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thank you, from the CEO

This handbook is designed to assist supervisors to train the next generation of high quality general practitioners on the north coast.

North Coast GP Training recognises the important role that GP supervisors play in passing knowledge and skills on to the next generation of general practitioners. We value the ongoing commitment of each of our supervisors and we thank you for your involvement in the Australian General Practice Training program.

In this package you will find information to assist you when supervising registrars who are completing their training with NCGPT.

After reading through this handbook please take the time to peruse the relevant forms and documents as listed at the back of your handbook. These are common documents you may need to refer to, or forms you may need to complete, in your position as an NCGPT supervisor, all of these forms are also available on our website at www.ncgpt.org.au in the relevant registrar www.ncgpt.org.au/content/registrars and supervisor www.ncgpt.org.au/content/supervisors sections or general section of forms and downloads www.ncgpt.org.au/content/forms-and-downloads

Remember the team at NCGPT is here to support you. Please don't hesitate to contact us at any time for assistance, advice or just for a friendly chat.

We are grateful you have made the choice to support North Coast GP Training's program. We hope that your experiences as a GP supervisor are both fulfilling and rewarding.



John Langill
Chief Executive Officer

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 Rural GP Registrar of the year

Our 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.

Our 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.

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

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.

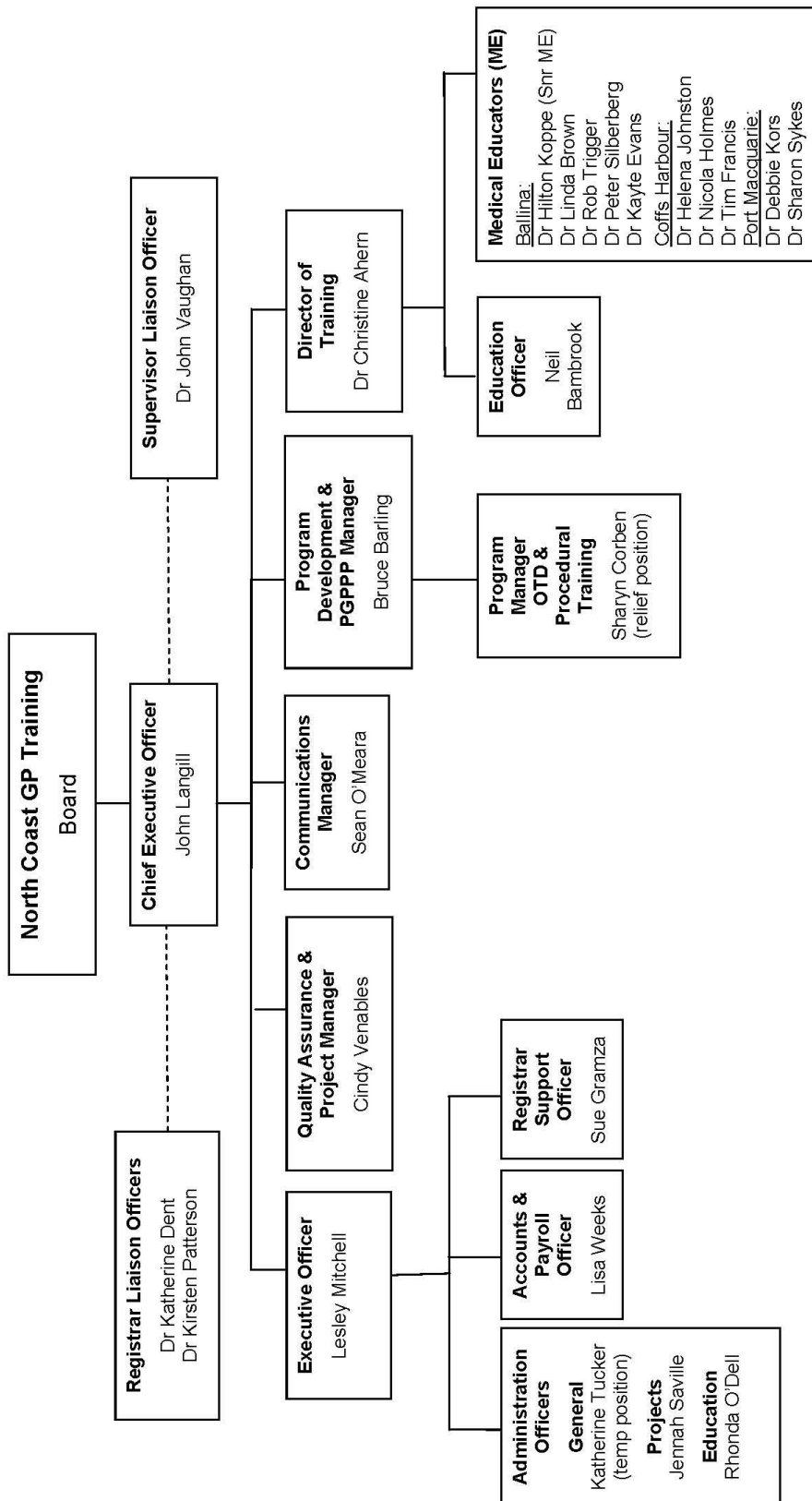
Regional offices

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 and one non-GP member 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 Nick DeMarco (Director)

Dr Chris Jambor (Deputy Chair)

Dr Chris Mitchell (Director)

Dr John Kramer (Director)

Dr John Moran (Director)

Dr Tim Francis (Director)

Mr Gary Southey (Director)

1.4. North Coast GP Training team

North Coast GP Training employs a range of staff to ensure that registrars' 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 (FACT) 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 and supervisors 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 and full 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.

Supervisor Liaison Officer (SLO)

The SLO is a GP located within the region with years of experience as a Supervisor. The SLO is a key point of contact for NCGPT supervisors.

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 term (first 12 months) 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 all electronic records of training, organises social events and assists registrars as needed.

GP Mentors

NCGPT mentors are experienced GPs who provide registrars in GPT3 and GP extended skills terms 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 <http://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 an active role in the direction of our training program. NCGPT values its members and the contributions they make.

Membership is available to general practitioners who:

Live within the region and are supervising or training registrars or medical students

Are registrars in vocational training for general practice

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
- h) More support for supervisors.

Membership is free. An application form can be sourced by calling our office on 02 6681 5711.

1.6. Australian Standard Geographical Classification - Remoteness Areas system (RA)*

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 locations as listed under RA 2-5.

RA 1

Tweed Heads

RA 2

Lismore, Nimbin, and Goonellabah, Port Macquarie (including Laurieton & Wauchope) Alstonville, Ballina, Casino, Coffs Harbour, Grafton, Lennox Head, Woolgoolga, Bangalow, Brunswick Heads, Byron Bay, Coraki, Evans Head, Harwood Island, Iluka, Kempsey, Kyogle, Maclean, Mullumbimby, Murwillumbah, Ocean Shores, Woodburn, Yamba.

RA 3

Bellingen, Dorrigo, Nambucca Heads, Bonalbo, Urbanville, Woodenbong, South West Rocks.

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

2.0 the north coast region

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

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

There are four 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 has a campus in Coffs Harbour and Port Macquarie.

NCGPT registrars are expected to live within the north coast region whilst undertaking their training.

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 yr	Mandatory hospital term* (12 months)
2nd yr	GPT1 (six months) and GPT2 (six months)
3rd yr	GPT3 (six months) and extended skills term (six months)

AND

	Fellowship Royal Australian College of General Practitioners examination (FRACGP)
4th yr (optional)	Fellowship in Advanced Rural General Practice (FARGP) (two Advanced Rural Skills Posts each six months, two units).

Training towards a Fellowship of the Australian College of Rural and Remote Medicine (FACRRM) is also a four year 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. 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.

Successful completion of the Fellowship Royal Australian College of General Practitioners exam (FRACGP) and all training requirements completes your training for all registrars with NCGPT. 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 FRACGP exam comprises of three separate components (two written components and one clinical component)

Written components

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

Clinical component

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

The Fellowship in Advanced Rural General Practice (FARGP), an extended fellowship with a rural focus, may also be achieved via the NCGPT training program. The FARGP is an additional qualification and may be undertaken at any point in training and will be conferred once the FRACGP has been attained.

Interested registrars may also complete the Fellowship of the Australian College of Rural and Remote Medicine (FACRRM). NCGPT will work with the Australian College of Rural and Remote Medicine (ACRRM) and any interested registrars to identify posts and training opportunities that would meet the requirements for FACRRM.

Fellowship of ACRRM will be awarded by application from the candidate following demonstration of satisfactory completion of all training and assessment requirements. FACRRM is recognised as a generalist qualification for Medicare Australia and MBS purposes.

Completion of both the FARGP and FACRRM involve a fourth year of training. Registrars may work towards attaining all three fellowships if they choose.

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 be downloaded from www.agpt.com.au

4.0 supervising at a glance

Parameters	GPT1	GPT2	GPT3 & Extended Skills in General Practice
Training Practice Accreditation	Must be accredited with RACGP and/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 payment	Should be regularly undertaken payment. Qualifies for TIP payments.	None required but encouraged, this qualifies for TIP payment.
Formative Assessment and Clinical Training visit (FACT) visit	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 2011	Supervisor required to assist in the development of the learning planner		
Supervisor training in 2011	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 3 years 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.		

* All references are to full time positions. These requirements should be adjusted on a pro-rata basis for GP registrars undertaking part time training.

5.0 registrar case load

Registrar case load must be within the following guidelines:

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 six months	2-3	4	50
GPT2 Second six months	3-4	4	50
GPT3 Six months	3-4	4	50

6.0 preparing your practice for a new registrar

6.1. Information for GP supervisors

Preparing for a new registrar is vital to facilitate a mutually successful and trouble free experience for all involved. Often problems in a term can be anticipated and prevented by adequate discussion either at the pre-attachment interview or during the early part of the term.

Preparing for a new registrar can be divided into three distinct phases:

- The initial interview with the registrar offered to your practice
- Administration prior to the actual commencement of the term
- The first week of the term

6.1.1. The initial interview

The purpose of this interview is primarily for both you and the registrar to feel comfortable about the prospect of working together for six months or more.

This interview should be treated like a job interview as the supervisor will be employing the registrar. Care should be taken not to ask questions which are irrelevant to the suitability of the registrar to the position and that could be seen as inappropriate or discriminatory under the law.

Ask the registrar to bring or send copies of their CV, including references, their medical defence information and current medical registration. These should be photocopied and included as part of the registrars HR file at the practice.

Have a copy of the National Minimum Terms and Conditions for GPT1 and GPT2 registrars and the acceptance of general practice term offer documents on hand. See section 16.0 for a list of all forms and documents on how to access.

Use this meeting to discuss issues that will form the basis of an employment contract. The employment contract with your registrar can be based on the NCGPT 'pro-forma registrar employment contract' or other employment contract as desired, the proforma can be sent to you after a request through our Registrar Support Officer Sue Gramza on 02 6681 5711 or E: sueg@ncgpt.org.au

Suggested topics for discussion, negotiation and inclusion in the employment contract with your registrar are:

Hours and pay

- National minimum terms and conditions for GPT1 and GPT2 registrars – use this as the basis of your discussion. See section 16.0 relevant forms and documents for how to access.
- Normal hours and pay*
- Time in excess of 38 hours and pay*
- On-call requirements and pay
- Superannuation
- If the practice has special requirements these must be discussed e.g. a branch practice

*** Please note: you should clarify with the registrar if you are talking about booked consulting hours or actual hours worked including results, phone calls, reports, teaching etc.**

Workload

- Number of patients per hour
- Expectations regarding home visits, nursing home visits, hospital work * etc

***Note: It has been negotiated with the North Coast Area Health Service that registrars will be assessed for suitability prior to placement within an Emergency Department at a small rural hospital. Please contact Sue at NCGPT for a copy of the VMO policy document on 02 6681 5711.**

Supervision and teaching

- Supervision arrangements during in practice hours
- Supervision arrangements for on-call
- Arrangements for structured teaching time

Leave

- Annual leave
- Sick leave
- Other leave

Other

- Discuss availability of their own consulting room
- Arranging accommodation
- Personal safety issues (if these are a concern)
- Who is the registrar responsible to in the practice?
- Who should the registrar approach with questions in the first instance 1) Clinical, 2) Admin?

Forms and paperwork

After discussion and negotiation with your registrar, you both need to complete and sign the:

- Acceptance of GP term offer form
- Application for a Medicare provider number form (to be returned directly to Medicare Australia)
- Application for a GP registrar placement form (to be signed by supervisor and registrar and then returned to NCGPT)

Please note: this is not an employment contract; a separate employment contract should be completed.

You will also need to ensure:

- The registrar's medical indemnity insurance is appropriate for the GP term and obtain a copy
- The registrar's prescriber number is arranged
- The registrar has proof of medical registration

Education

You might like to briefly discuss:

- What you and the practice can offer this registrar
- The registrar's past medical experience and how this term fits into their career plan
- In general terms, the registrar's current interests in learning/what they want to achieve in this term
- Personal details with respect to any restriction on medical practice e.g. religious, cultural or personal beliefs and health.

Legal and ethical

There are a number of legal and ethical issues that should be addressed or noted. These include:

- An employment contract should be signed by both the supervisor and registrar. A proforma registrar employment contract is available from NCGPT. Please see section 16.0 for a list of forms and documents on how to access.
- Obligations to patients and practice:
 - Flexible attitude to hours especially with respect to finishing "on time"
 - Understanding and acceptance of the realities of general practice

- An appropriate standard of clinical practice e.g. knowing your limitations
- Professional responsibility to practice and patients
- Agreement to re-negotiate terms and conditions during the term and/or when conditions change
- Agreement to mediate if conflict arises
- All professional fees received by the registrar are the property of the practice unless mutually agreed otherwise
- Negotiating for the registrar to contact current/previous registrars and for you to contact previous supervisor/employer is often a good idea
- Any agreement reached regarding terms and conditions of employment should be confirmed in writing.

Please note: we strongly recommend that supervisors and/or the practice manager check at least six weeks prior to the commencement of the term that all relevant forms and paperwork have been completed. While registrars are primarily responsible for this it can have a direct effect on the practice both financially and with the integration of the new registrar.

Social

It is suggested that the following be discussed:

- The practice as an extended “family”
- The registrar’s family and its impact
- Common hobbies/sporting interests
- What is available in the local area

6.1.2. Prior to the commencement of term

Prior to commencement of the GP term the following administrative tasks must be organised (often the Practice Manager will be able to complete this):

- Medicare Australia Vocational Registration Recognised Provider Number
- Prescriber Number
- Hospital VMO Admitting Rights Application (if applicable), multiple forms
- DVA LMO Application
- Notify PIP
- Notify and register for Australian Childhood Immunisation Register (ACIR)
- Medicare Australia regarding online claims, ABN, 90 days cheque scheme
- Script pads
- Software setup and passwords for clinical records and billing
- ATO employment declarations fair work statement
- Bank account details or preferred payment method
- Registrar’s superannuation fund

Please note: it is also vital that the registrar’s Medical Registration and Medical Indemnity Membership is viewed and recorded. Check that medical indemnity is appropriate for general practice and the work required.

You should also prepare the receptionist staff regarding appropriate appointment times and how to “sell” the new registrar. Section 6.2 of this document contains further information for the receptionist staff to assist with the administration and integration of a registrar in the practice.

6.1.3. The first week of term - orientation

Orientation of a new registrar at the start of a GP term is an important aspect of GP supervision. This is especially important for GPT1 registrars.

NCGPT recognises the importance and time consuming nature of this activity and has included practice orientation as a Teacher Incentive Payment™ program (TIP™) activity. The TIP™ forms elaborate on this teaching activity and must be completed and returned to NCGPT to receive your TIP payment.

Orientation must be tailored for the individual practice and registrar. NCGPT has produced a list of essential components of orientation and also suggested orientation activities. Orientation can also be divided into the following three groups:

Orientation to the medical practice

- Practice profile, style, structure, personnel and roles
- Physical environment; consulting rooms, phone system etc
- Special interests of doctors
- The practice medical records system
- Referral practitioner lists; medical, allied health and other
- Results - protocol for checking and filing and recall systems
- Practice protocols e.g. threats, evacuations
- Emergencies - resuscitation equipment, oxygen and drugs, ambulance
- Appointment system
- Billing arrangements
- Hours of work and after hours arrangements
- Remuneration arrangements
- Practice resources – internet, library, patient information
- The registrar's role (reinforcing their role as an independent practitioner, with appropriate consultation with the supervisor)
- Timetabling of set-aside teaching time and setting time aside to develop a learning plan
- Process for accessing supervisor for assistance during a clinical session (who can be approached, how, and when?)
- Extended involvement of the practice e.g. in hospitals, nursing homes, divisions etc
- Procedure to follow after a near miss or critical incident.

