM examination components and examination dates visit www.acrrm.org.au/assessment

14.0 Registrar support

14.1 Financial assistance

14.1.1 Relocation assistance

North Coast GP training provides relocation assistance to NCGPT registrars both moving into the north coast region and within the region during their training. It provides a relocation allowance of up to \$2000 (incl. GST) per move, per calendar year for the duration of training. While some flexibility may be negotiated, relocation expenses are usually not cumulative. Legitimate relocation expenses include removalists, Internet connection, and telephone connection. Relocation expenses are paid after the expense has been incurred and upon production of receipts.

14.1.2 Rental assistance

Once registrars have relocated to the region NCGPT endeavours to help them complete their training without moving house. If, however, NCGPT requires a registrar to undertake a term at a location where commuting from his or her home is not feasible, it will provide rental assistance to support a second residence. The level of rental assistance must first be agreed with the CEO before a registrar enters into any rental agreement.

14.1.3 Travel and accommodation (training related)

North Coast GP Training reimburses registrars for training-related travel expenses and accommodation. Airfares must be booked through the NCGPT travel agent, Ballina Cruise and Travel T: 02 6686 3155.

Travel expenses related to travel to and from half-day educational release meetings (mileage over 120kms only) are reimbursed upon receipt of a travel expense claim form indicating the origin and destination of the travel.

Accommodation is paid for in one of two ways:

- NCGPT can book and pay for accommodation on behalf of the registrar, or
- The registrar can book and pay for his or her own accommodation and be reimbursed by presenting an original invoice to NCGPT upon his or her return (keep in mind there is a \$ limit).

14.1.4 Internet access allowance

NCGPT registrars will be provided with a \$360 (incl. GST) lump sum payment (equivalent to \$30 per month) for payment of their internet expenses at their home residence. To receive this allowance registrars must provide evidence of internet connection. Please forward these details to NCGPT on F: 02 6681 5722 or mail to PO Box 1497, Ballina NSW 2478.

14.1.5 Course fees

NCGPT may reimburse course fees for approved and recommended courses by prior agreement with the director of training. Registrars must present original receipts and evidence of course completion. See section 12.8 *Enhanced rural training* for further information.

14.1.6 General Practice Rural Incentive Payments Scheme (RRIPS)*

This applies to registrars who join the Rural Pathway and undertake the majority of their general practice training in RRMA 3-7 locations. Up to \$60 000 is available to each registrar over three years of general practice training.

For further information contact T: 1800 700 050 or visit www.health.gov.au/rrips

* Please note that from 1st July 2010 there will be significant changes to the RRIPS funding.

14.1.7 HECS reimbursement scheme

This initiative aims to promote careers in rural medicine and increase the number of doctors in rural and regional areas in the longer term. Participants in the scheme who undertake training or provide medical services in designated rural and remote areas of Australia, will have one fifth of their HECS medical fees reimbursed for each year of service.

For further details and an application form visit www.health.gov.au/hecs-reimbursement-scheme

Any questions relating to the scheme should be directed to Medicare Australia T: 1800 010 550.

14.2 Registrar safety

All registrars are strongly advised to disclose and discuss with their supervisor/medical educator any medical condition which may place themselves or their patients at risk.

In some cases, disclosure to the medical board may be advised.

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 the work, which

registrars need to be aware of and manage effectively.

Discussion with supervisors/medical educators will enable appropriate strategies for management of the work environment to minimise the potential for harm to themselves or patients.

14.3 Registrar well-being

North Coast GP Training places the highest value on the health and wellbeing of its GP registrars and supervisors. The stresses and challenges of GP training combined with life events and circumstances may, at times, affect the wellbeing of our supervisors and registrars.

If you feel that you (or a colleague) has or is, at risk of developing a health problem we encourage you to seek appropriate help and maintain close and regular contact with your own GP. GP registrars should also consider approaching their supervisor, the director of training or the RLO if they feel they are in need of assistance.

If you feel that a colleague, registrar, supervisor or other is at risk, you should discuss with one of the NCGPT MEs, DOT or RLOs. The director of training may be able to assist registrars or supervisors with health difficulties to find and access appropriate services and resources in our region. All information will be treated as confidential unless there is deemed to be a serious risk to the individual.

For further advice and support the Doctors Health Advisory Service T: 02 9437 6552 (24 hours) offers an independent, confidential service for doctors with health problems in the following areas:

- Alcoholism
- Clinical competence
- Drug addiction (especially narcotics)
- Financial difficulties
- Legal and ethical issues
- Marital breakdown
- Physical impairment
- Psychiatric disorders
- Just having trouble coping

14.4 Remediation

NCGPT aims to deliver the highest quality education and support to GP registrars and supervisors. We also have a responsibility to the general public to train registrars to certain expected standards.

From time to time, it is brought to NCGPT's attention, that a registrar is perceived to be performing below the expected standard for their particular level of training, with regard to knowledge, skills, attitude and/or behaviour. Substandard performance may be due to clinical incompetence, conflict arising from current workplace environment, or psychological impairment.

The role and responsibility of NCGPT is to identify and confirm significant areas of concern via a process called focussed intervention. If necessary, a remediation plan will be developed and implemented. Professional or ethical misconduct is a matter for immediate referral to the Medical Board of NSW.

The NCGPT remediation policy follows key principles - it is a transparent process, has clear guidelines which are well documented and defensible, has clear communication between all affected parties, and thoroughly documents all proceedings and actions. This policy can be obtained by contacting NCGPT.

14.5 Registrar and supervisor dispute resolution

While NCGPT makes every effort to ensure that a registrar's training on the north coast is both valuable and enjoyable, it accepts that difficulties arise from time to time between a registrar and his or her supervisor.

When disagreements arise NCGPT will ensure the parties involved discuss the problem and attempt to reach a successful resolution. Whenever a problem or potential problem arises registrars should contact one of the NCGPT RLOs as soon as possible.

There are five stages to NCGPT's dispute resolution process.

Stage one

The registrar and supervisor and/or practice manager discuss the matter and attempt resolution. If the matter can not be resolved at this level, the registrar should contact the NCGPT DOT.

Stage two

The registrar, GP training supervisor, and DOT discuss the matter to seek a resolution. Any resolution adopted must be by consensus. The group may meet face to face, or by teleconference. Once a resolution has been agreed the DOT should provide a written report to the CEO who maintains a formal record of the agreed outcome.