Please note: the practice manual may be a useful focus for much of this discussion, and the topics may extend over a number of teaching sessions and be re-visited in the light of particular patients and incidents. Some items can be covered by practice staff such as the Practice Manager or Nurse.

Orientation to general practice systems

This is most relevant for GPT1 registrars; you should take them through the following procedures:

- Computer System
- Medical records and billing systems
- Appointment system, how a registrar can make appointments
- Medicare
- Item Numbers
- Schedules Fees
- EPC
- Nurse payments

- Additional payments for bulk billed children and concession card holders
- Pharmaceutical Benefits Scheme
- Authority scripts
- Restricted Benefits
- Private Scripts
- OTC
- Referral Networks
- Medical specialist
- Allied Health
- Community Health
- Acute Mental Health
- Medical Emergencies

Orientation to the local community

Commencing practice in a new area can be stressful for any doctor but especially for a GP registrar relocating to a rural area. Ensure or investigate:

- Adequate accommodation for registrar (this should be done before the registrar arrives)
- Social opportunities e.g. clubs, activities, networks
- Orientation to local hospital and/or nursing home if appropriate
- Demographics of patients and community
- Membership/contact with local Division of general practice or other medical groups
- Other local sources of GP medical education
- Local services e.g. child care, schools, shopping
- Transport services

6.2. Information for receptionist/practice manager

It would be worthwhile for you to copy this section for your Practice Manager and Receptionists to read, as a ready reference about the Australian General Practice Training Program and how the practice staff can help make the term more enjoyable, efficient and beneficial for all.

1. What is the NCGPT Australian General Practice Training Program?

The NCGPT Australian General Practice Training Program is the post-graduate training program which trains doctors entering general practice. Medical schools produce graduates who have completed basic training, but require further skills in the area they choose to work in. All medical graduates do an intern year in a hospital before being registered to practice and then enter specific training for general practice or another speciality.

Doctors enrolled in the program spend at least three further years training - at least another year in hospital work and the remainder in general practice. Your practice has been accredited by NCGPT to provide some of this training.

The doctors completing training in your practice are eligible to claim vocational registration rates while they are doing accredited training time.

2. What is a NCGPT GP Registrar?

They are fully qualified doctors who have joined the program because they wish to undertake further training in general practice on the North Coast of NSW. With this additional training, which your teaching practice provides, their aim is to provide a better service to their patients.

In addition, GP registrars from metropolitan areas will join NCGPT during their six month rural rotation in order to satisfy rural components of their training.

3. What is expected of teaching practices?

The doctors in your practice have undertaken to provide experience and supervision for the training program doctors and to teach them about general practice. Depending on the stage of the registrar, the supervisor is expected to provide between 1.5 and 3 hours of teaching per week. This teaching may occur in a number of ways - they may talk over medical topics, do joint consulting sessions or even videotape consultations as a learning exercise.

You will have External Clinical Teaching (FACT) visits from a NCGPT medical educator or a visiting GP supervisor from another practice who will talk to the registrar in your practice and sit in on some of the consultations. This is to give the registrars some feedback on their consultation skills. Of course, all of this only occurs if the patients agree to it. Your assistance is sought in explaining these activities to patients. Please ask the doctor in your practice for more information.

Many registrars are relatively inexperienced, and because they are there primarily to learn and improve their skills, they may not be able to see as many patients as other doctors in the practice. They will also spend some time with NCGPT attending courses with their colleagues and are expected to undertake projects whilst working in your practice.

The doctors in your practice pay the salary of the registrar but receive a subsidy from NCGPT as they may not generate as much practice income as a locum. A teaching allowance is also paid to compensate for time spent in teaching.

4. How the receptionist/practice manager can help:

Receptionist's and practice managers can contribute greatly to how much the NCGPT registrars gain from their time at a practice, and their assistance is much appreciated.

Here are some ways they can help:

- You can help NCGPT registrars learn about general practice particularly how the practice runs and aspects of practice management which will be new to him/her.
- You can book a suitable number of patients by encouraging patients to see the new doctor (registrar) but not booking so many that there is little time left for study or projects. Discuss with the doctors in the practice how many patients you should book per hour for the registrar. See registrar caseload in section 5.0 of this document..

- When there is another doctor sitting in with the registrar, you can explain this to patients (after discussion with the doctors in the practice) and book a suitable number of patients for that session.
- The teaching time can often be cancelled due to extra consultations or home visits. You have a key role to play in protecting this time and ensuring the teaching takes place. You may like to ask the supervisor when they plan to teach and mark that time in the appointments book. You can also help keep the doctors' discussion and teaching times clear from unnecessary interruptions.

If you have any enquiries, you can direct these to the registrars in your practice or to our registrar support officer at NCGPT on T: 02 6681 5711 E: sueg@ncgpt.org.au W: www.ncgpt.org.au

6.2.1. Receptionist/practice manager checklist for a GP term

Vocational Registration (VR)

NCGPT sends a copy of the Application for a General Practice Registrar Placement form to each GP registrar.

The following points are important to remember in relation to VR:

- This form requires signatures from both the GP supervisor and the GP registrar
- Ensure that the completed form is sent to NCGPT for approval at least six to eight weeks prior to the commencement of the term. NCGPT will forward this form to GPET once it is approved
- Keep a copy of the form so that you know the current dates of the registrar's VR
- It is important to keep a record of the dates that the VR will expire. If the registrar is staying on at the practice as a training registrar remind them to submit a new form at least 6 weeks prior to the expiry date. Otherwise, Medicare will reject any claims made on the higher VR rebates from the expiry date.

Medicare Provider Number

NCGPT sends a copy of the Medicare Provider Number Application Form to each GP registrar.

The following points are important to remember in relation to the registrar's Medicare Provider Number:

- Ensure that the GP registrar has a vocationally recognised provider number for your practice prior to commencing the term
- The completed form should be sent directly to Medicare Australia (as per the instructions on the form) at least six to eight weeks prior to the commencement date
- If the GP registrar will be working at a branch practice during the GP term, ensure that this form has been completed for each branch. All practices at which the GP registrar works must be separately accredited.

Payment for the GP term

The following points are important to remember in relation to practice payment for GP supervision:

- At the beginning of each term, NCGPT will send monthly tax invoices for subsidy and teaching allowances to the practice
- The claim forms must be completed by the GP supervisor and registrar. Please ensure that all teaching hours are entered and the form is signed by both parties
- Please keep a copy for your records
- The claim form should be submitted within two weeks of the end of each month.

Educational activities

All GP registrars are required to attend educational activities during their term. Registrars in GPT1 and GPT2 terms regularly attend regional half day and full day release sessions run by NCGPT. GPT1 registrars also attend one two-day workshop and two three-day workshops in six months. GPT2 registrars attend one three-day workshop in six months.

The educational activities that your registrar is expected to attend will be detailed in a letter sent to both the registrar and practice/supervisor. If there are any changes to education dates during a term, these will be communicated to you as soon as possible.

If you would like to keep up to date with any changes to the educational activities, you can check the educational calendar on our website at www.ncgpt.org.au/events

The following points might help you to ensure that registrars are not double booked with patients when they have their compulsory education release sessions:

- Please ensure that the last patient is booked early enough to allow the registrar to get to the session on time
- Insert times when the registrar will be away from the practice at teaching sessions into the appointment book or software as soon as you are aware of the dates

7.0 supervisor teaching in all gp terms

7.1. Teaching in the GP term

There are four main tasks involved in the role of clinical supervision and each task has its distinct relationships, areas of concern and skills required although there is a great deal of commonality.

These tasks are:

- Preparing and settling-in the registrar which commences with the pre-attachment interview and continues into the first few weeks of the term
- Developing and implementing learning plans and a teaching program which occurs throughout the term

Please Note: Registrars on rural rotation may be using an online learning planner. It is the registrar's responsibility to familiarise their GP supervisor with this online learning tool.

- Feedback and evaluation which will occur three times a term
- Helping the registrar prepare for their next stage of training

A teaching program can only be effective if it takes into account the individual experiences, needs and skills of the registrar, supervisor and practice. Any teaching program must therefore be tailored to the individual registrar.

There are however some basic steps required when developing any teaching program:

- First identify with your registrar, their learning needs and wants and jointly prioritise these
- Make an assessment of your registrar's current skill level in order to more accurately determine at what level you need to teach
- Plan your teaching time accordingly and ensure this happens. It might be beneficial to involve your receptionists and partners in the planning.
- Use a variety of different teaching techniques as this will certainly increase the value and enjoyment of your teaching. It will also allow you to obtain a comprehensive picture of how your registrar is practising including their knowledge, consulting and procedural skills and attitudes. Therefore you could use a combination of case and record review both selected and random, direct observation and/or video/audio-taping of your registrar's consultations, observation by the registrar of your consultations and those of your partners, topic discussion, demonstrations, clinical meetings etc
- Regularly review your registrar's learning plans and their progress

Key Points to consider:

- **A teaching program can only be effective if it takes into account the individual experiences, needs and skills of the registrar, supervisor and practice.**
- **An effective teaching program needs planning of both content and time.**
- **Using a variety of techniques will make the teaching more interesting and effective and also provide the supervisors with a better overall assessment.**

The following section contains guidelines and ideas for determining the content of your teaching program as well as detailed descriptions of recommended teaching techniques.

7.2. A guide to teaching in the GP term

Introduction

During GPT1 registrars receive three hours teaching per week (1.5 hours for part time registrars). This time is set-aside, timetabled, and structured with some planning of content and form, to ensure it relates to the registrar's learning plans and the supervisor's teaching plans.

This is in addition to informal and corridor consultations, although if a significant teaching activity arises out of one of these, it can be counted as part of the set-aside teaching time (e.g. if a corridor consultation leads to a half hour tutorial about a topic or a significant joint consultation).

The three hours per week is an average figure, so it is often appropriate for there to be more teaching in the early part of the term and less late in the term, although it remains important that some identified teaching time is set-aside throughout the term.

During GPT2 registrars receive 1.5 hours of teaching per week, (0.75 hour for part time registrars).

During GPT3 and extended skills term no formal teaching is required by the supervisor but is encouraged.

Supervisors and registrars should ensure that teaching allowance and subsidy claim forms reflect the time spent together in teaching and learning.

Why structured teaching?

Planned teaching takes into account the individual needs of GP registrars and the particular learning opportunities offered by the practice. Compare this with ad hoc teaching which often exclusively addresses clinical problems, occurs appropriately as the need arises but where the teaching technique may be determined by the immediately available time.

Just as band-aid general practice is different from comprehensive continuing quality care, so is reactive ad hoc teaching different from planned teaching.

Ad hoc teaching can complement, but should not replace structured teaching which is an effective time management tool. The busier the practice, the greater the need to have planned time for teaching. We all know unplanned teaching time often becomes a casualty to clinical demands.

Planned teaching sessions of say twice a week, greatly reduce the number of enquiries from registrars which often occur just when everyone is at their busiest. For most registrars, knowing that they will have the opportunity to discuss cases with their supervisors in a day or two eliminates all but the urgent questions.

Structured teaching takes advantage of the different talents of other medical staff in the practice by involving them in specific sessions on topics where they have expertise.

The feedback we receive is that both registrars and supervisors value this time.

The teaching allowance is paid specifically for three hours of regular structured teaching per week in GPT1 for full-time registrars and 1.5 hours per week in GPT2 for full time registrars.

What can be done in a planned session?

This should be discussed at the beginning of the term as both supervisor and registrar may prefer certain options, and the value of any teaching is increased when the method suits the participants. However, supervisors and registrars should try not to avoid less popular but well proven methods of learning such as Direct Observation.

Recommended teaching activities include:

1. Initial orientation of registrar to the practice, local hospital, nursing home, and community.

See section 7.8.1 the orientation of new registrar to the practice and community. This activity qualifies for the TIP™ payment

2. Direct observation of registrar by supervisor or vice-versa.

This is an excellent way to assess the registrar's level of clinical skill early on in the term and to guide the planning of further teaching sessions. This activity qualifies for the TIP™ payment.

Many supervisors get their new registrars to sit in on several sessions or days of consultations at the beginning of the term. This is an example of where considerably more than three hours per week are spent in set-aside teaching time in the early part of the term. If teaching occurs in this form it is important that some time is allowed to discuss issues arising from the consultations.

3. Structured feedback between registrar and supervisor.

Structured feedback is an important part of planned learning activities and is highly valued by registrars. This should be timetabled for the middle of the term and the end of the term. Please see section 16.0 for a full list of forms and documents available. This activity qualifies for the TIP™ payment.

4. Evidence Based Medicine search – see 7.12.4 for more ideas.

5. Meeting with pharmaceutical reps

Meetings with 'drug reps' may be useful teaching opportunities with respect to a relevant topic, the drugs involved and by modelling the process of obtaining information from representatives (i.e. issues of critical appraisal) and correlation with Evidence Based Medicine.

This should only form part of set-aside teaching time once in a six month term. Regular meetings with pharmaceutical representatives should not consume a significant portion of the registrar's time.

6. Demonstration and teaching of practical procedures.

A list of procedures that are performed by the supervisor and which the registrar needs to learn or improve on should be developed early in the term and strategies discussed which will facilitate exposure to these procedures (for a guide, see section 7.3.5 on procedures and practical skills a registrar should know). For example a booked excision of a skin lesion, immunisation, PAP smear, joint injection by the registrar or supervisor could comprise a future set-aside teaching session. This activity qualifies for the TIP™ payment.

7. Development and review of the registrar's learning plan

Assisting registrars develop a learning plan qualifies for a superTIP™ payment. (See section 16.0 on how to access)

8. Case discussion

A common activity during teaching sessions is the discussion of cases, often selected by the registrar. While this is obviously appropriate, case discussion can also usefully focus on randomly selected cases, perhaps, looking at particular elements of each consultation such as prescribing, opportunities for preventive care, time management issues etc.

9. Topic discussion

Clinical topics dominate and the registrars learning needs should direct these. Other common topics will include:

- Processes within general practices (policy and procedures for individual general practices, including the rationale and the registrars responsibilities within them)
- Billing
- Time management
- EPC Items
- Professional responsibilities, ethical issues, confidentiality and privacy
- The difficult patient, the demanding patient, the angry patient, the dependent patient
- Making a living in general practice: practice finances, practitioner income, practice expenses
- Self care and professional balance

10. Video debriefing of consultations taped on an earlier occasion

Video cameras are available on loan from NCGPT for any supervisor who wishes to conduct video debriefing with their registrar. This can be a very powerful learning experience for the registrar.

11. In-depth discussion of topics raised by registrar or identified during case review

12. Joint nursing home visits or house calls.

These are especially useful during the first few weeks of the term.

13. Audit of referrals with discussion on the need for them and planned follow-up

14. Audit of pathology/radiology, cost effectiveness and relevance to general practice

15. Practice management introduction

16. Teaching rounds with the supervisor (not general ward rounds) at the local hospital

In some regions, registrars from a few teaching practices receive structured teaching in a small group setting with the supervisors from those practices sharing the responsibilities.

There may be learning opportunities provided outside the practice which the registrar would find valuable e.g. lunch time education sessions organised by the local division of general practice; spending a teaching session with a local specialist or allied health worker. Registrars should be encouraged to attend these events. However, such activities do not count towards 'structured teaching time'.

Arranging set-aside teaching time

The times at which teaching will occur should be identified at the beginning of the term. One of the common reasons teaching hours are not met is that the teaching time is not being planned and timetabled. The teaching time should be written in the registrar and supervisors' appointment books so practice staff are aware, and will not book patients (unless the teaching time is planned to involve observed consultations). It is a very appropriate use of the first teaching session to discuss the time-tabling of teaching throughout the term.

The timetabling should be realistic and reflect the likelihood of consulting sessions ending on time. It may not be realistic for example for teaching to be regularly scheduled at the end of a busy session, when the registrar and or supervisor may be running late. If teaching time for a particular session is interrupted by clinical need (assuming that clinical need cannot be incorporated into the teaching session), then alternative arrangements for that session should be made at the time.

Teaching should occur during normal working hours. Teaching during lunch breaks should reflect the need of supervisors and registrars for an appropriate break from work.

Using other practitioners

Many practices have GPs or other health professionals who can deliver some of the registrar teaching. The GP supervisor retains overall responsibility for integrating this into the registrar's learning plan.

For example, a practice nurse may be the best person to teach skills such as Spirometry, ECG, Ear Syringe, Dressings, and explain systems such as the Australian Childhood Immunisation Register (ACIR) or Medicare Health Assessments and Care Plans.

Application of NCGPT's education program to practice experience

Registrars are encouraged to share with the supervisors their experiences at NCGPT workshops and release days and look at applying the knowledge and skills acquired there to work in the practice. Registrars should discuss this with their supervisors. The workshop and release day program is available from the educational calendar section of the NCGPT website and may help when planning appropriate topics for teaching sessions and facilitate discussion. Visit www.ncgpt.org.au

7.3. Learning activities in the GP term

The following is a list of learning activities which registrars are expected to experience and undertake in their GP terms. Some of these activities will occur automatically, some will be provided through the compulsory educational program but many will only occur if both supervisors and registrars are aware of them and seek the opportunities to experience them.

These activities should be used as a guide when developing the learning and teaching plan for your registrar. Lists of required and recommended learning activities can be found in the registrar's learning planner.

Please note that all new registrars are to be given a comprehensive orientation to the practice, the community and if appropriate, the hospital. Early direct observation of your new registrar is also strongly encouraged. TIP™ payment applies to these important activities.

7.3.1. GPT1 (first six months)

GPT1 assists registrars to make the transition from hospital based medicine to community based general practice. This term provides registrars with the opportunities to gain knowledge, learn new skills and develop attitudes more appropriate to primary rather than tertiary care under the supervision of an experienced general practitioner. Registrars focus on presentations or issues which do not arise in the hospital setting or arise in a different manner. Registrars enter GPT1 with clusters of medical knowledge and skills, so the curriculum in this component is sufficiently flexible to meet individual registrar's learning needs.

In GPT1 the registrar learns about primary and continuing care of patients, the problems and conditions that patients seek advice about, how they are managed, and how they might be prevented. In addition, the registrar is introduced to contextual issues, principles and strategies regarding how health might be maintained, how a practice is managed, and professional aspects of general practice. Generally, but not exclusively, patient numbers are held at a rate appropriate to the registrar's level of experience and to enable sufficient time for reflection and training opportunities.

During GPT1 there is a broad development sequence between the first and second three months; a shift from close guidance to more autonomy in the exercise of clinical judgement; enhancement of consultation and communication skills; a shift from simpler, more familiar problems to more complex problems; and an increasing focus on family and community health.

Registrars progressively acquire a clearer understanding of the differences between hospital-based medicine and the context of community-based general practice including:

- Cultural aspects of health and illness
- Socio-economic and occupational health issues
- Local, state and commonwealth health system requirements
- Local public health issues in the community
- The patient in the context of family/society

Registrars progressively develop and enhance their repertoire of communication and consultation skills and broaden their perspective to include whole-person and continuing care, and family and community health promotion. This includes:

- Phases of the consultation process, including connecting, summarising, consultation skills
- Alternative perspectives and models of the consultation process e.g. Stott, Murtagh, Neighbour
- Diagnostic and management processes
- Communication skills including verbal and non-verbal cues
- Aspects of continuing care
- The doctor-patient relationship
- Patient-centeredness
- Dealing with different types of patient presentations, i.e. telephone, normal and after-hours
- Problem solving

- Difficult consultations including dealing with emotions in the consultation e.g. “the angry patient”
- Home care
- Health care team/referral
- GP as co-ordinator of care

Registrars progressively acquire a range of knowledge and skills in assessment, examination and screening of patients, including targeted examination and opportunistic screening.

During GPT1, a registrar is expected to acquire the necessary knowledge and skills to competently manage a spectrum of common conditions. The following list outlines some of the common presenting conditions but should not be seen as all inclusive:

- Acute and traumatic conditions e.g. acute abdominal pain, upper respiratory infections, back pain, fever, headache, ear pain, joint pain, diarrhoea, sleep problems, dizziness, chest pain, palpitations, sprains, dislocations, fractures, the red eye, infections, foreign bodies, emergencies, minor trauma, common sporting injuries
- Chronic conditions e.g. diabetes, asthma, alcohol and drug problems, anaemia, back and neck problems, bowel problems, hypertension, rashes, tiredness, arthritis, chronic pain, thyroid problems, malignant disease, HIV, chronic renal failure, connective tissue disorders, workers compensation injuries
- Mental health e.g. early signs of depression, anxiety, counselling support
- Women’s health e.g. well women checks, contraception, menstrual disorders, pregnancy, genital infection, breast lumps, menopause
- Men’s health, e.g. health promotion, public health, sexual problems
- Child health e.g. the sick child, fever, childhood infectious diseases, growth and development, immunisation, child abuse, visual acuity, adolescent issues, preventive medicine
- Aged care e.g. screening, health checks, nutritional advice

In addition, the RACGP has highlighted areas of high risk for litigation, which are listed below. It is strongly recommended that all registrars are assessed for their competence in these areas.

Areas of high risk in general practice

The RACGP has flagged several areas of General Practice as high risk for adverse outcomes and litigation. GP Supervisors are required to assess their registrars’ competence in these areas early in a GP term to reduce medico legal risk if the registrar is to be performing these tasks.

Currently these include:

- Assessment of trauma, particularly fractures, nerve and tendon injuries
- Diagnosis of serious medical problems: myocardial infarction, subarachnoid haemorrhage, meningitis and pneumonia
- Diagnosis of serious surgical problems: appendicitis, ectopic pregnancy and abdominal abscess
- Assessment of a sick child
- Antenatal care
- Management of signs of possible malignancy such as breast lumps, bowel symptoms and lymph nodes
- Recording and checking for adverse reactions to medication and warnings of potential side effects
- Pap tests
- Privacy procedures
- Intramuscular injections, venipuncture, ear syringing, minor surgery, Cryotherapy, implants and IUD insertion

Registrars develop understanding about the administrative processes and procedures associated with Medicare, the hospital, the Pharmaceutical Benefits System, private health providers, referrals, prescriptions, certain types of certification and medical examinations. Additional aspects include:

- Comparison of different styles of general practice
- Practicalities of practice, e.g. prescribing, diagnostic investigations, referral and local referral systems, billing
- MD or other GP computer program
- Research skills
- Basic skills and procedures in practice management
- Legal considerations related to general practice

Registrars begin to develop and positively value attributes of professionalism and ethical behaviour. Aspects of this include:

- Continuing education opportunities
- General practice networks
- Differences between hospital role and community role
- Attributes of the professional general practitioner
- Ethical standards in general practice
- Critical self-reflection on professional practice

Key Points to consider:

- **In GPT1, registrars are making the transition from hospital based medicine to community based general practice and should acquire a clearer understanding of the differences between the two.**
- **Registrars are expected to acquire the necessary knowledge and skills to competently manage a spectrum of common conditions.**
- **Registrars are expected to develop an understanding of the administrative processes and procedures of general practice.**

7.3.2. GPT2 (second six months)

The GPT2 component enables registrars to build upon the foundation of knowledge and skills acquired in GPT1. It is assumed that registrars have developed a clear sense of commitment to general practice and mastered a range of basic skills. GPT2 provides registrars with opportunities to consolidate their knowledge of patient care and to develop their confidence in dealing with less common and more complicated presentations. Particular attention is also paid to addressing gaps in knowledge and skills.

Early direct observation especially if your registrar is new, is strongly encouraged, as registrar competence and confidence varies. A TIP™ payment applies to this activity.

A comprehensive orientation is essential for any registrar who is new to the practice.

In GPT2 the registrar further develops understanding of primary and continuing care of patients, awareness of the broad range of presenting problems and greater knowledge of and confidence with approaches and techniques for patient management.

Registrars increasingly progress towards more independent exercise of professional responsibility involving a full patient load.

Registrars develop advanced understanding of the role of the general practitioner in the context of the community and the health system including an understanding of:

- Particular health and illness patterns associated with different cultural, socio-economic and occupational groups, and the implications for general practice

- The health system strengths and weaknesses in addressing individual and community health needs
- The local and public health issues and problems, agencies and resources to deal with them in the community
- Social change and the implications for the health of individuals and groups in the community

Registrars enhance their consultation and communication skills and gain a more sophisticated appreciation of patient care and community health promotion. Aspects of this include:

- Advanced communication and consultation skills
- Advanced clinical problem solving, diagnostic and management processes appropriate for a broad range of patients
- Approaches to ensuring patient-centred, comprehensive and continuing care
- Monitoring the quality of the doctor-patient relationship
- Advanced skills for dealing with difficult consultations.

In addition to gaining more experience in managing patients with the common presenting conditions described in GPT1, there is a broader range of less common conditions, more complicated multiple and ambiguous symptoms and conditions are encountered, and there is more emphasis on the registrar developing and applying a greater breadth and depth of knowledge.

The registrar in GPT2 deals with a full range of patient presentations and applies a more comprehensive knowledge of diagnosis and management to areas such as:

- Respiratory problems
- Psychological problems and personal and family support
- Musculo-skeletal problems
- Cardio-vascular problems
- Skin problems
- Preventive medicine
- Gastro-intestinal and digestive problems
- Genito-urinary problems
- Women's health and reproductive problems
- Nutritional, endocrinological and haematological problems
- Ear, nose and throat problems
- Eye problems
- Neurological problems

Particular conditions which often have multiple complications and which the registrar gains experience in managing include:

- Sexually transmitted diseases, HIV
- Alcohol and drug related illnesses
- Cancer and palliative care
- Domestic violence and child abuse
- Psychological and emotional disturbances
- Post-surgical health
- Compensable injury
- Illness behaviour
- Management of patients with chronic pain

- Comprehensive rehabilitation which includes the roles of doctors, employers and various rehabilitation providers

Registrars progressively acquire an understanding of the values associated with a high standard of professional behaviour in general practice which include:

- Continuing appraisal of educational needs and opportunities for enhancing knowledge and skills as part of a commitment to lifelong learning
- Participation in general practice networks
- Different styles of general practice
- Research skills related to clinical practice
- Critical self-appraisal regarding the ethical principles underlying their practice
- Increasing self-reflection on professional practice
- Increasing care in relation to their own personal health and well being

Registrars further develop their understanding of organisational and legal aspects. These include:

- Organisational communication
- Practice management
- Financial management
- Information management
- Time management
- Family law reporting requirements in domestic violence
- Legal issues in relation to drink driving
- Psychiatry and the involuntary patient
- Forensic medicine
- Palliative care

Registrars develop a broader range of knowledge and skills in practice management, including:

- Strategies for information management
- Use of computers in general practice
- Advanced knowledge of organisational principles and procedures for effective practice management
- Advanced legal and ethical considerations related to general practice

Key Points to consider:

- **In GPT2 registrars further develop their understanding of primary and continuing care and are able to deal with a full range of patient presentations.**
- **They also assume a greater degree of responsibility and an increased understanding of the role of the GP in context and the values associated with professional behaviour.**

7.3.3. GPT3 and extended skills term

During GPT3 and extended skills term, registrars are more frequently operating as independent members of the general practice professional community. They are becoming completely self-directed in their learning. They are able to integrate into the educational activities available to all GPs. They are usually either covering areas of medical knowledge and skills they have identified, often with the help of their supervisor and/ or training adviser, as a particular learning need, or as developing areas of special interest. The issues of process are often being explored at even more complex levels. Having established a core of medical knowledge necessary for general practice, registrars tend to move towards updating that knowledge and continuing education.

Nevertheless, early direct observation especially of a new registrar is strongly encouraged, as again, registrar competence and confidence varies. A TIP™ payment applies to this activity.

A comprehensive orientation is essential for any registrar who is new to the practice.

During GPT3 and extended skills, it is expected that registrars are able to operate at a relatively high level of professional independence. On-site learning is largely instituted by the registrars in response to clinical problems faced in the course of their practice. Guidance and advice during their placement is provided by an appointed GP supervisor, who is located in the same practice to which the registrar is attached and is an experienced GP who fulfills NCGPT's criteria for accreditation. Registrars have the opportunity to participate in and develop strong professional networks and to further identify their professional education needs to enhance competence and confidence.

During this component, registrars gain extended experience in dealing with a broad range of patients and medical conditions and health problems. Registrars gain the opportunity to develop continuing relationships with patients and hence develop a more comprehensive understanding of the requirements of continuing care and whole-patient care. They gain further experience in doing home, nursing home, hospital, and out of hours visits. Registrars use their supervisors as sources of advice as well as other GPs in the practice. Occasionally they also call on specialists or hospital-based registrars for advice. Registrars at this stage will be expected to be learning more about the business of General Practice.

As registrars are usually preparing for the FRACGP examination at this time, practice examination questions and related information are needed, this qualifies for TIP™ payments.

It is recommended that the registrar join a study group where they can focus on issues relevant to this period of training. This may include group preparation for the FRACGP Examination. While registrars are responsible for organising this, NCGPT staff are available for advice and consultation.

7.3.4. Optional fourth year of training

Some GP registrars will elect to complete a fourth year of training, working towards the Fellowship of Advanced Rural General Practice (FARGP), or the Fellowship of the Australian College of Rural and Remote Medicine (FACCRM).

If a fourth year is completed in a general practice setting, there will be supervision requirements similar to those in the GPT3 and extended skills year. A NCGPT medical educator will provide support and monitoring for any course work required.

7.3.5. Procedures and practical skills registrars should know

The following is a list of procedures and practical skills that a registrar should achieve competence in during their training.

General Procedures

- Local wound infiltration with anaesthetic
- Suture simple lacerations
- Suture simple laceration, including subcutaneous suture
- Suture lacerations of face and scalp
- Incision and drainage of a superficial abscess
- Removal of foreign bodies (e.g. splinters, ticks)
- Correct application of dressings and bandages
- Excision and debridement of skin lesions
- Burns dressings
- Intramuscular injection
- Digital nerve block
- Avulsion of a toenail and ingrown toenail procedures
- Removal of simple benign tumours/cysts (e.g. sebaceous cyst, lymphoma)

- Drainage of thrombosed external haemorrhoid

Reproductive Health

- Cervical smear
- Collection of pathological specimens for diagnosis of gynaecological infections
- Collection of specimens from both sexes for diagnosis of sexually transmitted diseases
- Contraception advice and procedures
- Removal of IUCD
- Examination of pregnant abdomen

Eyes

- Visual testing acuity and colour blindness (Ishihara)
- Visual fields testing
- Eyelid eversion
- Ophthalmoscope examination of the eye
- Flurocein staining of the cornea
- Removal of superficial corneal foreign bodies

Ear, Nose & Throat

- Examination of the nares with a nasal speculum
- Nasal packing for epistaxis
- Syringe external auditory canal
- Aural toilet
- Insertion of “wick” into ear canal
- Immediate management of avulsed/luxated tooth

Sprains & Fractures

- Strap a “sprained” ankle
- Splintering/plastering common fractures
- Reduction of dislocated finger
- Application of walking heel to a plaster
- Removal of plaster/fibreglass splint
- Aspiration of a knee joint
- Splints, small (e.g. finger)

Child Health

- Vaccination of infants and children

Pathology

- Collect and prepare:
- Swabs for diagnosis of STI's and other genital infections
- Throat swab
- Wound swab
- Urine, faeces, sputum specimens
- Post-nasal swab
- Fungal scraping

- Blood cultures

Respiratory

- Undertake and interpret spirometry
- Recording and interpreting peak flow measurements
- Instructions for use of: -
 - Metered aerosols
 - Spacers
 - Nebulisers
 - Other inhaled medication delivery devices
 - Home oxygen

Dermatology

- Punch biopsy
- Cautery/cryotherapy

Urology

- Insertion of in-dwelling catheter

General

- Emergency sedation of the acutely psychotic patient

Emergency Resuscitation Skills

- Mouth to mouth ventilation
- Mouth to mask ventilation
- Bag to mask ventilation
- Insertion of an pharyngeal airway
- External cardiac massage
- Resuscitation hypoglycaemia shock
- Resuscitation of acute anaphylaxis
- Venipuncture
- Insertion of intravenous line including IV cutdown
- Immediate management of acute myocardial infarction
- Management of acute pulmonary oedema
- Recognition and management of ventricular fibrillation
- Set up and record 12-lead ECG
- Drug treatment for cardiac arrest
- Use of defibrillator
- Management of generalised seizures
- Recognition and management of:
 - Sinus bradycardia
 - Paroxysmal atrial tachycardia
 - Arterial flutter
- Emergency treatment of tension pneumothorax
- Glasgow coma scale assessment

- Emergency cricothyroidotomy

Please Note: NCGPT includes Basic CPR Training and Advanced Airway Management training for all basic registrars in its workshop program.

Paediatrics

- Assessment of hydration status
- Cardiopulmonary resuscitation of a child
- Recognition and management of the seriously ill child

7.4. The curriculum

The RACGP Curriculum for Australian General Practice is the core curriculum for NCGPT registrars and educators.

Definition:

The RACGP Curriculum for Australian General Practice ('the curriculum'), details what vocational general practitioners need to learn throughout their general practice learning life.

This curriculum details the knowledge, skills and attitudes necessary for:

- Competent, unsupervised general practice
- General practitioners to be able to meet their community's health care needs
- General practitioners to be able to support current national health priorities and the future goals of the Australian health care system

This curriculum is an essential reference for general practice registrars, general practice supervisors, medical educators, regional training providers and anyone involved in implementing the training of future general practitioners.

The curriculum emphasises self directed learning, the development of critical self reflection and lifelong learning skills, and the maintenance of professional practice standards.