Stage three

If the matter can not be resolved at stage two a group consisting the registrar, the GP supervisor, the registrar liaison office, the supervisor liaison officer, the DOT, and the CEO should be convened by the DOT. The CEO will chair the meeting. The group may meet face to face or by teleconference. Any resolution adopted must be by consensus.

Stage four

If the matter can not be resolved at stage three the matter must be referred to the board of NCGPT by the CEO. Both the registrar and GP supervisor must be present and may be represented or accompanied by a nominee of their choice. The nominee, however, should not be a solicitor or legal representative. The meeting may be face to face or by video or teleconference.

Each of the parties involved will be given an opportunity to put his or her case to the Board who may, in turn, ask questions of those present. After hearing submissions from both parties the Board will deliberate on the matter in private. A resolution of the board must be reached by majority vote. If the board is evenly split regarding appropriate action, the matter may be referred to the GPET Appeals Tribunal.

Stage five

If the matter can not be resolved at stage four the registrar may make a written application for it to be heard by the GPET Appeals Tribunal.

14.6 Registrar criteria for transfer

All registrars accepted into NCGPT are expected to complete their training in the region. North Coast GP Training recognises, however, that from time to time unforeseen or unexpected circumstances occur which may require the registrar to take leave or a temporary or permanent transfer to another region. A transfer will be considered under the following conditions:

- The registrar's mental or physical health needs necessitate a transfer to another location for appropriate care, provided this need developed after the registrar accepted a placement, and provided this need could not be reasonably foreseen at the time of acceptance of a place in that regional training provider's program. In this case supporting medical documentation must be provided;
- The registrar's spouse/recognised partner or immediate dependent family has suffered major illness or trauma requiring transfer to another location for appropriate care (supporting documentation may be required) and provided this move could not be reasonably foreseen at the time of acceptance of a place in that regional training provider's program;
- The registrar's spouse/recognised partner is required to move to a location where commuting from the region is not feasible, provided this move could not be reasonably foreseen at the time of acceptance of a place in that regional training providers program;
- The registrar's child/children is/are required to access ongoing specific services not available within a commutable distance, provided this need developed after the registrar accepted a placement, and provided this need could not be reasonably foreseen at the time of acceptance of a place in that regional training provider's program;
- Two registrars of equivalent educational stage of training and in the same training pathway (rural or general) may apply for an exchange between regional providers if all parties agree (eg regional training providers, registrars, GP supervisors) Transfer costs, including relocation expenses, would be the registrar's responsibility in these cases;
- Australian Defence Force (ADF) registrars who are required to move to another region because of ADF posting or attachment are permitted to transfer to another regional training provider with training funding appropriately adjusted. (Note: the availability of training posts cannot be guaranteed under these circumstances);
- Discretionary grounds for transfer may apply under exceptional circumstances and must be approved by the GPET board.

Temporary leave or outplacement

If the reason for transfer is a temporary problem then leave or a temporary 'outplacement' will be considered in the first instance. The registrar can then reapply for a temporary or permanent transfer if the problem persists when the 'outplacement' finishes.

Requesting a transfer

Requests for leave or transfer must be made in writing to the CEO. The request must allow a reasonable amount of time for processing and for a decision to be made. To facilitate the assessment of the application NCGPT may request opinions, advice or further documentation from other interested parties including the registrar's training adviser, GP, or medical specialist. The request and accompanying documentation will then

be considered in the registrar's absence by a NCGPT Committee comprising the following staff members:

- Chair of the Board
- Director of Training
- Chief Executive Officer
- Supervisor Liaison Officer
- Registrar Liaison Officer
- Registrar Support Officer

Possible outcomes will be:

- The approval of leave
- A temporary transfer or outplacement
- A permanent transfer
- No exemption if the criteria have not been met
- A request for further information and reconsideration upon the provision of this information.

The decision of the committee is final and no discussion or appeal of that decision will be considered. If, however, the registrar is not satisfied with the outcome he or she may appeal directly to GPET. An appeal to GPET must be in writing and must be made as soon as practicable after receiving the committee's decision.

15.0 Registrar representation

15.1 Registrar Liaison Officer(s) (RLO)

The primary role of the RLO is to act as an advocate for fellow registrars, to provide support and advice and to share information. The RLO is involved in meeting with the education team to provide registrar input into training and other aspects of the training environment.

The RLO is also available to help address any issues or problems that registrars wish to bring to the attention of NCGPT. Registrars should feel comfortable contacting the NCGPT RLOs and know that any discussions will remain confidential.

Your NCGPT RLOs are:

Dr Katherine Dent T: 0417 429 653 E: katdent10@hotmail.com

Dr George Forgan-Smith T: 0408 159 418 E: gefsmith@mac.com

Any registrars interested in training towards this role are encouraged to contact the NCGPT CEO
T: 02 6681 5711.

15.2 Registrar Support Officer (RSO)

The primary role of the RSO is to support registrars by:

- Assist registrars moving into the north coast region including help with special needs and accommodation,
- Ensure support for registrars' families,
- Establishing and strengthening community and social networks for registrars, and
- Provide support in all aspects of the training program including administration.

Your RSO is **Sue Gramza** T: 02 6681 5711 E: sueg@ncgpt.org.au

15.3 General Practice Registrars Australia (GPRA)

GPRA is the peak, independent, national organisation advocating and supporting GP Registrars in all states and territories in Australia and striving for excellence in general practice education.

For further information visit www.gpra.org.au

16.0 Commonly asked questions

Where is the north coast?

The north coast of NSW is situated on the east coast of Australia. The North Coast GP Training region stretches from Laurieton in the South to the Queensland border in the north and west to the Great Dividing Range.

What teaching do you offer?

NCGPT offers a variety of teaching at regional meetings which aim to complement the teaching registrars receive from supervisors in their practice. Our education program also articulates with the metropolitan workshop programs. Hence the training program is three tiered: in-practice teaching with supervisors, regional educational programs, and workshops conducted in Sydney.

How long is the training?

The AGPT program is a minimum three year training program.