A summary of the RACGP Training Program Curriculum Statements is currently in development. In the meantime, the full curriculum and statements are available at <http://www.racgp.org.au/curriculum>

The Curriculum Learning Objectives

The RACGP developed the common learning objectives after taking into account:

- What general practitioners need to know (the domains of general practice)
- Why most people seek the services of a general practitioner (common patient presentations)
- The health needs and priorities of Australia's population (national health priorities)

The domains of general practice

The domains of general practice represent the critical areas of knowledge, skills and attitudes necessary for competent unsupervised general practice. They are relevant to every patient interaction. Teaching and learning is based on the acquisitions of these key knowledge, skills and attitudes. The five domains of general practice are:

Domain 1: Communication skills and the patient-doctor relationship

- Communication skills
- Patient centeredness
- Health promotion, and
- Whole person care

Domain 2: Applied professional knowledge and skills

- Physical examination and procedural skills
- Medical conditions
- Decision making

Domain 3: Population health and the context of general practice

- Epidemiology
- Public health
- Prevention
- Family influence on health

- Resources

Domain 4: Professional and ethical role

- Duty of care
- Standards
- Self appraisal
- Teacher role
- Research
- Self care
- Networks

Domain 5: Organisational and legal dimensions

- Information technology
- Records
- Reporting
- Confidentiality
- Practice management

Common patient presentations

General practice primarily involves providing advice to individual patients in the diagnosis, treatment and management of medical conditions.

General practitioners manage the majority of medical presentations in the community. The curriculum reflects the type of patient presentations that come to the attention of a general practitioner and therefore highlights:

- Problems which significantly contribute to morbidity and mortality
- Common presentations which exemplify general practice
- Presentations requiring special skills
- Health problems which present differently in different population groups
- Presentations with a public health significance
- Health problems that have been shown to be preventable

7.5. Aboriginal health

NCGPT takes seriously its duty of care to the needs of the community and in particular, the needs of Indigenous Australians within our region.

The health statistics for this cultural group remain significantly poorer than for non-aboriginal Australians. An appreciation of the impact of colonisation and ongoing stereotyping and discrimination, gives some understanding of these poor outcomes, as well as increased empathy for the challenges Indigenous Australians face daily.

The training program includes a compulsory cultural training day, and at the discretion of local Medical Educators, extra training may be mandated.

Furthermore, NCGPT has five community controlled Aboriginal Medical Services across the region. Placements at these practices are encouraged for interested and experienced registrars. The medicine can be both challenging and extremely rewarding. Good supervision and mentoring are essential to the success of these placements.

Learning about and working with a different culture provides an opportunity for significant personal growth. We ask that supervisors work with NCGPT, to foster understanding and partnership with our indigenous communities.

The opportunity also exists for supervisors to attend cultural training. Any interested supervisors can contact the NCGPT director of training on T: 02 6681 5711.

7.6. Courses to compliment in-practice training

It is recommended that Rural Pathway registrars participate in at least one of the following courses:

- Early Management of Severe Trauma (EMST): Royal Australian College of Surgeons
- Advanced Paediatric Life Support (APLS): Advanced Life Support Group
- Emergency Life Support (ELS): Australian Society for Emergency Medicine
- Rural Medical Emergency: Queensland Rural Workforce Agency
- Advanced Life Support (ALS)
- Pre-Hospital Trauma Life Support (PHTLS) QLD: Pre-Hospital Trauma life Support Committee
- Advanced Life Support in Obstetrics (ALSO)
- Rural Emergency Skills Training: Rural Workforce Agency Victoria

Financial assistance to attend these courses is available from NCGPT on application

7.7. Teacher Incentive Payment program (TIP™)

Introduction

The NCGPT TIP™ program provides financial incentives for GP supervisors who provide the highest quality teaching to their registrars.

Background

NCGPT recognise the central role GP supervisors play in the education and training of registrars.

It has long been acknowledged that payment for GP supervisor's teaching allowance has not kept pace with increases in registrars' wages and practice costs. It is also known that not all supervisors provide the same level of teaching within their practices.

In 2003, NCGPT initiated a program called the Teacher Incentive Payment (TIP™) program. This program aimed to reward those supervisors who were providing the most highly valued educational activities for their registrars. The program has been recently revised and simplified to include the SuperTIP™ following feedback from supervisors and registrars.

How it works

Consultation with GP supervisors, registrars and medical educators has identified the following teaching activities which are supported by the program. These activities are:

- Orientation of the new registrar to the practice and community
- SuperTIP™ – which includes direct observation of the registrar by the supervisor and structured feedback between registrar and supervisor
- Teaching practical procedures
- Direct Observation of registrar by supervisor
- Structured feedback between supervisor and registrar
- Clinical exam practise case
- Writing of new case for Supervisors Collaborative Workspace

These training activities meet requirements for the Australian General Practice Training Program and fulfill RACGP training standards. They are also supported by evidence based research into effective educational strategies.

The activities can take place during normal teaching time within their practice. Upon completion of each activity, and receipt of the appropriate paperwork (see section 16.0 for a full list of forms and documents) a payment is generated to the supervisor. As a general principle, TIP™ payments will be capped at \$1200.00 per registrar per term (subject to funding). Exceptions to this cap may be negotiated as required. Requests for changes to the cap should be directed to NCGPT's Director of Training T: 02 6681 5711

The program encourages quality teaching and provides invaluable feedback regarding a registrar's performance and teaching activities.

Please note that it is a requirement of NCGPT that formal feedback with registrars occurs three times a term. However, this activity also qualifies as a TIP™ activity.

7.8. TIP™ related teaching activities

7.8.1. Orientation of the new registrar to the practice and community

Orientation of a new registrar at the start of a GP term is an important aspect of GP supervision. This is especially important for GPT1 registrars.

NCGPT recognises the importance and time consuming nature of this activity and has included orientation as a Teacher Incentive Payment™ program (TIP™) activity.

The TIP™ forms elaborate on this teaching technique and must be completed and returned to NCGPT for payment of TIP™. Forms must be signed by both the GP supervisor and GP registrar and returned to NCGPT. See section 16.0 for a full list of forms and documents.

Refer to section 6.1.3 for list of essential orientation activities.

7.8.2. Structured feedback

NCGPT encourages the GP supervisors to give formal constructive feedback to all GPT1 and GPT2 registrars three times a term. This activity qualifies for the Teacher Incentive Payment™ (TIP™).

Rural rotators using online learning plans may be required to submit feedback via an online form. In this case, a printed version of their online feedback, along with a NCGPT claim form can be submitted to be eligible for the TIP™.

Definition

Giving feedback is designed to encourage your registrar to reflect on their consultations, knowledge and management of patients from both the positive and negative aspects, with a view to identifying, where appropriate, more effective strategies to use.

Giving feedback constructively requires the use of techniques that create a supportive environment in which open and honest reflection is facilitated while avoiding making the registrar feel defensive or embarrassed.

Why give feedback

Feedback speeds up learning by increasing the registrars' awareness. Constructive feedback should ensure that registrars feel comfortable to approach you about anything and are less likely to act beyond their competence.

How to give feedback

Constructive feedback is influenced by a number of factors including the amount of time available, the receptivity of the registrar and most importantly, how it is delivered. To help achieve a positive result, there are some "rules" or guidelines that we suggest you follow.

1. Make sure there is enough time

This is especially important when you need to discuss changing something that your registrar has done. A constructive approach takes longer than direct criticism.

2. Start and end with the positives

This helps relax the registrar but just as importantly, the positives warrant as much discussion as the things you might change. Such discussion allows registrars to identify effective techniques they are using, to see why they are important and to then be able to call on these techniques when they find themselves in a more difficult situation.

3. Comment only on things you have observed and comment on the action NOT the person

Use the knowledge and behaviours demonstrated by the registrar as starting points for discussion of issues of concern for you.

4. Use questions not statements and listen, don't preach

The registrar will learn more if they 'discover' answers under your guidance rather than have you give them. Feedback should encourage reflection by the registrar which will hopefully continue long after they have left the program. So ask your registrar to consider advantages/disadvantages; why a particular

piece of information might be important?; how else you might demonstrate/convey/achieve/ establish?; what was going through your mind when...? etc.

5. Start general and become specific

If you are making a suggestion for change, start from a more general perspective and then go on to the specifics in this consultation/case discussion.

6. Don't be judgmental and conspiring

Registrars are often quite self critical but need and want your help in exploring why something doesn't work and how to do it more effectively. However, they still need to have the 'criticism' delivered sensitively. So before making a critical comment, ask yourself "If I tell my registrar this in this way, will it make them feel uncomfortable?" If the answer is yes or possibly, find another way.

7. Share your experiences

"This is what I do and why". But don't limit feedback to this approach only.

8. Limit your agenda

Don't try to cover too much at once. Remember your registrar is with you for six months or longer and you will have other opportunities.

'Pendleton's Rules'¹

These rules apply in particular to the giving of feedback after you have observed a consultation. However, they involve the principle of asking the registrar to comment first, so they should be kept in mind in any discussion which may involve feedback.

There are four steps:

1. Supervisor asks registrar: "What do you believe you did well in that consultation?"
2. Supervisor then says: "Well, these are the things that I thought you did well."
3. Supervisor then asks registrar: "What would you do differently if you had the opportunity to take the consultation again?"
4. Supervisor then tells the registrar what he/she might have done differently and explores these with the registrar

'Hilton's Rules' for giving effective feedback in the general practice setting²

Much has been written about giving effective feedback. It is largely based on 'Pendleton's Rules'. These have been expanded into 'Hilton's Rules' and follow steps 1 to 4 as above.

1. Supervisor asks registrar: "What they have learnt from the experience."
2. Supervisor says: "What I have learnt from the experience."

The last two extra steps are additions to the basics of Pendleton's Rules and they enhance the process in a number of ways:

- Asking the registrar what they have learnt helps them to reflect on what has happened and to create some meaning from the experience
- Asking the registrar what they have learnt helps to reinforce any learning which has taken place
- Hearing what the registrar has learnt is immediate feedback for the supervisor as to how effective the learning exchange has been
- Asking the supervisor what they have learnt helps the supervisor to reflect on what has happened, and to create meaning from the experience for the supervisor and well as for the registrar
- It is helpful for a registrar to know that their supervisor is learning from their shared experiences

With practice these steps can be undertaken in a relaxed flexible way. They are not meant to be prescriptive, but rather to offer a framework which may be of assistance to supervisors in the GP setting.

¹ The Consultation: An Approach to Learning and Teaching, D. Pendleton et al, Oxford Univ. Press

² Dr Hilton Koppe, 2004

How to put these 'rules' into practice

It may be helpful to illustrate the above using a simple scenario: You have just observed one of your registrar's consultations. The patient is a 23 year old female, new to the practice and presents complaining of a cold for a few days and now, pain in her maxillary sinuses. After his opening question, the registrar launches into questions about her past health, family history, smoking and alcohol use etc. You notice that the patient becomes a little impatient during this time.

Eventually, the registrar gets back to the presenting complaint and after an adequate examination, explains his diagnosis of sinusitis and prescribes Erythromycin with instructions re how to take it. However he does not mention any side-effects. He does arrange appropriate follow-up.

Possible discussion points for this consultation are:

Things Done Well

- Information gained
- Diagnosis and Management

Things to do Differently

- Timing and extent of health summary information
- Doctor-patient communication with respect to non-verbal cues
- Side-effects of medications

If you follow Pendleton's Rules, the registrar will probably identify the good points. When these are identified, don't just leave it at that but take it further by expanding on them e.g. the value of obtaining a health summary; why it is good to explain how to take antibiotics; what information concerning follow up is important to give etc.

When you come to step three, "What would you do differently", if the registrar mentions something, again follow it up with a question on why they feel that aspect should have been done differently; what effect it had; what the advantages/disadvantages of doing it that way might be; whether there are situations where that approach is quite appropriate and effective.

So for example, if the history component had been rather rambling and taken a long time, the advantages would be that the doctor gets to hear the whole story from the patient's perspective which may give information about the patient's ideas, concerns and expectations ('breaking the ice'), and the patient will feel they have been listened to. The disadvantage is that it takes a lot of time and may in fact make the symptoms more confusing for the doctor. So letting the patient talk may be entirely appropriate when they are clearly stressed or upset, but may be unwise with your garrulous little old lady who presents weekly with a multitude of non organic symptoms (although of course this patient would still appreciate being listened to).

If your registrar does not identify areas to change then you need to raise them as per step four of Pendleton's Rules. However don't announce "Well here are the things I would do differently". Rather, introduce the subject from a broader perspective and if possible by linking it to something discussed earlier. e.g. "We've already discussed the value for us of taking a health summary but what do you think our patients feel about being asked all these questions?" or "What are the advantages and disadvantages of asking all those questions at our first meeting with this patient?".

This should generate some discussion on patient understanding (or lack of) to the relevance of these questions and how we can convey this to the patient perhaps by asking them "Because you're new to the practice (or new to me), can I ask you some questions about your general and past health?". It should also allow you to ask your registrar about the timing of this component of a consultation e.g. "I notice that you asked the health summary questions very early in the consultation. Do you do that for a particular reason and what are the advantages/disadvantages of doing it then as opposed to, for example, at the end of the history about the presenting problem?".

The registrar will find it valuable if you state what you do and why e.g. "Depending on the age of the patient and their presenting problem I decide what questions I really must have the answers to today and what might wait until another appointment".

It is also perfectly valid to give your observations of the consultation especially if you pre-empt it such as "It's much easier from where I'm sitting, to observe the interaction between doctor and patient than it is for you who is actually involved in that interaction, and I'm not sure if you noticed but I got the impression that the patient was starting to wonder why you were asking all these questions and when you were going to get back to her main concern which was her sinusitis. Why do you think a patient might feel that way?" and again then extend the discussion into how and when to take a health summary.

Using the same approach when discussing the lack of information regarding side-effects of Erythromycin, you could start from a very general perspective e.g. "When we consider the management phase of the consultation, what should it include?". The answer is: physical exam findings, diagnosis, natural history of that diagnosis, options for treatment and follow up arrangements. Then, "If we look at the treatments we prescribe, what information should we make sure our patients have?" The answer is: name of medications, how to take, when to expect results, side effects etc.

It is very likely that your registrar will realise that they didn't mention side effects. Even if they don't follow it up with "Well, why is it important to mention side effects?". The answer is: patient compliance / satisfaction etc. If they still don't realise, ask them what the side effects of Erythromycin are and then give your observation "The reason I'm mentioning this is that I noticed that whilst you told the patient what you were prescribing and how to take it I don't think you actually mentioned side-effects and as we just discussed it's worthwhile doing so."

Key Points to consider:

- **Feedback**
 - **Greatly enhances learning**
 - **Must be planned in time, content and delivery**
 - **Should facilitate self discovery by the registrar**
 - **Should include positives**
- **Formal feedback is encouraged three times a term.**

7.8.3. Direct Observation of your registrar's consultations

This activity qualifies for the TIP™.

Observing your registrar's consultations either directly by sitting in or by video-taping and providing feedback on those consultations should be an integral part of your structured teaching, as should arranging for your registrar to sit in with you.

No other method of teaching will allow you to know exactly what goes on behind that door where your registrar is consulting with your patients. Case and topic discussion will allow you to gauge your registrar's level of knowledge but you will not know whether the information obtained by the registrar in a consultation, upon which the diagnosis and management are based, actually reflects what was said by the patient.

Direct observation needs to be arranged in advance. You will need to have fewer appointments that hour and your receptionist needs to be aware of this.

There are two components to this form of teaching:

- Analysing the observed consultation and
- Giving feedback

Numerous studies have confirmed that observation with feedback is far more effective than simply talking about something, provided of course that the feedback is given appropriately.

When you start with a new registrar it is useful to obtain an overall impression about how they are consulting.

As the term progresses, you may negotiate with your registrar to concentrate your analysis and feedback on a particular component of the consultation, such as the management plan stage or the registrar's time management. The content of your feedback can be as limited or as broad as you wish; determined in advance by yourself and your registrar or determined by the particular patient and their problem. It however must be delivered constructively and NCGPT recommend that you familiarise yourself with the guidelines for doing this by reading section 7.8.2 on giving feedback constructively.

Issues commonly looked at during direct observation include:

1. Introduction

- How the doctor sets the tone for the interview
- The form of greeting used
- The first words uttered by the patient and the doctor's response to these
- The form of address chosen
- Seating posture and eye contact may be commented upon

2. History taking

- Techniques involved in obtaining the history may include:
- Open-ended versus closed questions
- Time taken and techniques used to get from social chit-chat to business
- Control of the consultation - does the patient get to tell his story or is the doctor determining the agenda?

3. Physical examination

The detail with which this is watched may vary according to the situation. Research that shows that patients are most inclined to refuse observation involving a physical examination particularly one involving a sensitive area. This is often a surprise, as many people expect that psychosocial issues are more likely to engender this reaction.