1st year	Mandatory hospital term* (12 months, four units)
2nd year	GPT1 (six months, two units) and GPT2 (six months, two units)
3rd year	GPT3 (six months, two units) and extended skills term - may be completed in a GP setting (six months, two units) AND, completion of the Royal Australian College of General Practitioners fellowship examination (FRACGP)
4th year	Optional Fellowship in Advanced Rural General Practice (FARGP) - two Advanced Rural Skills Posts each six months Optional Fellowship of the Australian College of Rural and Remote Medicine (FACRRM). FACRRM may be completed in addition to FRACGP. Registrars wishing to train towards this fellowship must indicate their preference early on in the training program.

* Registrars who come to our region with considerable hospital experience may apply for recognition of prior learning (RPL) which may reduce training time by up to one year (see section 4.6 *Recognition of prior learning*). RPL must be approved prior to applying to sit for the FRACGP exam.

Does NCGPT need to be involved if registrars are doing locums?

The main issue here is supervision. Any registrar wishing to do a general practice locum would need to have completed their second hospital year. The level of supervision and all standards regarding accreditation and teaching would need to be consistent with the registrar's level, i.e. GPT1, GPT2 and GPT3. Locums at small hospitals would need to meet the same criteria. For those doing hospital terms, locums in the same hospital as they are working would generally not be a problem, as long as it did not shorten another mandatory term. The rule of thumb is, if in doubt, please call to clarify. For further information contact the NCGPT DOT.

How do I apply for recognition of prior learning (RPL)?

Application forms are available by contacting the NCGPT registrar support officer. Once completed please return to North Coast GP Training to be processed. Guidelines and eligibility are available from the GPET "Guide for GP Registrars" or visit www.agpt.com.au/PoliciesPublications/RegistrarGuide/

Please note it is a GPET requirement that each RPL application is accessed by two medical educators. Recommendations are then forwarded to the RACGP censor who is responsible for application approvals. Applications for RPL must be submitted within the first six months of your GP training.

Refer to section 4.6 *Recognition of prior learning* for further information.

What leave am I entitled to during training?

Each registrar is entitled to two weeks paid annual leave per six month term (a total of four weeks per year during supervised terms). However, registrars may not start their training with a leave term. While employed by hospitals, it is determined by the appropriate award. While working in subsequent GP experience leave is by negotiation with employer. Each registrar is also entitled to personal/carers leave of five days per term as per the national minimum terms and conditions for GPT1 and GPT2 registrars (see attachment two).

On application, leave from training may be taken. Not more than two years may be taken, in total. Please note, NCGPT is not an employer of registrars and terms and conditions of employment are negotiated with the practice employer. During GPT1 and GPT2, this is determined by the national minimum terms and conditions for GPT1 and GPT2 registrars (see attachment two).

Am I being paid correctly?

If you are in GPT1 or GPT2 check the national minimum terms and conditions for GPT1 and GPT2 registrars (see *attachment two*). In GPT3 check your individual employment contract with the practice. If you are still unsure contact your registrar liaison officer(s).

What rural incentive payments will I be eligible for?

1. General Practice Rural Incentive Payments Scheme (RRIPS)*:

This applies to registrars who join the Rural Pathway and undertake the majority of their general practice training in RRMA 3-7 locations. Up to \$60 000 is available to each registrar over three years of general practice training. For further information call Medicare Australia's GPRRIPS Helpline T: 1800 700 050 or visit www.health.gov.au/rrips

* Please note that from 1st July 2010 there will be significant changes to the RRIPS funding.

2. HECS Reimbursement Scheme:

This initiative aims to promote careers in rural medicine and increase the number of doctors in rural and regional areas in the longer term. Participants in the scheme who undertake training or provide medical services in designated rural and remote areas of Australia, will have one fifth of their HECS Medical fees reimbursed for each year of service. Any questions relating to the scheme should be directed to the Medicare Australia's HECS Helpline on T: 1800 010 550. For further details and an application form visit www.health.gov.au/hecs-reimbursement-scheme

Can I do part time training?

Yes. Applicants who are unable to engage in full time training may apply to do their training part time. Part time training can be applied for at any stage during the program. Although the hospital year is normally undertaken full time, all other components of the training program can be undertaken on a part time basis subject to approval to do so.

Do you offer a Relocation Allowance?

Yes, to approved applicants and up to \$2000 (incl. GST) per move per calendar year for the duration of training. This amount includes assistance with phone and internet connection.

Do you offer a Rental Subsidy?

No, unless there are exceptional circumstances. Rental subsidy is available to registrars if they are required to move within the region during training, and they are maintaining another residence within the region at the same time. For registrars relocating to the region on placements from urban regional training providers, rental subsidy may be available from their own regional training provider.

When can I sit the FRACGP exam?

After six months of full time equivalent supervised general practice terms (providing requirements for the hospital term have been met), registrars may sit the first component of the RACGP fellowship exam. Registrars must also have completed their Basic Life Support (BLS) certificate within 12 months of the closing date for exam applications.

Do I have to go to another rural area for my rural term?

No. All NCGPT practices are in a rural area so you do not have to leave the region. Those on the rural pathway must work in towns with RRMA 3-7 classification which includes all current NCGPT practices. Rural pathway registrars may work in towns with an RRMA 3 rating for a maximum of 12 months only.

What social and family support is available?

North Coast GP Training's registrar support officer is available to discuss your needs. The regional divisions of general practice and other organisations such as the Rural Family Medical Network also provide support to registrars and their families. Once you have commenced your training term with NCGPT your regional division of general practice will contact you to offer a range of services. Or you can make contact with the networks/divisions within the region or the Rural Family Medical Network (see section *17.0 Regional services directory*)

Who do I call if I have problems?

For any enquires, assistance, support and advice contact the Registrar Liaison Officer, Registrar Support Officer, Medical Educator or Director of Training immediately. All enquiries are confidential.

Can I enter the GP Procedural Training Program at any time in my training?

Yes, as soon as you have been accepted onto the GP training program.

Will the GP procedural training fulfill the ARSP (Advanced Rural Skills Post) requirement of my training?

Yes. For further information see www.ncgpt.org.au/gp-procedural-training

Do I need to be enrolled in the Fellowship of Advanced Rural General Practice (FARGP) to enter the GP Procedural Training Program?

No. However, GP Procedural Posts are accredited Advanced Rural Skills Posts (ARSPs) for the FARGP.

How much does it cost to enrol in the FARGP in Rural General Practice?

Enrolment is free for registrars provided they are currently undertaking vocational training under the Australian General Practice Training Program.

Where do I find all of the applications, forms and documents that I need?

All NCGPT forms and documents are available on the NCGPT website www.ncgpt.org.au/members

What do I do if i am interested in training to become a medical educator?

NCGPT welcomes interest from registrars in career enhancement through training to become a medical educator. Please contact the Director of Training for further information.

Can I start training with a leave term?

No. Training cannot start with a leave term unless it is maternity leave.

What does NCGPT do with any personal information I give them?

NCGPT is committed to protecting the personal information of registrars and to ensure that the use of personal information is respected and maintained in accordance with the provisions of the Privacy Act 1988 (as amended) specifically the National Privacy Principles. See attachment one for NCGPT's Privacy Policy and use of Personal Information.

17.0 Regional services directory

17.1 Flight information, airport transfers and transport

Service	Telephone	Website
Ballina Byron Bay Airport Terminal	02 6686 8385	
Ballina Taxi Services	02 6686 9999	
Ballina Transport	1800 992 066	www.ballinataxis.com/
Byron Bay Airbus (transfers from Ballina Airport)	02 6684 3232	
Tropical NSW Transfers (Byron Bay Taxi's and Limousines)	02 6685 5008	
Brisbane Airport Terminal	07 3406 3000	www.brisbaneairport.com.au
Brisbane Airport Security Parking	07 3406 3088	
Brisbane Public Transport - Buses, City trains and Ferries	131 230	
Coffs Harbour Regional Airport Terminal	02 6651 1966	
Coffs Harbour Regional Airport Terminal Security Carpark	02 6651 5211	
Coffs Harbour Taxi Services	6658 2699	
Countrylink (New South Wales Government Rail and Coach services)	13 22 32	www.countrylink.info
Gold Coast Airport Terminal	07 5589 1100	www.goldcoastairport.com.au
Gold Coast Taxi Services	07 5588 1234	
Gold Coast Byron Bay Airbus	0404 104 945	
Gold Coast Airport Security Parking	07 5536 9573	
Grafton Taxi Services	02 6642 3622	
Lismore Airport	02 6622 2798	
Lismore Taxi Service	13 10 08	
Port Macquarie Airport	02 6583 1904	
Port Macquarie Taxi Service	02 6581 0081	

17.2 General services

Service	Telephone	Website
Country Energy (electricity)	13 2356	
Crime Stoppers Hotline	1800 333 000	
Justice of the Peace (Attorney General's Department)	02 9228 7777	
Origin Energy (gas)	13 24 61	
Roads and Traffic Authority (NSW)	13 22 13	www.rta.nsw.gov.au
State Electoral Office (NSW)	1300 135 736	www.elections.nsw.gov.au
State Emergency Assistance (emergency help in flood or storm)	132 500	
Telstra (telephone and internet connections)	1300 368 387	

17.3 Health services, support and hospitals

Bush Crisis Line (for remote health practitioners and their families)
T: 1800 805 391

Coffs Harbour Base Hospital
345 Pacific Highway (Locked Bag 812)
Coffs Harbour NSW 2450
T: 02 6656 7000
F: 02 6656 7010
www.ncahs.nsw.gov.au/services/

Doctors Health Advisory Service
T: 02 9437 6552
www.dhas.org.au

General Practice Registrars Australia (GPRA)
T: 1300 131 198
www.gpra.org.au

Hastings Macleay General Practice Network
53 Lord Street Port
Macquarie NSW 2444
T: 02 6583 3600
F: 02 6583 8600
www.hmgpn.org.au

Hospitals and health facilities

www.ncahs.nsw.gov.au

Lismore Base Hospital

Uralba Street (PO Box 419)

Lismore NSW 2480

T: 02 6621 8000

F: 02 6621 7088

www.ncahs.nsw.gov.au/services/

Mid North Coast Division of General Practice

Suite 2, Level 1, 92-96 Harbour Drive

Coffs Harbour NSW 2450

T: 02 6651 5774

F: 02 6651 5781

www.mncdgp.org.au

North Coast Area Health Service

Crawford House, Hunter Street

Lismore NSW 2480

T: 02 6620 2100

F: 02 6621 7088

www.ncahs.nsw.gov.au

Northern Rivers General Practice Network

Suite 1 Carrington House, 16 Carrington Street

Lismore NSW 2480

T: 02 6622 4453

F: 02 6622 3185

www.nrdgp.org.au

Port Macquarie Base Hospital

Wrights Road (PO Box 2466)

Port Macquarie NSW 2444

T: 02 6581 2000

F: 02 6580 1110

www.ncahs.nsw.gov.au/services/

Rural Family Medical Network

T: 02 6545 2461

F: 02 6545 2438

E: info@rmfn.org.au

www.rmfn.org.au

The Tweed Hospital

16-18 Powell Street (PO Box 904)

Tweed Heads NSW 2485

T: 07 5536 1133 After Hrs: 07 5536 1133

F: 07 5506 7411

www.ncahs.nsw.gov.au/services/

Tweed Valley Division of General Practice

7 Nullum Street

Murwillumbah NSW 2484

T: 02 6672 5158

F: 02 6672 5195

www.tvdgp.org.au

17.4 Local Government (see for related services i.e. libraries, local events etc)

Ballina Shire Council

T: 02 6686 4444

F: 02 6686 7035

www.ballina.nsw.gov.au

Bellingen Shire Council

T: 02 6655 7300

F: 02 6655 2310

www.bellingen.nsw.gov.au**Byron Shire Council**

T: 02 6626 7000

F: 02 6684 3018

www.byron.nsw.gov.au**Clarence Valley Council (Grafton, Maclean and Pristine Waters combined Councils)**

T: 02 6643 0200

F: 02 6642 7647

www.clarence.nsw.gov.au**Coffs Harbour City Council**

T: 02 6648 4000

F: 02 6648 4199

www.coffsharbour.nsw.gov.au**Hastings Council**

T: 02 6581 8111

F: 02 6581 8123

www.hastings.nsw.gov.au**Kempsey Shire Council**

T: 02 6566 3200

F: 02 6566 3205

www.kempsey.nsw.gov.au**Kyogle Council**

T: 02 6632 1611

F: 02 6632 2228

www.kyogle.nsw.gov.au**Lismore City Council**

T: 02 6625 0500

F: 02 6625 0400

www.lismore.nsw.gov.au**Nambucca Shire Council**

T: 02 6568 2555

F: 02 6568 2201

www.nambucca.nsw.gov.au**Richmond Valley Council**

T: 02 6660 0300

F: 02 6662 5198

www.richmondvalley.nsw.gov.au**Tweed Shire Council**

T: 02 6670 2400

F: 02 6670 2429

www.tweed.nsw.gov.au

18.0 Attachments

Attachment one: NCGPT privacy policy and use of personal information

NCGPT is committed to protecting the personal information of members, registrars, supervisors, GPs, staff, and others, and to ensure that the use of personal information is respected and maintained in accordance with the provisions of the Privacy Act 1988 (as amended) specifically the National Privacy Principles.