4. Management plan

Investigations and therapy are often discussed. Doctors tend to speak in medical jargon and often use sophisticated language without being aware of this. Sitting in on a consultation as an observer, gives you an opportunity to concentrate on this common and confusing aspect of our professional behaviour.

5. Follow up

This is an issue that often needs a detailed discussion with more junior registrars, particularly continuity of care and taking some responsibility for initiating follow-up. This can be a fairly foreign concept to those trained only in hospital medicine. Part of the issue that needs to be addressed in this area is the fact that registrars often grossly undervalue themselves, their ability and their worth to patients.

6. Time Management

Taking an overview of the consultation and addressing the issue of how time could be best managed from the point of view of increasing efficiency without decreasing performance is an area that needs tackling. Hospitals may not provide an appropriate role model for this kind of information.

Part of this discussion may revolve around:

- Dealing with interruptions such as telephone calls
- Following up on specialist visits
- Dealing with difficult patients, angry patients, non-compliers, disruptive children
- Booking and record systems

Attitudes, stances and techniques for dealing with patients who criticise other doctors or those who want to discuss alternative therapies may also be explained.

Other issues that might be looked at include:

1. Medical records

A technique that can be used to facilitate teaching on this subject is for an observer to make medical notes as he/she observes the consultation and compare this with the registrar's notes at the end of the consultation.

2. Preventive health

Every observed consultation can become the focus for discussion on preventive health aspects for that patient. An awareness of the most common causes of mortality for each age group can help focus the relevant preventive issues that need to be discussed for each individual patient.

Key Points to consider:

- **Only direct observation or video-taping of your registrar's consultations will tell you exactly what goes on behind their door.**
- **These activities need to be planned.**
- **Feedback on these consultations should be given as soon as possible.**
- **Qualifies for TIP™**

7.8.4. Teaching practical skills

NCGPT encourages the teaching of practical procedures and this activity qualifies for the TIP™. The TIP™ forms elaborate on this teaching technique and must be completed and returned to NCGPT for TIP. See section 16.0 for a full list of forms and documents and how to access.

Practical procedures are not necessarily surgical or invasive clinical procedures. They include common activities such as performing an ECG or spirometry through to minor surgical operations.

A list of some practical procedures you may like to teach are included in section 7.3.5, procedures and practical skills registrars should know.

To qualify for the TIP™ a modified version of "see one, do one, teach one" is required. This four step process is outlined below:

- | | |
|---------|--|
| Step 1: | Supervisor demonstration/instruction procedure |
| Step 2: | Registrar performs procedure |
| Step 3: | Supervisor feedback of registrar performance |
| Step 4: | Registrar performs procedure unsupervised |

NCGPT encourages registrars to refer to the list of practical skills in their learning plan and discuss with the supervisor which skills they need teaching in. It is useful to review this list halfway through a term.

7.8.5. SuperTIP™

This TIP activity combines the key components of Direct Observation and Structured Feedback activities and has been designed to assist in the development of an ongoing learning plan.

See SuperTIP form in section 16.0 for more information.

7.8.6. Clinical exam case preparation

Supervisors can assist registrars preparing for their clinical exams by doing mock exam cases with them. This activity is particularly encouraged for use by supervisors with GPT3 registrars. This activity qualifies for TIP™.

7.8.7. Writing case for Supervisors Collaborative Workspace

In 2009, NCGPT launched a web-based workspace containing teaching plans designed to assist supervisors in preparing for teaching sessions with registrars on specific topics. This activity rewards supervisors for writing a new teaching plan. See the dummies guide to using Supervisor Collaborative Workspace following.

Dummies guide

For users of the NCGPT Supervisor's Collaborative Workspace

There is one workspace to access. It is:

- Teaching Plans – this houses all teaching plans created and completed by supervisors and
 - Useful Links - this is a document that provides links of resources.
 - Blank Template – this is the blank teaching plan template that we ask you to use when creating a new teaching plan

Receiving your first invite and what to do next

Invite: You should receive an email invite that looks like the following. See diagram 1:

Message Developer Adobe PDF

Reply Reply Forward Delete Move to Create Other Block Safe Lists Categorize Follow Mark as Find
to All to All Folder Rule Rule Sender Not Junk Up Up Unread Related Select
Respond Actions Junk E-mail Options Find

From: Microsoft Office Live Workspace [welcome@officeliveemail.com] on behalf of hiltonk@ncgpt.org.au
To: Jennah Saville
Cc:
Subject: I have shared "Blank Templates" with you - please review!

1
Diagram 1

Microsoft Office Live Workspace Beta

[hiltonk@ncgpt.org.au](#) has shared "Blank Templates" with you.
[View "Blank Templates"](#) ← **Click this link**

It's not attached to this email. It's stored online at Microsoft Office Live Workspace beta. You can easily access [hiltonk@ncgpt.org.au](#)'s workspace and view the documents within it, by clicking the link above and signing in as "jennahs@ncgpt.org.au". It's that simple! Return to this shared workspace any time by going to [www.officelive.com](#). Better yet, add it to your favorites!

How it works:

1. When you click on the link above, you'll be asked to sign in with "[jennahs@ncgpt.org.au](#)" and password. If you forgot your password, you can change it at sign in.
2. You'll be taken directly to [hiltonk@ncgpt.org.au](#)'s online workspace, where you can view or edit the documents that have been shared with you.

More resources:

- [Check out](#) what else you can do with Office Live Workspace.
- [Watch a video](#) on how to use Office Live Workspace.

This email was sent on behalf of [hiltonk@ncgpt.org.au](#) by Microsoft Office Live Workspace, a free service from Microsoft trusted by millions of subscribers to store and share Office documents online.

Microsoft

If you have not received an invitation email, or are unable to access the supervisor workspace, please contact Jennah Saville on T: 02 6681 5711 or E: jennahs@ncgpt.org.au

Account set up: If you have not already set up your account you will be taken to an account set up page. Please fill it out as shown in diagram 2 and click FINISH

Create Your Account Account set up

E-mail address: rhondao@ncgpt.org.au

*Password: Type at least six characters, no spaces

*Retype password:

First name:

Last name: Why do you ask?

*Country/Region: Australia

*Secret question: Mother's birthplace What's this?

*Secret answer: Type at least five characters

*Type the characters you see in the picture: What's this?

By clicking "Finish" you agree to the [Microsoft Service Agreement](#) and [Privacy Statement](#).

Note: write down your username and password for safe keeping. We do not keep these on record and only you are responsible for knowing your login details.

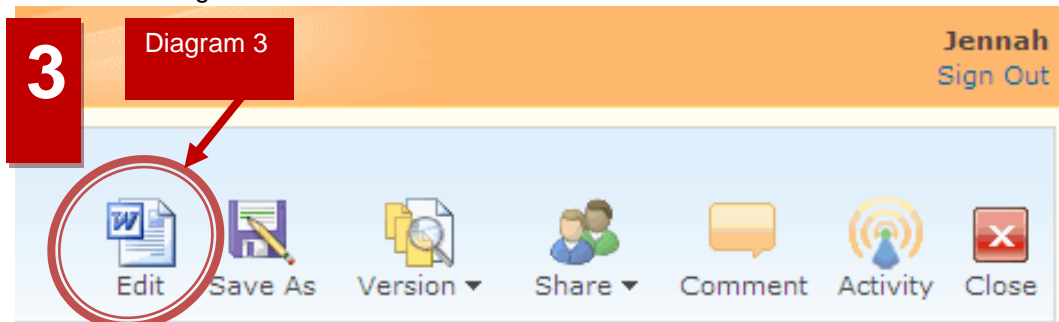
Existing account: If you have already set up your account or have an existing Microsoft service account e.g. hotmail, Gmail etc and you click the link in diagram 1, you will be taken to the sign in page for the workspace.

How to view a teaching plan

- Click on the TEACHING PLANS workspace to the left hand side of the webpage
- All Plans are listed alphabetically within their respective topic area folder, e.g. Anxiety folder -> Anxiety Teaching Plan (click on the name of the document to open)
- You will be taken to a screen to view the document.
- If you wish to view it in Microsoft Word, click on the EDIT icon which will take you to Word as shown in diagram 3.

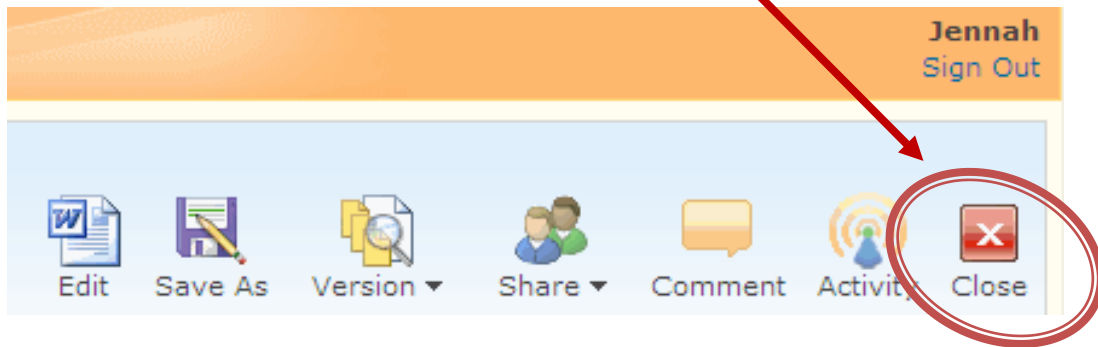
How to edit a teaching plan

- Once you have the document open as described above, you need to click on the EDIT button as shown in diagram 3



- This will take you to a word document.
- Make the changes you wish to make
- SAVE the document as you would for any other word document
- A pop up window will come up to advise that the document is SAVING. Once finished it will take you back to the document.
- You then need to click the X in the top right hand corner of the word document to close the document and take you back to the workspace

- The page will refresh automatically in the workspace. Can you see the changes you made in word? Clicking the close button as marked in diagram 4 will take you back to the list of Teaching Plans.

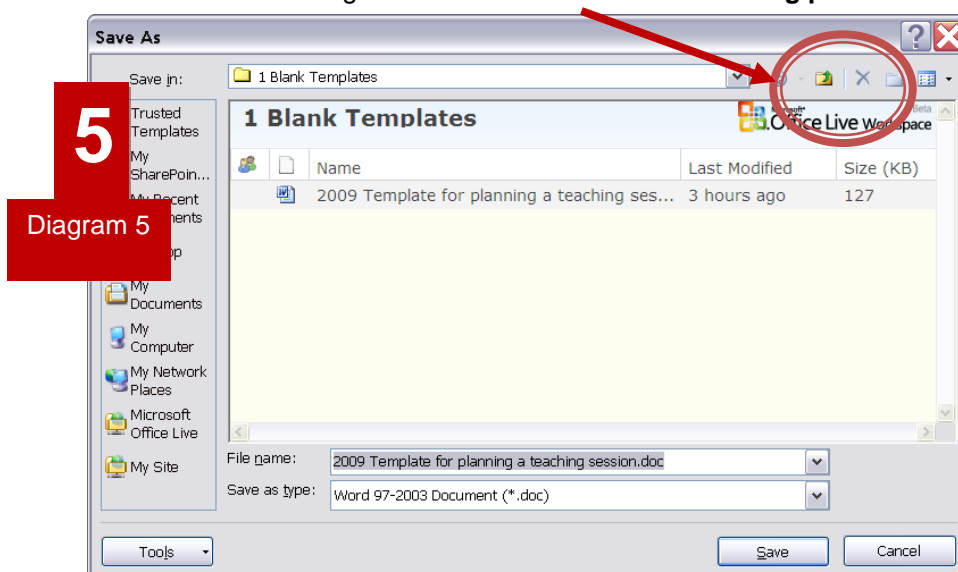


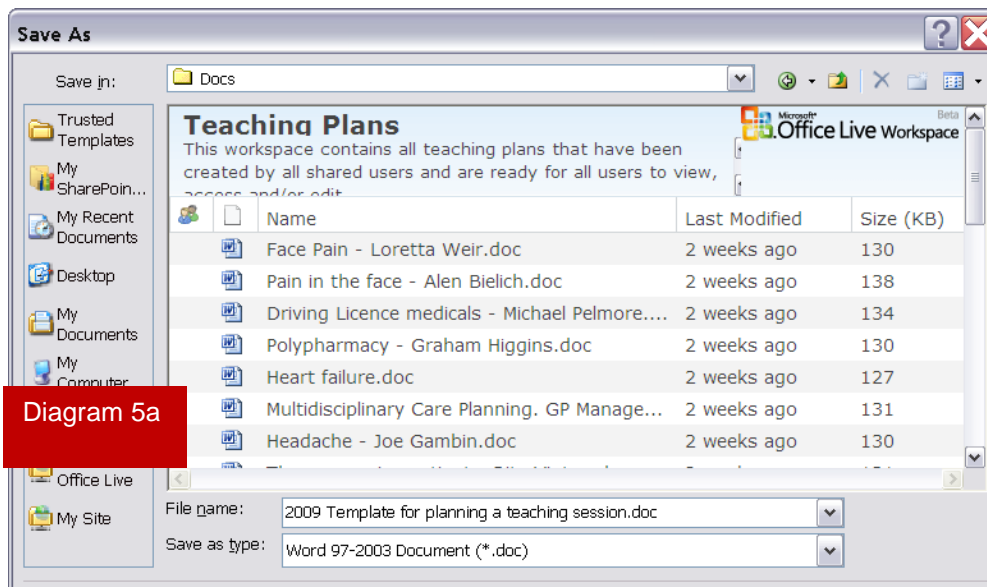
How to create a new teaching plan using the blank template

- Open up Blank Template from the folder
- Click on the document name “2009 Template for planning a teaching session”
- Click on EDIT -> OK
- The template will open in a word document.
- Add the topic information you wish, click FILE and SAVE AS
- This will take you to the SAVE AS box. You need to go up one folder in order to save it into the “Teaching Plans” workspace, so click the folder circled in red in diagram 5 viewed at the end of this section.
- You will come to the “Teaching Plans” list as shown in diagram 5a at the end of this section.
- Double click the folder (topic area) you wish to save your document in
- Please ensure you rename your document appropriate to the topic area or in the style of similar files eg Paediatrics -> Childhood Asthma

Click SAVE

- A pop up window will come up that is SAVING. Once saved, it will take you back to the document.
- You then need to click the X in the top right hand corner of the word document to close the document and take you back to the workspace
- To take you back to the list of Teaching Plans once back in the workspace, you will need to click the close button as marked in diagram 4 under “How to edit a teaching plan”

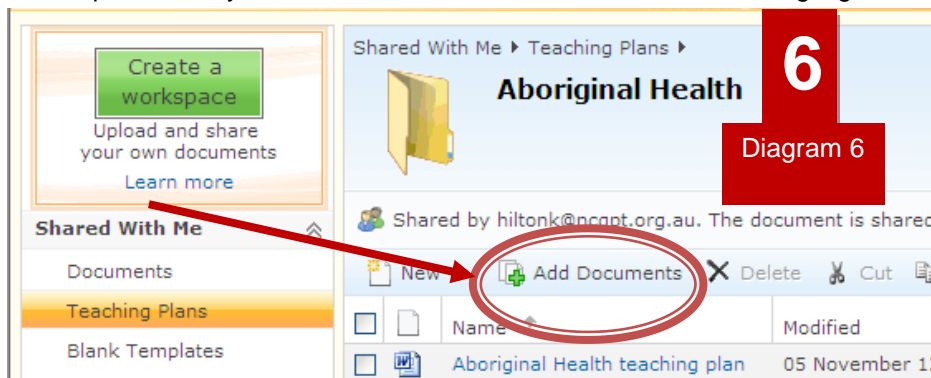




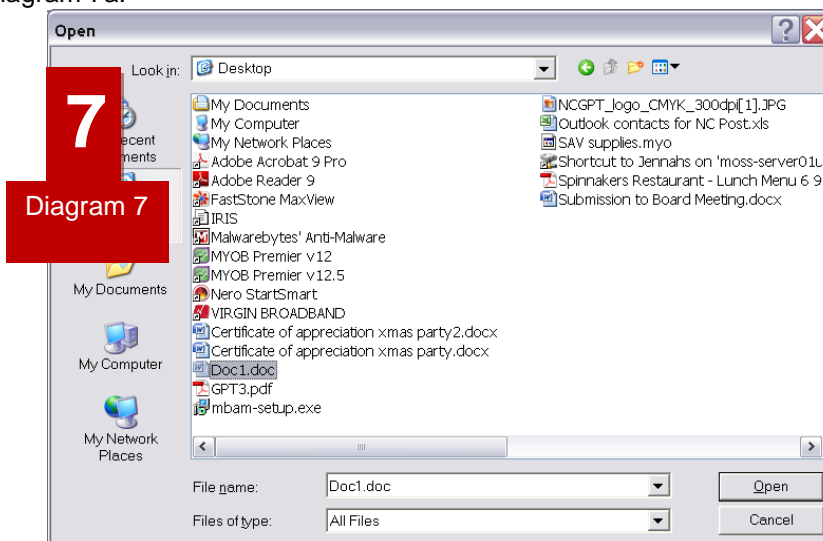
- If for any reason the above steps do not work for you please save the document you are currently working on to your desktop or preferred location and proceed to the next set of instructions for an alternative way to add your document to the workspace.

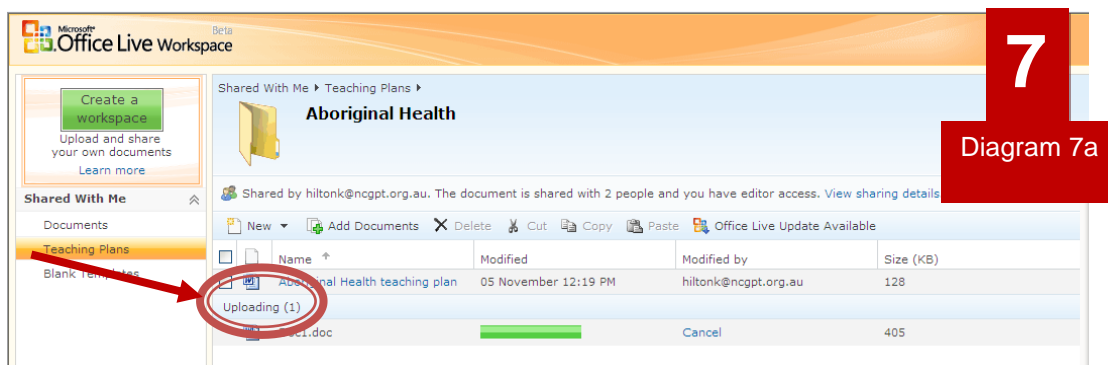
How to upload a document from your desktop or preferred location

- Open the workspace and the folder in which you would like to put your Teaching Plan.
- In the open folder you will need to click on ADD DOCUMENT as highlighted in diagram 6



- A pop up a window will open to allow you to find and select your document (see diagram 7). Navigate and locate your document and click OPEN. This will start the uploading process as shown in diagram 7a.

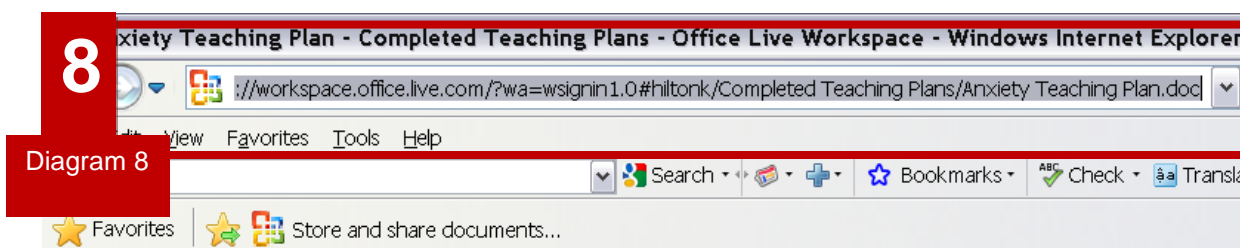




- Once it has finished loading it should show in the Teaching Plan list
- To return to the list of teaching plans, click the TEACHING PLANS workspace on the left hand side highlighted in orange in diagram 7a.

How to add a link to the useful links workspace

- Click on the TEACHING PLANS workspace
- Double click on the USEFUL LINKS folder to open it
- Click once on the document name to open it up
- Open up the document to edit in word as outlined in **How to edit a teaching plan**
- Copy the link of the website you wish to add by highlighting the address bar as shown in diagram 8 and right click your mouse and choose copy



- Go to the open Useful Links document from your workspace and click in the document, right click your mouse and select PASTE
- Add a brief description about the website you are adding for others to know more about it.
- Click SAVE
- A pop up window will come up that is SAVING. Once saved it will take you back to the document.
- You then need to click the X in the top right hand corner of the word document to close the document and take you back to the workspace
- The page will refresh automatically in the workspace. Can you see the changes you made in word? Clicking the close button as marked in diagram 4 under **“How to edit a teaching plan”** will take you back to the Useful Links folder.

7.9. Assessing the registrar's learning needs

What is it?

This jargon is actually the commonsense approach used in any situation before investing good time and money. In buying a house or a car, most of us consider first what we need. It is the same approach when we ask the patient "What can I do for you today?".

Working out with the registrar what they need to learn during their term avoids the embarrassment of teaching a GP registrar with a PhD in metabolic bone disease about HRT for osteoporosis. It also solves the problem of discovering, when your female partner is on holidays, that the registrar hasn't taken a pap smear since graduating.

How do I go about it?

This is one of the first tasks of the GP term for both the registrar and the GP supervisor. Ideally at the first teaching session, time should be set-aside to discuss with the registrar what will need to be learnt during the coming term.

Usually it is helpful to think in terms of the needs of your practice, the needs of the registrar and the needs of the training program.

The needs of the practice

This will, of course depend on your geographic situation, your referral resources, your partners, the patient profile, and the cultural and socio-economic surrounds of your practice.

The needs of the GP registrar

There are a number of aids which may help you and the registrar work out what they need to learn whilst they are with you. These include:

- The registrar's CV
- Feedback from
 - Registrar
 - Patients
 - Staff
 - Partners
- Direct or video observation
- File review

This type of frank and open discussion can be quite threatening, so it is best to follow Pendleton's Rules for giving feedback (see section 7.8.2 'giving feedback constructively') by first hearing what the registrar perceives as their strengths and weaknesses and reflecting with the registrar on your perceptions.

The following points are important to note in relation to learning:

- Learning is increased when learners are actively involved rather than passive onlookers
- Learning is increased when learners receive immediate feedback about their performance
- Principles which the learners themselves discover are understood more clearly, retained longer and used more effectively

7.10. Developing a learning plan

One of the fundamental philosophies of general practice is the concept of self-directed learning where, although obliged to undertake certain educational activities, the GP takes responsibility for choosing a particular activity based on their identified learning needs.

Registrars are required to demonstrate evidence of self-directed learning to satisfy the requirements for being awarded the FRACGP.

This can be achieved through the development and implementation of learning plans. This activity is a compulsory requirement of training.

A learning plan is designed to help the registrar develop some learning objectives for that part of their training which they are about to undertake and to consider how they can actively seek opportunities to meet those objectives.

It essentially consists of three questions:

- What do I need to learn?
- How can I do that?
- How will I know when I have achieved that?

It is intended to be flexible as the objectives may well change once the registrar starts the term and discovers other more immediate learning needs.

A learning plan must be developed for each part of the training, be that hospital, special skills or general practice, and must be reviewed on at least two occasions during the relevant term.

To fulfill annual re-enrolment essential criteria, a completed learning plan will show satisfactory attainment of learning objectives and records of meetings with a supervisor 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 and the registrar to document evidence which demonstrates they have met these requirements.

As a supervisor, you should use your first teaching session as has already been suggested, to consider your registrar's learning needs and together develop a learning planner. Registrar learning planners must be developed by week four of term.

We suggest that this forms the basis of your registrars' teaching session. It is strongly recommended that you set-aside time to assist in this process.

Preparation of the learning planner could be combined with a feedback session and attract a TIP™.

At the beginning of each term it is strongly suggested that you work through, with your registrar, the documents found in the beginning of the learning planner which include The What, Why and How of a Learning Plan, Curriculum and General Requirements, Requirements during GPT1, Essential Domains of GP Self Assessment, Essential Procedural Skills Self Assessment and What is Common in General Practice. An example of a registrar learning planner can be found in section 16.0 for a list of forms and documents.

7.11. Teaching consulting skills

Definition

These are the skills or tools we use to provide the framework or structure for our knowledge and practical skills and without which we cannot be effective GPs. They include such skills as:

- Interpersonal skills e.g. developing rapport/reassuring patients
- Identifying patient concerns
- Time management/closing a consultation/prioritising problems
- Practising continuity of care/preventative care
- Rational prescribing and investigating

Why to

Our registrars enter general practice with a set of consulting skills which have been developed for the hospital setting in which they have been working. However, these are not necessarily appropriate to general practice. If you consider the differences between hospital medicine and general practice, especially in terms of our role and how we communicate, you can see why this might be so. Effective consulting skills lead to:

- Greater doctor and patient satisfaction
- A more accurate history
- Better compliance
- More efficient consultations
- Fewer medico-legal problems

They also make for an easier term for you as your patients will be less likely to come to you for a second opinion or to complain about “the new doctor”.

When to

Consulting skills should be a component of the structured teaching program of GP supervisors in both GPT1 and GPT2 terms. They should be specifically ‘taught’ on several occasions with an interval of time to allow the registrar to practise the skills and the supervisor to evaluate the registrar’s progress.

How to

There are three ways to teach consulting skills and all three should be used:

1. Discussion of different types of consulting skills
2. Demonstration of these skills by you in real consultations and through role plays
3. Observation of your registrar’s consulting skills with feedback

All three require you to be able to ‘identify’ and ‘label’ the individual techniques used and to help with this. What follows is a brief description of some of the standard ones we teach your registrars. You undoubtedly use these techniques instinctively but perhaps had not identified them as such. The label helps you to discuss and teach them.

The Patient - Centred Clinical Method¹

This method reminds us that to be effective, we must deal not only with our own agenda of diagnosing and managing the clinical condition, but also with the patient’s agenda which is determined by what the illness means for them; what understanding and expectations they have; what feelings and fears the illness generates. We cannot assume the answers to these things as our patient has a different perspective from our own. Therefore we must give them the opportunity to tell us and we must take their answers into account when developing our management plan.

¹ A Textbook of Family Medicine, Ian R McWhinney, Oxford University Press, 1989

This method is also taught as 'breaking the ice' i.e. eliciting the 'ideas, concerns and expectations' of our patients or alternately, "Learning to FIFE your patients" i.e. to elicit their "fears, ideas, feelings and expectations".

The Five Checkpoints²

This method describes the consultation as having five checkpoints through which we should pass. These are:

1. Connecting

This is where we establish rapport with the patient and try to understand the presenting problem from their perspective.

Summarising

This occurs after taking the history. It involves telling the patient the impression you have gained so far regarding the nature of their presenting problem as well as their ideas / concerns / expectations. It is also a useful time to ask the patient if there are additional problems they wish to discuss, thereby hopefully avoiding the hand-on-the-door 'while I'm here doctor'.

Handing over

This is where you give your diagnosis and outline your management plan, check that the patient is in agreement and hand over to the patient the responsibility for carrying out the plan.

Safety-netting

This reminds you to provide the patient with sufficient information to know what to expect, how to deal with the unexpected and when to return for follow-up.

House-keeping

This reminds you to look after yourself and to make sure you are ready both physically and mentally to deal with the next patient.

The Exceptional Potential In Each Primary Care Consultation³

This method describes four potential components of any consultation:

3. The management of the presenting problem(s)
4. The modification of the patient's help-seeking behaviour
5. The management of continuing problems
6. Opportunistic health promotion

Areas 2, 3 and 4 usually require the doctor to initiate the activity by asking him/herself the following questions:

- Why is the patient consulting in this way and at this time?
- Is the patient likely to behave in the same way next time a similar problem occurs?
- What other continuing problems does this patient have which I should monitor/enquire about?
- Is it appropriate for me to take the opportunity to encourage this patient to -modify their lifestyle in the interests of their long-term health?

OR

- Permit me to practice a relevant screening activity while they are with me?

It is often inappropriate to work through all four areas in the one consultation, but it is equally unacceptable for a doctor to function only in area 1. You can help your registrar by discussing how and when to include areas 2, 3 and/or 4 as well as illustrating these through case discussion and role plays.

BATHE⁴

² The Inner Consultation, Roger Neighbour, MTP Press Ltd, 1987

³ Journal of the Royal College of General Practitioners, 1979, 29, 201-205

A patient's emotional state plays an important role in any physical illness and failure to address their psychological needs may interfere with the healing process. This method is used to identify and address those needs within the time limits of a general practice consultation by helping the patient reorganise some small aspect of their self-concept or behaviour in a more comfortable, productive or just less destructive manner.

BATHE is an acronym for:

Background:	"Tell me about it."
Affect:	"How does it make you feel?"
Troubling:	"What troubles you the most?"
Handling:	"How do you feel you're handling it?"
Empathy:	"That sounds like a difficult situation."

Not everyone will be comfortable using this technique but since the registrars come from a system which largely ignores and certainly devalues this component of patients' health, it is worth discussing ways of addressing it.

Summary

These techniques which help the registrars become better and more effective GPs take time to learn. They also need to be taught how and when to apply these techniques appropriately and efficiently. GP supervisors are ideally placed to do this.

Remember, however, when discussing your registrar's consulting skills that you must give such feedback constructively.

In order to learn about consulting skills, registrars need to have:

- Relevant information
- Appropriate attitude
- Role models who demonstrate these skills
- Feedback on their own consulting skills
- Appropriate patient numbers and variety
- A facilitating practice environment i.e. appointments, helpful medical records, recall systems, patient registers, and
- A patient supervisor

⁴ The Fifteen Minute Hour, Marian R Stuart & Joseph A Lieberman, Praeger Pub, 1986

7.12. Other teaching techniques

7.12.1. Structured random case review

In this variation on case based discussion, cases are selected at random from a group of patients seen by the registrar i.e. from a consulting session, a case or cases are selected at random. This random nature of selection has the advantage of bringing to the teaching session, cases and issues that the registrar may not have seen as significant but which may turn out to be so when discussed.

When cases are selected by the registrar in a purposeful way, the issues raised tend to be ones that the registrar already recognises as points of difficulty or interest. Random case selection may reveal issues not yet recognised as important.

The case discussion process can then follow a thematic pattern where an issue raised by the case selected at random can be elaborated on by mentioning other cases with a similar theme and/or discussing the issue in a more general way. There are a number of themes at different stages of the consultation that can often be identified.

Beginning

- Engagement
- First impressions
- Presenting syndromes
- The nub question (“Why has this patient come to see this doctor at this time?”)

Middle

- Contexts - social, past history, economic, work, family
- Systems review: the relevant minimum
- Patient’s perspective

End

- Information transfer: explanation, perception
- Compliance
- Being rational: investigations, prescribing, specialists, community resources
- Follow up

General issues

- Time management
- Control
- Prevention
- Critical appraisal

7.12.2. Referral letter review

This can be a useful exercise for a teaching session with the following aims:

- Audit and feedback to the registrar about the quality of referral letters
- Examining the quality and usefulness of the opinion from the specialist

For the purpose of audit and feedback to the registrar, a copy of the referral letter and the specialist reply can be examined together. It is also a good idea for the supervisor to bring some of their referrals and replies to be subject to the same scrutiny.

Issues that could be raised are:

- Was the referral necessary? Could the patient be managed by the general practitioner? If so, what knowledge or skills would be needed?

- Were the specialist's findings and conclusions similar to the GP registrars? If not, what was different and what can be learned from this?
- Were there any new investigations arranged by the specialist about which the GP registrar needs more knowledge?
- Is there a need for the GP registrar to gain more knowledge about the treatment suggested by the specialist and if so, how could this knowledge be gained?
- Is the management suggested by the specialist useful?
- What role has the GP registrar in ongoing management and when should the GP see the patient again?

For the purpose of examining the usefulness of the specialist opinion, the issues that could be raised are:

- Has the consultant addressed my questions/concerns?
- Is the management plan useful?
- Has the role of the GP in providing primary ongoing care been recognised?
- Is collegiate respect evident?

7.12.3. Clinical audit

Audit can be a useful teaching tool in thinking about therapeutics. When entering general practice training, registrars have sometimes had little experience in initiating ongoing therapy such as antihypertensive medication.

The following exercise can help build familiarity with antihypertensive medication and can focus thinking onto some of the important issues in treatment of hypertension. The exercise could be modified for use with other conditions e.g. asthma management.

You and your GP registrar collect the following information on the next three patients you each see who present for hypertension or who have presented for another reason but for whom hypertension is one of their health problems.

Then together in a teaching session assess:

- Their BP control
- Any possible adverse effects from their drug therapy
- Any ways in which their drug therapy could be improved

It is a good idea to have the patient's record available for this discussion so that past medication and other cardiovascular risk factors can be reviewed.

7.12.4. Teaching evidence based medicine

Evidence Based Medicine (EBM) involves the conscientious and judicious use of current best evidence in the health care of individuals and populations. Going through all the processes to make evidence-based decisions can be time consuming, especially if you do not have adequate skills or the time to apply them. Additionally, despite your best efforts, you may not be able to find high quality evidence for many of the clinical decisions you must make.