The national privacy principles

Schedule three of the Privacy Act sets out the ten NPPs, which legally bind organisations in the way they must handle personal information. The NPPs cover collection (NPP1), use and disclosure (NPP2, data quality (NPP3), data security (NPP4) openness (NPP5), access and correction (NPP6), identifiers (NPP7), anonymity (NPP8), transborder data flows (NPP9) and sensitive information (NPP10).

These NPPs regulate the way many private sector organisations collect, use, keep secure and disclose personal information. They give individuals the right to know what information an organisation holds about them and a right to correct that information if it is wrong. An organisation must take reasonable steps to make individuals aware that it is collecting personal information about them, the purposes for which it is collecting the information, and who it might pass the information on to. There are some restrictions on what an organisation can do with the personal information it collects and when it can disclose personal information or transfer it overseas.

Except for some special circumstances, individuals have a right to get access to personal information an organisation holds about them and to have the information corrected or annotated if the information is incorrect, out-of-date or incomplete. Individuals can also make a complaint if they think information about them is not being handled properly.

For more information about privacy issues in Australia, visit the website of the Australian Federal Privacy Commissioner www.privacy.gov.au

Personal information held by NCGPT

North Coast GP Training collects personal information about registrars and supervisors to facilitate GP education and training.

Using and disclosing personal information:

North Coast GP Training will not use or disclose any information without the consent of the individual, unless:

- It is required by law,
- It is necessary to provide a service requested,
- To protect the rights or property of NCGPT, any NCGPT user, or any member of the public,
- To reduce a serious threat to a person's health or safety.

Storage and security of personal information:

North Coast GP Training takes all reasonable steps to keep secure any information held about an individual, and to keep this information accurate and up to date. This information is maintained in individual personnel files in locked cabinets. Electronic information is stored on a secure server that is backed up daily and stored off site.

Staff members and contractors/consultants who provide services related to the NCGPT's information systems, or who have access to personnel records are obliged to respect the confidentiality of any personal information held by the company.

Accessing information:

A registrar, supervisor or member may access personal information kept by NCGPT that relates specifically to him or herself.

You will be asked to sign a privacy waiver, on accepting an offer of placement with NCGPT or at an induction event. The form of this waiver is set out below.

NCGPT adheres to the relevant Commonwealth and NSW laws and regulations in its use of personal details. Please refer to NCGPT's privacy policy document.

The following consent applies to the uses of your contact details and training information.

North Coast GP Training privacy wavier - explanatory notes

Communication is important

We need to know what you are doing, and you need to know what we are doing. Most of our communication with you - of upcoming events, and individual contacts and enquiries - will be by email. You will be moving locations periodically during your training and email is the best method of communication. It is therefore important that this mode of correspondence be as reliable as possible. For this to occur you need to have access to a reliable and consistent email address.

Registrars are required to advise a reliable email address upon acceptance to the NCGPT training program. It is the responsibility of registrars to check email regularly, and to maintain the inbox, in order to keep up to date with training program activities. Please ensure that you set your junk email permissions to an appropriate level so that you receive all correspondence from NCGPT staff emails (or alternately add NCGPT staff emails to your safe list and check your junk email regularly).

We need to communicate with various individuals and organisations at times during your training including:

Other training providers (in the event that you transfer to another RTP at some stage)

We may need to forward some of your records including teaching advisory (TA) contacts and external clinical teaching (ECT) visits. Similarly, we will need to see copies of these documents if you are transferring to NCGPT.

Other organisations

The regional divisions and networks of general practice in NCGPT's region, are committed to supporting you by providing access to specified education activities and facilities and encourage you to join. We provide the regional divisions/networks of general practice with limited access to trainee contact details whilst you are in their area. This is to ensure their staff can approach you when appropriate and as may be required.

We also require your permission to pass on details of educational activities from other organisations such as the RACGP, ACRRM, and University departments.

The Royal Australian College of General Practice

For registrars seeking fellowship of the RACGP, towards the end of your formal training you will sit the fellowship examination. We need your permission to obtain details of your performance in this examination from the RACGP. This is obviously important in evaluating the effectiveness of our program overall.

North Coast GP Training privacy wavier

1. I consent to my name and contact details being circulated by NCGPT to relevant Divisions of General Practice. I accept that these organisations may notify me of relevant educational activities, membership opportunities and practice support activities.
2. I consent to NCGPT forwarding relevant information to me from other education providers and professional bodies.
3. I consent to NCGPT sending and obtaining from other training providers and professional bodies, details of my training, curriculum vitae, contact reports, ECT visits and other documents relevant to my training. I accept that NCGPT may share this information with potential, current and past GP supervisors in the course of my training.
4. I consent to my contact details being provided to NCGPT Registrar Liaison Officers, other NCGPT registrars, and program personnel.
5. I give permission for the RACGP to forward to NCGPT details of my performance in the RACGP Fellowship examination.