However, over the last decade there have been numerous advances in evidence processing including the production of streamlined guides to aid in critical appraisal of the literature, evidence-based abstraction services, online and other forms of electronic literature searching, growing numbers of high quality systematic reviews and frequently updated textbooks in paper and electronic formats.

The practice of evidence based medicine can be divided into the following components:

- Identifying a problem or area of uncertainty
- Asking a relevant, focused, clinically important question that is answerable
- Selecting the most likely resources to search
- Searching and appraising the evidence found
- Assessing the clinical importance of the evidence
- Assessing the clinical applicability of the evidence
- Acting on and appropriately applying the evidence
- Assessing the outcomes of your actions

Excellent information is available on EBM from many sources. Try the following web sites:

- Cochrane database - free from all Australian internet addresses
<http://www3.interscience.wiley.com/cgi-bin/mrwhome/106568753/HOME>
- Pubmed / Medline <http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?db=PubMed>
- University of Alberta EBM toolkit <http://www.ebm.med.ualberta.ca/>
- Centre For EBM <http://www.cebm.net/index.asp>
- SUMSearch <http://sumsearch.uthscsa.edu/>

NCGPT strongly encourages the use of the internet for teaching, research and educational activities. A broadband internet connection, when available locally, should be available for all registrars and supervisors. NCGPT may be able to assist with establishment costs. Please contact the NCGPT office for further information.

7.13. Making the most of tricky situations

Turning a complaint into a positive learning experience

Imagine this scene:

Mrs Brown a 46 year old, regular patient has come to see you to complain that your registrar was obviously uncomfortable prescribing her usual Serepax. She has taken Serepax 30mg nocte since her husband died 15 months ago.

“That doctor hadn’t even known me five minutes when he as good as said I was a drug addict. I told him you’d started me on the Serepax and I didn’t want him interfering.”

- How would you react to this complaint?
- How would you raise it with your registrar?
- How could you use this incident as a shared positive learning experience?

This real scenario was discussed at a GP Supervisor Development Workshop and the GP supervisors came up with these suggestions:

- Ask the registrar about his/her feelings/perceptions of the consultation
- Acknowledge our less than ideal management of this patient and discuss the realities of general practice where there is often more grey than black and white
- Acknowledge these cases are difficult and should be discussed with colleagues
- Set up a procedure that facilitates the registrar bringing these problems to you
- Discuss inter-doctor relationships especially where there is a difference in management choices
- Discuss when and how to introduce information to a patient which might make them feel defensive
- Specifically in relation to Benzodiazepine prescribing, set up a system of regular deliberate review of patients on ongoing prescriptions.

In summary:

- Critical incidents are great learning opportunities - try to make the most of them
- Set-aside protected time when you can discuss problems
- Acknowledge that adult learning is a two way process

8.0 supervisor development and education program

8.1. Aims and requirements of the GP supervisor development program

NCGPT acknowledges the central role GP supervisors play in the support and delivery of training for registrars working in their practices and supports supervisors with a range of educational and professional development activities.

NCGPT educational activities for supervisors are structured at three levels.

1. Locally delivered Supervisor workshops throughout the region

NCGPT hold an annual half day education event in Ballina, Coffs Harbour and Port Macquarie. These are conducted by our experienced medical education team in conjunction with local expert guest presenters.

In addition to this, there is an annual one day combined regional workshop for supervisors. This workshop is conducted by our experienced medical educator team in conjunction with national expert guest presenters. This event is open to all supervisors in the region.

Supervisors are currently paid for attendance at all local NCGPT workshops. Travel reimbursement applies only to kilometres travelled by car to local NCGPT workshops. See how to access supervisor travel and expenses tax invoice proforma located in section 16.0.

2. Supervisor professional development activities delivered by other organisations

NCGPT recognises the varied roles undertaken by supervisors (e.g. teaching medical students). Other organisations can provide appropriate professional development activities for supervisors (e.g. universities) and NCGPT may accept attendance at these events in lieu of attendance of NCGPT supervisor workshops.

3. Supervisor attendance at NCGPT registrar education activities

NCGPT encourages supervisors to attend its education sessions for registrars. Having supervisors at these events deepens the learning experience for the registrars, and also helps the supervisors to get a better picture of what their registrars are learning.

Please note: there is a requirement for at least one supervisor from each training practice to attend one supervisor event each year.

9.0 nsw rural gp procedural training program

Through NCGPT you can participate in the NSW Rural GP Procedural Training Program. GP supervisors and registrars have the opportunity to train in these procedural areas:

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

Rural Procedural Training is available in training hospitals within our region at:

- Tweed Heads
- Lismore
- Coffs Harbour
- Port Macquarie

Some reasons why GPs and registrars have trained on this program:

- To manage challenging mental health problems in rural areas
- To increase confidence in emergency skills
- To complete an Extended Skills Term or Advanced Rural Skills Post
- Wanting to plan a rural locum stint but concerned about anaesthesia or obstetrics skills
- To obtain networking opportunities with colleagues at the larger hospitals

NCGPT can arrange for you:

- RACGP accredited training placements
- Fully funded supernumerary placements
- Specialist supervision
- GP mentorship
- Individual Learning Plans
- Full-time, short-term or part-time training
- Access to NCGPT Medical Educators

Since January 2003 NCGPT has been placing GPs and registrars in procedural training posts. Our unique educational experience offers:

- Quality training
- Personal assistance
- Cooperative Area Health Services
- Employment opportunities
- NSW Health supported placements

For further information contact Bruce Barling, Manager Program Development at North Coast GP Training on T: 02 6681 5711 E: bruceb@ncgpt.org.au or visit www.ncgpt.org.au

10.0 ncgpt's workshop and education release program

In addition to in practice teaching, NCGPT registrars attend regular half and full day releases and two-day or three-day workshop educational events. These events are organised by medical educators often utilising the skills and knowledge of local and sometimes national clinical experts.

Half day and full day releases are held at three venues:

- Ballina
- Coffs Harbour
- Port Macquarie

The topics addressed on the release days and various workshops include:

- Paediatrics
- Musculoskeletal
- Youth Health
- Mental Health
- Aboriginal Cultural Awareness
- Aboriginal Health
- Sexual Health
- Aged Care
- Palliative Care
- Emergency Medicine
- Immunisation
- Dermatology
- Devices for asthma
- Smoking Cessation
- Introduction to consulting
- Chronic disease management
- Dealing with uncertainty
- Work cover
- Contraception
- Relaxation techniques
- Screening in adults
- End of life issues
- Implanon training
- Pre and antenatal care
- Dealing with drugs and alcohol abuse
- Advanced consulting skills
- Gastroenterology
- Refugee health
- Paediatric dentistry
- Ophthalmology
- ENT
- Cervical spine examination
- Dr's health
- Effective use of your learning planner
- Medical Director, Best Practice and Genie

Workshops are held both locally and in Sydney in conjunction with other regional training providers. To view the term calendars visit the calendar section of the NCGPT website www.ncgpt.org.au/events

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

11.0 supervisor and registrar wellbeing

North Coast GP Training places the highest value on the health and wellbeing of its supervisors and registrars. It understands the stresses and challenges of GP training and acknowledges that from time to time events and circumstances may 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. We strongly recommend that supervisors are vigilant in this area as early identification and management of registrars at risk is the key to minimise the potential harm to all concerned.

GP registrars should also consider approaching their supervisor, the NCGPT director of training or the NCGPT registrar liaison officers if they feel they are in need of assistance.

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.

For further advice and support the Doctors Health Advisory Service (DHAS) offers an independent, confidential service for doctors with health problems in the following areas:

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

Contact the DHAS at T: 02 9437 6552 (24 hours) or visit <http://www.doctorshealth.org.au/>

12.0 administrative matters

12.1. Responsibilities of the training practice and the supervisor

Practice based supervision and teaching

When advising NCGPT about your availability to take a GP registrar the following year, each supervisor must consider the ability of the practice and its members to meet the requirements and only commit themselves accordingly.

An appropriately prepared and conducted pre-attachment interview should allow both supervisor and GP registrar the opportunity to identify any sources of potential conflict and to resolve these before the term begins.

Both supervisor and GP registrar need to recognise that they are likely to have some differences in their non-clinical goals. The tasks of administrative supervision include a number of different supervisor/registrar relationships, some of which can cause conflict e.g. employer/teacher and assessor/colleague.

Practices/supervisors should ensure the following points are met throughout registrar supervision:

- 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
- In all cases, when a supervisor takes holidays, an appropriate deputy must be appointed with the concurrence of NCGPT

In GPT1 the accredited supervisor(s) is/are expected to provide on-site supervision for a minimum 80% of the GP registrar's working hours, and to be accessible by phone the remaining 20%.

They are expected to provide three hours of structured teaching per week for a full time GP registrar and 1.5 hours per week for a part time GP registrar. This is in addition to corridor consulting and must be scheduled within the GP registrar's normal working hours and the GP registrar paid for this time.

The practice is expected to release the GP registrar, to attend the compulsory educational program, equivalent to 26 sessions in a 26 week term for full time terms and half that for part time. This consists of two three-day workshops per six month full time term, one two-day workshop per six month full time term and the monthly regional half and full day release educational program (see section 10.0 'NCGPT's workshop and education release program' of this document). The supervisor is expected to release the GP registrar from the practice and to pay the GP registrar for this time even when it occurs outside the GP registrar's usual working hours.

In GPT2 the accredited supervisor(s) is/are expected to provide on-site supervision for a minimum 50% of the GP registrar's working hours and to be accessible by phone the remaining 50%.

They are expected to provide 1.5 hours of structured teaching per week for a full time GP registrar and half that for part time. This time must be scheduled within the GP registrar's normal working hours and the GP registrar paid for this time. The supervisor is required to be available to the registrar during the registrar's clinical duties to provide clinical advice and assistance when required.

The supervisor should discuss educational objectives with the registrar early in the term. Learning objectives should be documented in the registrar's learning plan by the fourth week of the term.

The GP registrar is expected to attend the compulsory educational program that consists of one three-day workshop per six month full time term. The supervisor is expected to release the GP registrar from the practice for these workshops and to pay the GP registrar for this time even when it occurs outside the GP registrar's usual working hours.

Case load and working hours should be in accordance with the recommendations contained in the National Minimum Terms and Conditions for GPT1 and GPT2 General Practice Terms (see section 16.0 for how to access this document).

During GPT3 and extended skills terms, the supervisor is expected to be contactable 100% of the time. The supervisor is not formally required to provide teaching but is encouraged to do so. In order to achieve this, the supervisor and GP registrar should meet regularly to discuss the GP registrar's progress, strengths and areas of competence and plans made to address any deficiencies identified.

The supervisor is also encouraged to release the GP registrar to attend the half day release education sessions. This attendance is unpaid.

Educational release

In accordance with General Practice Education & Training (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	equivalent of one session per week
Full time	GPT2 registrars	equivalent of one session per fortnight
Part time*	GPT1 registrars	equivalent of one session per fortnight
Part time*	GPT2 registrars	equivalent of one session per month

*** Refer to section 4.1.3 of the National Minimum Terms and Conditions for GPT1 and GPT2 Terms 2011 for a description of part time and associated conditions.**

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 appendix one for information on the teacher incentive payment (TIP™) and superTIP™ process. The feedback guide and forms, which are located at section 16.0, 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.

Registrar case load and case-mix

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

- Appropriate to the registrar's level of experience
- 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:

- Appropriate to the registrar's level of experience and the educational intent of the training environment;
- Within the registrar case load guidelines as indicated in section 5.0 of this document.

On-going professional development for the GP supervisor

The training practice will ensure that GP supervisors:

- Participate in appropriate ongoing CPD activities
- Attend specific teacher training activities in accordance with vocational training program requirements as determined by the RACGP, ACRRM, GPET and NCGPT
- Will attend at least one supervisor development event each year. If it is not possible to attend at least one NCGPT Supervisor's Workshop during the year, supervisors should contact NCGPT's director of training to discuss other options for meeting this requirement

- The attendance requirements for new supervisors will be negotiated between NCGPT and individual supervisors. It is expected that new supervisors would attend the full range of supervisor development activities available
- As a result of anticipated changes to RACGP accreditation policies, supervisors are strongly encouraged to attend NCGPT Supervisor's Workshops in line with the following time frames: -
 - For newly (provisionally) accredited training practices, attend one NCGPT Supervisor's Workshop within six months of receiving provisional accreditation
 - For newly re-accredited training practices, attend one NCGPT Supervisor's Workshops within 12 months of receiving re-accreditation

*** Failure to attend NCGPT Supervisor's Workshops in line with the suggested time frames above may affect practice re-accreditation**

- For any practice accredited with ACRRM only, supervisors must hold the FACRRM, and keep their PDP activities current with the college requirements

Additional supervisor activities

The supervisor may, in addition to the provision of training to the registrar, voluntarily undertake additional supervisor activities e.g. FACT Visits. Specific training and remuneration (if appropriate) will be offered for these activities.

Employment of the registrar

The training practice will ensure that:

- 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
- An 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 GP Terms – 2011
- 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
- The registrar receives a formal orientation to the training practice and community (see section,6.1.3 the first week of term - orientation).

Monitoring of registrar servicing

The training practice agrees to provide NCGPT with the information it needs to ensure that registrars are provided with a quality learning environment as required under NCGPT's contractual requirements with General Practice Education and Training Ltd (GPET). This information may include:

- Services provided by the registrar (for example, Medicare Item Numbers, hospital visits, private/DVA services etc);
- Hours of employment, teaching, educational release etc
- Structured feedback assessment forms
- Brief summary outlining the content of and the time spent on teaching activities each week
- Other reasonable information as may be required for the above purposes

Key performance indicators for the supervisor and training practice

1. Registrar patient load: registrar to see the minimum patient numbers as set out in this contract and as reported via the monthly 'GP supervisor teaching allowance and practice subsidy claim' form
2. Registrar teaching: 100% of the required teaching as specified in the agreement is provided by the supervisor(s)
3. Registrar educational release: the training practice releases the registrar for 100% of educational time as specified in this agreement

4. Professional development: the supervisor to attend at least one professional development event provided by NCGPT, other RTP, GPET etc per annum
5. Inquiries from NCGPT responded to within three days of receipt
6. Registrar surveys show satisfaction with the training, support and feedback provided
7. Completion of 'structured feedback between registrar and supervisor' (see section 16.0)
8. Registrar educational objectives documented in their learning plan by week four of the term

It is important to remember that registrars who are made to feel welcomed and valued by their practice are more likely to stay or return to the region to practice as a GP.

Tasks:

- **To provide an appropriate learning environment for the GP registrar taking into account the GP registrar's stage of training and prior experience, practice facilities, appropriate patient numbers etc**
- **To provide the required levels of supervision and teaching**
- **To consider the registrars competence in high risk areas**
- **To negotiate appropriate terms and conditions of employment**
- **To identify and respond appropriately to a registrar at risk**
- **To advise the training program of any changes that may affect the above**

Important advisory notes:

- **The training practice is reminded that as an employer it may be vicariously liable for the actions of its employees**
- **It is the responsibility of the registrar to have appropriate medical registration, medical indemnity cover and a current Medicare Provider Number. The training practice is advised that it is in its own interest to confirm that these are current at the time of employment of the registrar and are adequate to cover activities to be undertaken by the registrar.**

12.2. Contracts and employment agreements

GPT1 and GPT2 registrars are to be employed by the practice and are not to work as 'contractors'. It is important that a contract of employment is negotiated and agreed to between registrar and practice. For GPT1 and GPT2 registrars the national minimum terms and conditions for GPT1 and GPT2 GP terms' must be followed.

A written contract must be entered with one signed copy residing in the practice HR files and the other with the registrar. For your convenience NCGPT has provided a 'pro-forma registrar employment contract' which can be used as is or customised according to your requirements. Alternately, you may wish to use your practice employment contract or have one drafted specifically.

The NCGPT 'pro-forma registrar employment contract' document is available by contacting the NCGPT office on 02 6681 5711.

Suggested topics for term negotiation with your registrar are outlined in section 6.0, preparing your practice for a new registrar.

NCGPT also strongly recommends that supervisor's assess their registrar's competence in areas of high risk at this time to reduce medico legal risk. For a full list of areas considered to be high risk by the RACGP please refer to the section .7.3.1.

12.3. GP term placements

The issue of GP term placements is always a difficult one because a number of potentially conflicting factors must be taken into account - registrar preferences and availability, practice preferences and availability, and the training program's commitment to providing appropriate training for the future needs of general practice.

Registrars have the opportunity to indicate their regional preferences and to advise the program about any factor which they feel warrants giving them special consideration. Practices also have the opportunity to indicate their preferences and availability to take registrars. Sometimes practice changes mean that a supervisor cannot provide the required level of supervision and teaching to take a GPT1 registrar but can do so for a GPT2 registrar.