Signature: _____

Print Name: _____

Date: _____

Attachment two: General Practice Training Program national minimum terms and conditions for GPT1 and GPT2 registrars 2010

The 2010 National Minimum Terms and Conditions for GPT1 and GPT2 Registrars document follows on from this page and is also available from the North Coast GP Training website www.ncgpt.org.au/members



National Minimum Terms & Conditions for GP Term 1 and GP Term 2 Registrars

2010



**GENERAL PRACTICE TRAINING PROGRAM
NATIONAL MINIMUM TERMS AND CONDITIONS
FOR GP TERMS 1 AND 2**

1. Purpose and Application

- 1.1 This agreement is operative from the commencement of the 2010 GP training year and is intended for use throughout the Australian General Practice Training Program (“AGPTP”). These minimum terms and conditions apply, by agreement between General Practice Registrars Australia (“GPRA”) and the National General Practice Supervisors’ Association (“NGPSA”), to all GP Registrars engaged in GPT 1 and GPT 2.
- 1.2 These minimum terms and conditions will be reviewed and updated nationally by three representatives each of the GPRA and NGPSA in July 2010 and every two years thereafter. The Australian Medical Association Ltd (“AMA”) agrees to notify the GPRA and NGPSA when the review is due and to assist them in reaching agreement on the terms of the update.
- 1.3 These minimum terms and conditions are intended to establish a fair and reasonable basis of employment for registrars in order to support an appropriate educational environment.
- 1.4 This agreement continues in force, and applies to all registrars and supervising practices, until agreement is reached on the terms of the next update.
- 1.5 This agreement aims to reflect and uphold the standards of General Practice training.
- 1.6 For the purposes of this agreement:
- “*GPT 1*” refers to the first six-month placement in a general practice or equivalent setting within the AGPTP;
- “*GPT 2*” refers to the second six-month placement in a general practice or equivalent setting within the AGPTP.

2. Statement of Goodwill

The GPRA and NGPSA acknowledge that a mutual attitude of goodwill must exist for both the GP registrar (“registrar”) and the training practice (“practice”) to extract maximum benefit from this term of training and employment. The GPRA and NGPSA agree that the parties they represent will make all reasonable efforts to work and learn together in a spirit of mutual trust and goodwill. Additionally, they acknowledge that this agreement is not comprehensive and that every effort will be made to reasonably discuss and resolve other difficulties as they arise.

This agreement is based on the relevant AGPTP policies in place as at 1 December 2008. The NGPSA and the GPRA agree to discuss any significant changes to AGPTP policies that may affect the operation of this agreement.

3. Nature of Employment

3.1 Registrars engaged in GPT 1 and GPT 2 are employed in the capacity of an employee and an employment agreement will be negotiated between the practice and the registrar that at least satisfies the minimum terms and conditions contained in, and using the framework defined in, this agreement.

3.1.1 For information on the difference between a contractor and an employee, it is recommended that registrars and practices refer to the definitions outlined on the Australian Taxation Office website. <http://www.ato.gov.au/businesses/content.asp?doc=/content/00095062.htm> Involvement in an apprentice or trainee situation has a significant impact on whether an individual is viewed by the ATO as a contractor or an employee.

3.2. A copy of the employment contract (signed by the employer and the registrar) must be exchanged by the employer and the registrar prior to commencement of his/her employment in a training position.

3.3 An Australian Defence Force Registrar may be bound by employment contracts that differ from the requirements outlined in 3.1 above.

4. Work Hours

4.1 *Ordinary Hours*

4.1.1 The ordinary hours of the registrar are calculated as the time between commencing and finishing work each day. Ordinary hours do not include on-call time and meal breaks. Ordinary hours include:

- a) normal general practice activities such as:
 - scheduled consulting time (whether seeing patients or not)
 - home, hospital and nursing home visits including travel time
 - administrative time (e.g. writing notes, telephone calls, reports)
- b) practice-based teaching time; and
- c) educational release time.

4.1.2 If the registrar is employed on a full-time basis, the ordinary hours of the registrar shall:

- a) be 38 hours per week averaged over 4 weeks, of which not less than 27 hours per week averaged over 4 weeks shall be scheduled patient contact time;
- b) be worked over at least four days per week averaged over 4 weeks;
- c) be worked in periods of not less than 3 hours and no greater than 12 hours on any one day;

- d) be worked on the basis that ordinary hours, for payment purposes, are between 8am to 8pm Monday to Friday and 8am to 1pm on Saturday. The distribution of ordinary hours, particularly on Saturdays, shall be no more onerous than that of other full-time doctors in the practice;
- e) include formal set aside practice based teaching averaged over 4 weeks in accordance with AGPTP policy; and
- f) include educational release time averaging:
 - one session per week for registrars in GPT 1, and
 - one session per fortnight for registrars in GPT 2.

4.1.3 If the registrar is employed on a part-time basis, all the conditions in this agreement apply on a pro rata basis. The ordinary hours of a part time registrar shall:

- a) be not less than 3 sessions per week with at least 9 hours of patient contact;:
- b) be worked over not less than 2 days per week;
- c) be worked in periods of not less than 3 hours and no greater than 12 hours on any one day;
- d) be worked on the basis that ordinary hours, for payment purposes, are between 8am to 8pm Monday to Friday and 8am to 1pm on Saturday. The distribution of ordinary hours, particularly on Saturdays, shall be equitable with that of full-time doctors in the practice, including the supervisor;
- e) include formal practice based teaching averaged over 4 weeks of:
 - 1.5 hours each week for registrars in GPT 1, and
 - 45 minutes each week for registrars in GPT 2.
- f) include educational release time averaging:
 - one session per fortnight for a registrar in the GPT 1, and
 - one session per month for a registrar in the GPT 2.

(Note: educational release & teaching time for part-time training is equivalent to half that for full-time training irrespective of the actual numbers of hours worked each week. This is taken into account in determining practice subsidies).

4.2 Workload

During both the GPT 1 and GPT 2 terms, there should be a maximum on average of four patients per hour. GPRA and NGPSA realise that in times of special circumstance, such as emergencies, staff illness and outbreaks of illness this workload may vary.

4.3 Personal Safety

Any reasonable concerns for the personal safety of a registrar working alone after hours will be considered and discussed by the supervisor and registrar when making after hours work arrangements.

4.4 After Hours and On Call

4.4.1 *After Hours*

Where a practice is normally open outside of ordinary hours, the registrar may be rostered to work. This is considered to be a normal part of general practice. These arrangements shall be no more onerous than those of other full-time doctors in the practice (pro rata for part-time registrars).

4.4.2 *On Call*

The registrar may be rostered to be on call. This is considered to be a normal part of general practice. These arrangements shall be no more onerous than those of other full-time doctors in the practice (pro rata for part-time registrars).

5. Supervision

- 5.1 The employer shall provide supervision in accordance with AGPTP guidelines.
- 5.2 Appropriate, mutually agreed supervision must be available at all times for after hours and on-call work.
- 5.3 The supervisor or his/her delegate must be available to attend in person, should the registrar request this in the event of an emergency.

6. Remuneration

6.1 Pay for ordinary hours

- 6.1.1 The following salaries are based on a full-time, 38 hour week and take into account recommended scheduled patient consulting hours and the number of patients seen in this time, Medicare rebates, practice subsidy and PIP. Time for teaching/educational release/admin/home visits etc has also been considered as part of the full-time (38 hours) week.
- 6.1.2 Gross billings include any fees generated via the registrar's provider number. This includes patient fees and service incentive payments.
 - 6.1.2.1 As the billing doctor is responsible for any incorrect billing practices, it is recommended that registrars review their list of patient billings on a regular basis to protect themselves from inadvertent breaches of Medicare legislation.
- 6.1.3 Part-time salaries during GPT 1 and GPT 2 shall be calculated on a pro rata basis.

6.1.4 *GPT 1*

- a) The minimum annual salary for a full-time registrar is \$65,612.80 (\$1261.78/week), plus 9% superannuation.

Or

- b) 45% of in-hours gross billings, plus 9% superannuation, calculated over a 3 month cycle.

Whichever is the greater.

6.1.5 *GPT 2*

- a) The minimum annual salary for a full-time registrar is \$82,715.00 (\$1590.67/week.), plus 9% superannuation.

Or

- b) 45% of in hours gross billings, plus 9% superannuation, calculated over a 3 month cycle.

Whichever is the greater.

6.1.6 A review of remuneration and pay cycles should occur after 3 months of employment.

6.1.7 For the purposes of 6.1.4 and 6.1.5:

- a) The fortnightly rate of pay will be ascertained by applying the following formula:

$$\text{Fortnightly Rate of Pay} = \frac{\text{Annual Salary}}{26.07}$$

- b) The hourly rate of pay will be ascertained by applying the following formula:

$$\text{Hourly Rate of Pay} = \frac{\text{Fortnightly Rate of Pay}}{76}$$

6.1.8 The minimum salaries of \$65,612.80 and \$82,715.00 shall apply from the start of the 2010 training year.

6.1.9 The salaries prescribed in this agreement will be reviewed at the end of each calendar year and adjusted upwards in line with movements in the CMBS, VR Level B consultation item. Both parties shall accept the determination of the AMA with respect to the amount of indexation. The new salaries will become applicable in the new training year immediately following this.

6.2 Pay for additional ordinary hours

Overtime is calculated on weekly hours (excluding on-call work) in excess of 38 hours averaged over a 4-week cycle. By agreement overtime can be:

- a) taken as time off in lieu at the ordinary time rate (ie an hour for each hour worked), at a time agreed between registrar and supervisor, but within one month).

or

- b) paid at 150% of the ordinary time rate, plus 9% superannuation.

6.3 Pay for after hours and on call

- 6.3.1 For after hours and on-call work at the practice or off site, the registrar will be paid a minimum 55% of gross billings, plus 9% superannuation.
- 6.3.2 Where after hours and on-call involves hospital – based work the registrar will be paid a minimum 55% of gross billings, plus superannuation, plus 55% of the on-call allowances paid by rural hospitals where applicable.

6.4 Time of Payment

- 6.4.1 A registrar's salary for all work undertaken in connection with the practice shall be calculated, according to billings, and paid at least fortnightly and will not be delayed pending payment for consultations (ie pay is calculated in relation to billings and not receipts).
- 6.4.2 Payment for hospital work will be paid in accordance with the hospital billing cycle.
- 6.4.3 The practice must provide at registrar request access and explanation of their patient billing information.

7. **Leave**

7.1 Annual Leave

- 7.1.1 A registrar shall be paid no less than two weeks annual leave per 6 months full-time period (pro rata for a part-time registrar). Any unused leave shall be paid out on termination of employment. There is no leave loading entitlement.
- 7.1.2 Annual leave will be paid at the registrar's current relevant base weekly wage or an average of weekly earnings for ordinary hours calculated since the commencement of employment, whichever is the greater.

7.2 Personal/Carer's Leave

- 7.2.1 Personal/carers leave means leave taken due to personal illness or injury (sick leave) or to provide care or support for a member of the registrar's immediate family or household who requires care or support due to personal illness or injury, or an unexpected emergency (carer's leave).
- 7.2.2 Unless otherwise specified under legislation, paid personal/carers leave for a full-time registrar is accrued on the basis of 1/26 of the number of ordinary hours worked during the previous completed four week period. For a full time registrar working 38 hours per week, this will amount to 38 hours (ie: 5 days) over a 26-week term.
- 7.2.3 A full-time registrar working 38 hours per week will be entitled to an advance of 38 hours paid personal/carers leave for each 6 months full-time period of employment on commencement of the term. For a part-time registrar this shall be calculated on a pro rata basis.
- 7.2.4 In the event the registrar has taken unaccrued personal/carers leave and terminates her/his employment, the practice is entitled to withhold an amount equivalent to those hours taken as unaccrued sick leave.
- 7.2.5 The calculation of pay for personal/carers leave shall not be on a percentage of billings, but each day off sick, shall be paid as follows:
- a) GPT 1 Registrars: $\$1261.78/38\text{hours} = \33.20 per hour.
 - b) GPT 2 Registrars: $\$1590.67/38\text{hours} = \41.86 per hour.
- 7.2.6 Personal/carers leave is calculated on a pro rata basis for part-time registrars using the formula prescribed in 7.2.2 above.
- 7.2.7 A registrar is entitled to an additional two days of unpaid carer's leave on each occasion that a member of the Registrar's immediate family or household requires care and support due to illness, injury, or an unexpected emergency.
- 7.2.8 Unpaid carer's leave can only be taken once all paid personal/carers leave entitlements have been used.

7.3 Compassionate Leave

A registrar shall be entitled to up to two days paid compassionate leave, which can be taken upon the death of a member of the registrar's immediate family or household, or to spend time with a seriously ill, injured or dying person who is a member of the registrar's immediate family or household.

7.4 Definition of immediate family or household

For the purposes of 7.2 and 7.3 above, immediate family or household means the registrar's spouse (including de facto spouse, former spouse, or former de facto spouses), child, parent, grandparent, grandchild or sibling. In addition, immediate family includes the child, parent, grandparent, grandchild or sibling of the registrar's current or former spouse (including de facto spouses).

7.5 Parental Leave

Parental leave requirements are dealt with extensively under Federal, State and Territory legislation. Arrangements for parental leave, which includes maternity, paternity and adoption leave, should be discussed between the registrar and the employer having regard to the applicable legislation.