Obviously, the program would prefer to have practices which will take any allocated registrar but we do recognise that this is not always possible. Unfortunately, the greater the number of restrictions made by the practice, the less likely that a registrar will be available who meets those restrictions. However, please only commit yourself to what you know you can accept.

The distribution of training practices across the region is influenced by a number of factors which affect the education and experience to be gained. As the program is funded by the Federal Government there is also an obligation to provide training practices in a distribution reflecting public needs.

At present, GP term allocations are made as follows:

1. Registrar provides NCGPT with current CV and completed 'application for a training position' form (on this is an indication of needs and interests relevant to their placement)
2. Practice completes fax back with their preferences for number of registrars
3. Using the practice profile NCGPT 'match' registrars to practices according to both the practice and the registrar needs and preferences (NCGPT tries very hard to meet all requirements and preferences)
4. Once the allocations have been made, NCGPT sends the practice a letter informing them of the registrar allocated to their practice for an interview complete with recently supplied CV and the national minimum terms and conditions document
5. NCGPT sends the registrar a letter informing them of their allocation for an interview complete with the national minimum terms and conditions document and a NCGPT acceptance of GP term offer form. This offer that must be signed by both supervisor and registrar is returned to NCGPT The registrar is also sent all paperwork to complete to obtain a provider number.
6. The practice and registrar negotiate allocation and complete provider number application.

Such a process takes into account the wishes of all the registrars and practices, as a result, changes to one placement will often affect other placements. For this reason private arrangements between supervisors and registrars are not acceptable.

Practices should not make arrangements directly with registrars if they are approached, but should direct all registrar enquires to NCGPT.

12.4. Dealing with a challenging registrar

Unfortunately, not all GP terms proceed smoothly. Insufficient knowledge or clinical skills or more commonly unacceptable behaviour or attitudes create difficulties which lead to frustration and sometimes anger. In order to minimise this, and maximise the opportunities for change, the cause of the issues needs to be identified and addressed as early as possible.

A 'challenging registrar' can cause concern to the supervisor and practice in many ways.

- The behaviour may harm the patients, physically and/or psychologically
- The behaviour may harm the reputation of the practice
- The effects on the patient may not be detected in time to prevent harm
- The behaviour may not be readily detected by the supervisor, and may also stay hidden from other colleagues

The supervisor's goal is early identification and management of a 'challenging registrar', and to minimise the harm to all concerned.

NCGPT's dispute resolution policy (see the following section on dispute resolution) encourages the process of resolving disputes between registrars and supervisors at practice level. If resolution cannot occur at practice level please follow the recommendations in this policy.

Considerations in dealing with a challenging registrar

1. The behaviour needs to be changed long term, not just suppressed during this term
2. Only the registrar can change their own long term behaviour
3. Only the registrar knows what influenced the particular behaviour. Until the supervisor hears that explanation, the supervisor is guessing about the registrar's motivation and values
4. Persuasion to change requires open, frank discussion to ensure that the specific behaviour is recognised, agreed to be unacceptable, and remedial action taken
5. If the supervisor believes a win-win solution can be found, then both parties can take a constructive path toward clarification and resolution of the behaviour under dispute

The supervisor must identify the unacceptable behaviour and be able to give specific examples when discussing it with the registrar.

Ask:

- Why is the registrar behaving this way?
- Why am I reacting in this way?
- How can I best handle myself?
- How can I best handle this person and this situation?

Steps in negotiating with the registrar

1. Assume that a win-win sustainable solution exists, or can be negotiated
2. Sit down with the registrar to give the process some time
3. Factor in the discussion as part of a normal routine to discuss and review how the term has been going
4. Identify the specific behaviour of concern
5. Listen patiently and uncritically to their explanation
6. Clarify their internal motivations and external influences
7. Accept the repentant registrar. Don't blame or punish
8. Clarify what influences you and your motivations with the registrar
9. Explore future options together
10. Make it easy to agree in order to save face on both sides

There are many possible styles of dealing with challenging people. There are benefits and risks to all, but it is valuable to consider which style you usually use.

The Friendly Helper (Nurturing Parent)

Is supportive, helpful, acceptant, and finds a path together. Can be too warm and gentle, and may be inaccurate, dishonest, and leave some flaws untouched.

The Tough Boss (Structuring Parent)

Can be firm and set good rules and limits. Tends to be strict, critical, uses put-downs, and makes the registrar defensive, depressed and feeling incomplete.

The Logical Thinker (Adult)

Focuses on practical, realistic problem solving. However, can be cold and unaware of other's feelings, not hearing emotional pleas. Could neglect harmony in human relations because they're not a true answer.

In speaking with the registrar, consider:

- Phrasing of words
- Tone of voice
- What are the feelings behind what you say
- What was your self talk
- How would you have felt if you were the registrar

Two ingredients for achieving change in behaviour:

1. Acceptance and warmth of friendship
2. Mentoring advice

The interpersonal skills required include insight into one's own reactions to the behaviour, acceptance of the registrar's level of maturity, experience, cultural differences, or personal problems (e.g. love life, money, car) or difficulty with other staff.

The interpersonal skills are in friendliness, candour and honesty, accuracy in describing behaviour and phrasing which is not pejorative.

How do you know you have been effective?

- Changed behaviour of registrar, becoming more self aware about their style and actions
- More open relationship in which 'disclosure' to the supervisor is frequent and relaxed
- Closer personal relationship with supervisor as an 'honest bordure' who has the registrar's best interests at heart

Different problems obviously require different specific approaches. The above are guidelines on dealing with challenging people. Please refer to NCGPT's dispute resolution policy (outlined below) for further guidance.

Supervisors are encouraged to discuss challenging registrars with their local NCGPT medical educator and/or the NCGPT director of training.

12.5. Dispute resolution

In the event of a dispute arising between a NCGPT GP registrar and supervisor, NCGPT will ensure the disagreement is discussed and every endeavour is made for a successful resolution.

Whenever a problem or potential problem arises registrars should contact one of NCGPT's registrar liaison officers (RLO) as soon as possible. Similarly, GP supervisors are encouraged to communicate with NCGPT's supervisor liaison officer (SLO).

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 cannot be resolved at this level, the registrar should contact NCGPT's director of training (DOT).

Stage two

The registrar, 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 upon the DOT should provide a written report to the CEO who maintains a formal record of the agreed outcome.

Stage three

If the matter cannot be resolved at stage two, a meeting consisting of the registrar, the supervisor, the RLO, the SLO, 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 cannot be resolved at stage three, the matter must be referred to a meeting of the NCGPT Board by the CEO. Both the registrar and 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 cannot be resolved at stage four, the registrar or supervisor may make a written application for it to be heard by the GPET Appeals Tribunal.

Feedback

Following a dispute resolution process and once there has been a 'cooling' off period NCGPT will seek feedback on the process from those involved.

13.0 preparing your registrar for the FRACGP examination

Registrars are likely to be sitting the FRACGP examination during their GPT3 and extended skills term, although they may sit the AKT in GPT2 in certain circumstances. Supervisors and mentors can play an important role in assisting registrars in their exam preparation.

The FRACGP exam comprises of three separate components

Written components

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

Clinical component

- Objective Structured Clinical Examination (OSCE)
 - Consisting of 14 clinical cases, it takes approximately four hours

The clinical component of the exam is where supervisors will be most able to assist. The 14 active stations consist of two 19 minute long cases and 12 eight minute cases. In each case the candidate is ranked on categories such as overall performance, history taking, consulting skills and report, examination, medical knowledge, management planning and implementation. The cases are designed to mimic real cases often with two examiners one of whom role plays the patient.

Registrars are encouraged to form study groups and role play mock examination cases. Supervisors can assist by designing cases, or even role playing patients, and acting as examiners. You may like to use some of your in-practice teaching time to role play cases with registrars using the exam format.

All supervisors have the option of becoming FRACGP examiners. There are also pre-exam workshops held by NCGPT and RACGP for exam candidates each year. Supervisors can gain a lot by attending one of these workshops.

NCGPT supports supervisors to assist registrars in preparing for clinical exam with a specific TIP activity for this purpose) see section 7.8.6.

14.0 FAQs

1. What forms can 'teaching' take?

Within a GP term, supervisors are expected to provide the required amount of 'structured' teaching (i.e. three hours per week for a full-time GPT1 registrars and 1.5 hours per week for GPT2 registrars, with pro-rata for part-time) as well as adhoc or corridor teaching. These forms of teaching are equally important but different.

Structured teaching, which is defined as being structured both in terms of what is taught and when it occurs, allows both the registrar and supervisor to consider in more detail cases, consultations and topics of concern or interest. This teaching should involve a less didactic approach from the supervisor and greater reflection by the registrar.

Corridor teaching by its very nature meets a registrar's immediate needs for advice or information which is given by the supervisor.

These distinctions can blur when a registrar's request for a second opinion on a skin rash develops into a 20 minute shared discussion on how to distinguish viral exanthema and this would then be considered part of the structured teaching.

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.

Structured teaching can and should take many forms, and when planning this the supervisor should consider the learning methods preferred by both themselves and the registrar as well as recommendations made by NCGPT.

For more detail, see the section 7.2 'on a guide to teaching in the GP term'.

2. Can a registrar work at a branch practice?

Yes, provided the branch practice itself, and not just the main practice, has been accredited. Otherwise, Medicare Australia will not recognise the registrar's Medicare claims. Supervision requirements are the same as for main practice.

3. What educational release time is a registrar entitled to in a GP Term?

GPT1

Full-time registrars are entitled to the equivalent of one session of paid educational release time per week for 24 weeks in a 26 week term, and part-time registrars, one session per fortnight. This time is accounted for by the two three-day, one two-day compulsory workshops and the regional educational release programs.

As part-time registrars work fewer than six sessions a week, during the weeks of the three-day workshops, they must be paid a minimum of six sessions (or you may agree to time in lieu), plus any sessions they do in the practice. The supervisor must also negotiate with the registrar if they wish them to attend the practice that week and not just simply expect them to do so.

If the half day release occurs outside the registrar's usual working hours, they must also be paid for this time.

GPT2

Full-time registrars are entitled to the equivalent of one session of paid educational release time per fortnight and part-time registrars, one session per month. Currently, this time is entirely accounted for by the one three-day workshop and half day release programs.

Again, for part-time registrars, as they will already be doing more work hours in those weeks than they usually do, you should negotiate with them if you wish them to attend the practice during that week.

The practice is paid a salary subsidy to cover paid educational release time (among other things).

4. When does sick leave start?

Full-time registrars may take up to five working days paid sick leave per six-month term and pro-rata for part-time registrars (as per the national minimum terms and conditions for GPT1 and GPT2 registrars)

This is available from the first day of the term but registrars are of course expected to act ethically and professionally in their use of this allowance.

5. Is the subsidy paid when the registrar is on holidays?

Yes, provided the registrar receives holiday pay.

The teaching allowance however is not paid for those weeks where no structured teaching is expected to occur i.e. when the registrar is on holidays, in the weeks of the compulsory workshops or when FACT visits occur.

6. Can a supervisor take leave when they have a registrar?

When supervisors are absent for any reason, suitable arrangements must be made for someone else to assume that responsibility and NCGPT notified to enable the provision of additional support if needed.

If the supervisor is in a solo practice and a locum is employed, the locum must be willing and capable of assuming the supervisory role.

If the registrar is expected to act as the locum, this must be negotiated in advance with the supervisor ensuring that the registrar is comfortable about this. In this situation, the supervisor's absence should be no longer than one week and the registrar should be paid at locum rates.

For more detailed information regarding terms and conditions of employment for registrars, please refer to the national minimum terms and conditions for GPT1 and GPT2 registrars. Please see section 16.0 for how to access a copy.

15.0 useful resources

15.1. NCGPT staff contact details

Head Office
 124 Tamar Street (PO Box 1497) Ballina NSW 2478
 T: 02 6681 5711
 F: 02 6681 5722
 W: www.ncgpt.org.au

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 educational release meetings, FACT visits & 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 Tim Francis – Medical Educator (Procedural)	Coffs Harbour	0418 448 103	tfrancis@ausdoctors.net
	Dr Nicola Homes – 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 6581 3007	debbiek@tsn.cc
	Dr Peter Silberberg – Medical Educator	Ballina	02 6681 5711	peters@ncgpt.org.au
	Dr Rob Trigger – Medical Educator	Ballina		robt@spot.com.au
Dr Kayte Evans – Medical Educator (PGPPP)	Ballina	02 6681 5711	kaytee@ncgpt.org.au	
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	02 6681 5711	Katdent10@hotmail.com
	Kirsten Patterson – Registrar Liaison Officer	Ballina	02 6681 5711	kruffles@hotmail.com
	John Vaughan – Supervisor Liaison Officer	Ballina		slo@ncgpt.org.au
GP Procedural Training Program applications and information	Bruce Barling – program manager (GPPTP & GPPPP)	Ballina	02 6681 5711 or 0418 477 382	bruceb@ncgpt.org.au
OTD Support towards fellowship project	Sharyn Corben – OTD Project Officer (Relief position)	Ballina	02 6681 5711	sharync@ncgpt.org.au

15.2. Recommended internet resources and texts

NCGPT strongly encourages the use of the internet for teaching, research and educational activities. For a list of web sites and resources see the relevant registrar, supervisor and practice manager tabs on our website www.ncgpt.org.au

Broadband internet connection, where available locally, should be available for all registrars and supervisors. NCGPT may be able to assist with establishment costs. Please contact the Ballina office for information.

NCGPT Supervisor's Collaborative Workspace

The NCGPT Supervisor's Collaborative Workspace is an online environment for supervisors and medical educators to share teaching plans and resources. Currently, there are over 43 topic areas published including Aboriginal health, pain management and dermatology. The workspace is driven by Microsoft Office Live. You will require access to the internet and an email address to join the workspace.

If you are interested in using this valuable and time saving resource to assist with your registrar teaching please contact the NCGPT projects administration officer, Jenna Saville E: jennahs@ncgpt.org.au

Recommended websites

GP Training:

North Coast GP Training www.ncgpt.org.au

General Practice Education and Training www.agpt.com.au

Royal Australian College General Practitioners NSW and Rural Faculty www.racgp.org.au

Australian College Rural and Remote Medicine www.acrrm.org.au

Evidence Based Medicine:

The Cochrane Library <http://www3.interscience.wiley.com/cgi-bin/mrwhome/106568753/HOME>

National Library of Medicine www.pubmed.com

SumSearch www.sumsearch.uthscsa.edu

Centre for Evidence Based Medicine www.cebm.net/index.asp

Evidence Based Medicine Tool Kit <http://www.ebm.med.ualberta.ca/>

Internet Resources for Teaching:

PrimEd www.medeserv.com.au

NZ Dermatological Society www.dermnetnz.org

RACGP Library <http://www.racgp.org.au/library>

BMJ - Teaching <http://www.bmj.com/cgi/content/extract/326/7386/437>

Society of Teachers of Family Medicine <http://www.stfm.org/>

Recommended texts

General Practice (3rd ed.), John Murtagh (McGraw-Hill Education, 2003)

Pocket Guide To Teaching for Medical Instructors, edited by Kevin Mackway-Jones and Mike Walker (BMJ Books, 1999)

The Fifteen Minute Hour – Applied Psychotherapy for the Primary Health Care Physician, Marian R Stuart and Joseph A Lieberman (Praeger Publishers, 1986)

Practice Based Teaching – A Guide for General Practitioners, Richard Hays (Eruditions Publishing, 1999)

16.0 forms and documents

For your convenience the following forms and documents are available on our website at www.ncgpt.org.au and/or by contacting our office on 02 6681 5711.

NCGPT website at www.ncgpt.org.au/content/supervisors

- Supervisor travel and expense tax invoice
- TIP™ and SuperTIP™ Tax Invoice pro forma
- TIP™ – Orientation of new registrar
- TIP™ – Teaching practical procedures
- TIP™ Direct Observation summary
- TIP™ Feedback guide
- SuperTIP™
- FACT visit report
- FACT tax invoice proforma GST and no GST
- Dummies guide to Supervisors Collaborative workspace

For the relevant sections at www.ncgpt.org.au/forms-and-downloads

Registrars

- Learning plan template

Consultant Claim forms

- Consultant travel and expense invoice pro forma
- Consultant travel and expense no ABN invoice pro forma
- Consultant travel and expense no GST invoice pro forma

Policies Procedures and Information

- National minimum terms and conditions for GPT1 and GPT2 registrars 2011
- RACGP vocational training standards 2005

NCGPT office by contacting us on 02 6681 5711

- Practice agreement
- Proforma registrar employment contract
- Companion to RACGP standards 2005
- Registrar VMO policy
- Information sheet: registrar negotiating your GP Term
- Acceptance of GP term offer
- Application for a General practice Registrar Placement form
- GPT1 Learning plan timetable
- Patient log
- GPT1 self assessment domains of general practice
- GPT1 self assessment procedural skills
- Application for Medicare provider number
- Profile of accredited teaching practical



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