7.6 Study Leave

There is no automatic entitlement to study leave. Registrars who consider they may require such leave are encouraged to discuss with their practice and include such considerations in their employment agreement.

8. Public Holidays

8.1 A registrar who normally works ordinary hours on the day of the week on which a public holiday falls is entitled to that public holiday as paid leave (ie. that day is part of the registrar's ordinary hours of work for that week).

8.2 If a registrar works on a public holiday:

8.2.1 In a practice that is open for normal consultations, then the registrar will receive their normal salary and a paid day off in lieu (or half day, if only one session was worked on the holiday):

8.2.3 In an on-call capacity for a practice which is closed for normal consultations, then the registrar will receive their normal salary and additionally the relevant on-call payment for their billings for that day. In this instance the registrar is not entitled to a paid day off in lieu.

8.3 The allocation of public holiday rostering shall be no more onerous than that of other doctors in the practice.

9. Superannuation and Workers' Compensation

The practice will observe the requirements of superannuation law and will ensure it has insurance to cover workers' compensation for the registrar.

10. Expenses

10.1 Travel

The registrar will be reimbursed by the practice for expenses incurred by the registrar in the use of the registrar's motor vehicle for work purposes during ordinary hours and on-call work. Reimbursement shall be at the standard Australian Taxation Office rates. To substantiate a claim for reimbursement, the registrar will keep a travel diary.

10.2 Relocation Expenses

Unless otherwise agreed, the practice is under no obligation to meet a registrar's relocation expenses. A registrar undertaking a rural term may be eligible for subsidised relocation expenses from the Regional Training Provider ("RTP").

11. Accommodation

- 11.1 The GPRA and NGPSA agree that neither the practice nor the registrar should be financially disadvantaged in supporting a registrar's accommodation.
- 11.2. The accommodation subsidy shall be distributed appropriately to either the registrar or the practice depending on who incurs the cost of provision of accommodation.
- 11.3 If a registrar is undertaking a GP term in a rural area, the practice will:
- 11.3.1 assist the registrar to find suitable accommodation to suit their needs (which is self-contained, fully furnished with kitchen facilities) and is in accordance with the standard approved by GPET; and
 - 11.3.2 support the registrar in accordance with their RTP terms and conditions.
- 11.4 The registrar will be responsible for payment of gas, electricity, water, and private phone usage.

12 Registrar Requirements

12.1 Medical Registration

A registrar employed in accordance with this agreement must hold a valid registration certificate. In the event that registration is withdrawn or conditions are imposed upon it, the registrar is required to notify the employer as soon as practicable.

12.2 Indemnity

- 12.2.1 During the term of employment, the registrar must hold professional indemnity insurance in respect of the work contemplated by this agreement. The registrar will, if requested by the employer, produce evidence of medical indemnity. In the event that professional indemnity insurance is withdrawn or altered, the registrar must notify the employer as soon as practicable.
- 12.2.2 The registrar authorises the employer to make inquiries of the registrar's medical insurer to verify membership or level of insurance, as the case may be.

12.3 Release of Data

- 12.3.1 *Practice Incentive Program*: The registrar shall, if requested by the practice, consent to the release of relevant Medicare Australia data.
- 12.3.2 The registrar will notify the supervisor as to whether or not they have consented to the release of their Medicare Australia data.

12.4 Confidential information

During the registrar's term of employment and after it has ceased, the registrar will not use or divulge any information confidential to the practice and its patients.

13. Termination of Employment

- 13.1 Employment should not be terminated by the registrar or practice before the completion of the term, other than in exceptional circumstances and only where there has been extensive discussion between the practice/GP supervisor, the registrar and the RTP.
- 13.2 In all other circumstances appropriate notice of termination should be given and the period of notice should be determined by mutual consent. If consent cannot be reached, the registrar and the practice should adopt local dispute resolution processes.
- 13.3 Any accrued entitlements, including annual leave must be paid to the registrar at termination. Superannuation contributions must be made to the relevant fund.

14. Future Employment

- 14.1 An agreement may be reached between the registrar and the employer regarding geographic restrictions on where the registrar may practice on leaving the training post, provided that it does not unreasonably interfere with the completion of the registrar's training or cause unreasonable hardship for the registrar.
- 14.2 The supervisor, employer, practice and the registrar acknowledge that a restrictive covenant must be reasonable and should not be wider than is reasonably necessary to protect the employer's interests when judged in terms of the duration and area of its coverage and the activities restrained.

15 Safety and Security

- 15.1 The GPRA and NGPSA recognise that the personal safety of a registrar working alone, on home visits or in the surgery after hours is an issue to be addressed when making after hours and on-call arrangements.
- 15.2 Key areas to be addressed include:
- reliable telecommunication contact for any after hours, or home visits;
 - reasonable registrar rostering, with consideration for commuting requirements between workplaces (including educational releases);
 - the practice is required to undertake a risk assessment and appropriate risk minimisation strategies in relation to the registrar's work environment and discuss this with the registrar.

- 15.3 The GPRA and NGPSA agree that if a registrar feels unsafe in a particular environment that this issue shall be addressed by the practice. If the registrar continues to feel unsafe then the registrar may invoke the dispute resolution process outlined in clause 16.

16. Dispute Resolution

- 16.1 Where a dispute arises between the registrar and the practice over the terms and conditions of employment, the parties should utilise the dispute resolution process adopted by the RTP. During the dispute resolution process, both parties shall endeavour to continue to work in an appropriate and professional manner.

16.2 Notwithstanding 16.1 above, the opportunity for individuals to refer via their Registrar Liaison Officer or Supervisor Liaison Officer to the NGPSA/GPRA for advice on terms and conditions disputes remains available as an option.

Agreed and signed by the parties, to come into effect from the commencement of the 2010 GP training year.

National General Practice Supervisors' Association:

Dr Rodney Pearce, Chair

Signature:

Date: 13 November 2009

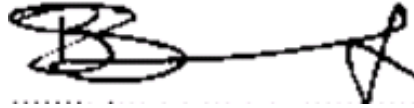
A handwritten signature in black ink, appearing to read 'Rodney Pearce', written in a cursive style.

General Practice Registrars Australia:

Dr Belinda Guest, Chair

Signature:

Date: 13 November 2009

A handwritten signature in black ink, appearing to read 'Belinda Guest', written in a cursive style. The signature is positioned above a horizontal dashed line.



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