



**2011 INFORMATION HANDBOOK FOR QRME REGISTRARS,
SUPERVISORS/TRAINERS AND PRACTICE MANAGERS**



ABN 86 099 537 461

ACN 099 537 461

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Edition 1 (November 2005)

Edition 2 (January 2006)

Edition 3 (April 2006)

Edition 4 (February 2007)

Edition 5 (January 2008)

Edition 6 (January 2009)

Edition 7 (January 2010)

Edition 8 (January 2011)



QRME is a Regional Training Provider, funded by General Practice Education and Training Limited (GPET). GPET contracts QRME to deliver the Australian General Practice Training Program (AGPT) and Prevocational General Practice Placement program. (PGPP)

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Disclaimer:

This information has been produced to assist those persons who are participants in the QRME GP Training Program. Every effort has been made to ensure the information is accurate. QRME is not responsible for actions arising from information contained in this handbook.

1 **QRME GENERAL INFORMATION**

1.1 **LOCATION AND ADDRESS**

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1.4 LIST OF ACRONYMS

ACRRM	Australian College of Rural and Remote Medicine
ADF	Australian Defence Force
AGPT	Australian General Practice Training
AHPRA	Australian Health Practitioner Regulation Agency
ALO	Academic Liaison Officer
APLS	Advanced Paediatric Life Support (Course)
ARSP	Advanced Rural Skills Post
AST	Advanced Skills Training
CME	Continuing Medical Education
ECT	External Clinical Teacher
EMST	Early Management of Severe Trauma (Course)
ELS	Emergency Life Support
ERTF	Enhanced Rural Training Framework
FACRRM	Fellow of the Australian College of Rural and Remote Medicine
FARGP	Fellowship of Australian Remote General Practice
FLO	Family Liaison Officer
FRACGP	Fellow of the Royal Australian College of General Practitioners
GP	General Practitioner
GPET	General Practice Education and Training
GPR	General Practice Registrar
GPRA	General Practice Registrars' Association
GPS	General Practice Supervisor (now called Trainers by RACGP)
GPRIP	General Practice Rural Incentive Program
HIC	Health Insurance Commission (now called Medicare Australia)
HLO	Hospital Liaison Officer
ME	Medical Educator
NRC	National Resource Centre – RACGP
PBS	Pharmaceutical Benefits Scheme
PD	Personal Development
PDP	Personal Development Program
PGPPP	Prevocational General Practice Placement Program
PHAST	Population Health Advanced Skill Training
PHTLS	Pre-hospital Trauma Life Support (Course)
RACGP	Royal Australian College of General Practitioners
RRADO	Registrar Research and Development Officer
QA & CPD	Quality Assurance and Continual Personal Development
QH	Queensland Health
QRME	Queensland Rural Medical Education
RDAQ	Rural Doctors Association of Queensland
RGP	Rural Generalist Pathway
RHTU	Rural Health Training Unit
RLO	Registrar Liaison Officer
RPL	Recognition of Prior Learning
RRMA	Rural, Remote and Metropolitan Area
RRMEO	Rural and Remote Medical Education Online
RVTS	Remote Vocational Training Scheme
TMC	Trauma Management Course
SLO	Supervisor Liaison Officer
SME	Senior Medical Educator
TLO	Training Liaison Officer
VR	Vocational Registration
WONCA	World Organisation of National Colleges, Academies and Academic Associations of General Practitioners/Family Physicians

1.5 ROLE AND MISSION OF QRME

Role of QRME

The central purpose and role of the Queensland Rural Medical Education is to promote and advance Rural and Remote medicine by the development and application of standards through research, training, accreditation and collaboration with Government and strategic health agencies and to reflect the tenants of a rural community in its processes and member support strategies.

Mission

Providing vocational educational programs for general practice registrars that promote excellence in education and clinical outcomes and prepares them for vocational registration and a career in general practice. In partnership with local training practices, hospital and health care providers and communities in region, rural and remote areas of Queensland.

In implementing its mission, QRME aims:

- a. To prepare medical practitioners for General Practice in community and hospital settings, by ensuring that training provides the knowledge and skills required to practice competently and confidently in their chosen field.
- b. To provide educational programs that impact positively on the quality of care offered to communities and on the recruitment and retention of medical practitioners in regional, rural and remote areas of southern and central Queensland.

Quality Objectives

QRME Will:

1. Be committed to quality of training and monitoring training provider performance
2. Maintain a Quality Management System providing training, evaluating, improvement and reporting on vocation education and training for GP Registrars;
3. Identify stakeholders', community and regionalization needs consistent with outcomes for regionalization as per General Practice Education and Training (GPET) guidelines;
4. Comply with contractual agreement with GPET.

All levels of management and supervision are responsible for the communication, enthusiastic promotion and implementation of this policy for co-operating with other staff to improve common areas of responsibility. All employees are accountable to the MD/CEO and are expected to participate fully in implementing the above policy.

1.6 COMMUNICATION

E-mail

E-mail is an important tool that plays an **essential** part in the delivery of QRME, GPET and other information. Registrars require developed computer and internet literacy. It is a requirement when training with QRME that Registrars have up-to-date computing facilities (i.e. hardware, operating system, reliable internet access and capacity to read PDF files).

Email accounts must have a minimum 4Mb mailbox capacity to avoid missing communications due to 'mailbox full'. Free email services may not be adequate for Registrars' Training program requirements.

Newsletter

QRME publishes a monthly electronic newsletter *QR Me*, to share news and information about QRME activities, events and achievements with our community of interest.

If you have any news, please contact the QRME Marketing and Publications Manager at m.pearl@qrme.org.au or phone the office on (07) 4638 7999.

1.7 FEEDBACK AND PROGRAM EVALUATION

QRME is committed to the design and delivery of a GP Training Program of the highest quality which aligns with the requirements outlined by RACGP and ACRRM and the GPET Quality Assurance Accreditation Framework for Training Providers.

Registrars, GP Supervisors and Practice Managers are asked to commit themselves to participating in the evaluation process, recognising that quality feedback will result in improvements to the quality of the education program and the processes which support it.

The evaluation process includes:

- feedback forms – distributed to all GP Supervisors and Registrars at least twice each year.
- seeking feedback on each workshop event at the time of delivery.
- seeking feedback gathered from individuals and small groups.

1.8 QRME GEOGRAPHIC AREA

The geographic area served by QRME covers the south-east and south-west of Queensland. This area offers GP Registrars a diverse range of placements.

QRME covers seven Divisions of General Practice:

- Capricornia;
- Central Queensland Rural;
- GP Connections
- Rural Health
- GP Links Wide Bay.
- Moreton Bay General Practice
- Sunshine Coast



2 THE TRAINING PROGRAM

2.1 FLEXIBILITY IN THE GENERAL PRACTICE TRAINING PROGRAM

The Australian General Practice Training Program is flexible in its approach to training. QRME promotes innovation and flexibility, allowing Registrars to develop their own individualised training program that suits their personal needs.

The options available to Registrars include:

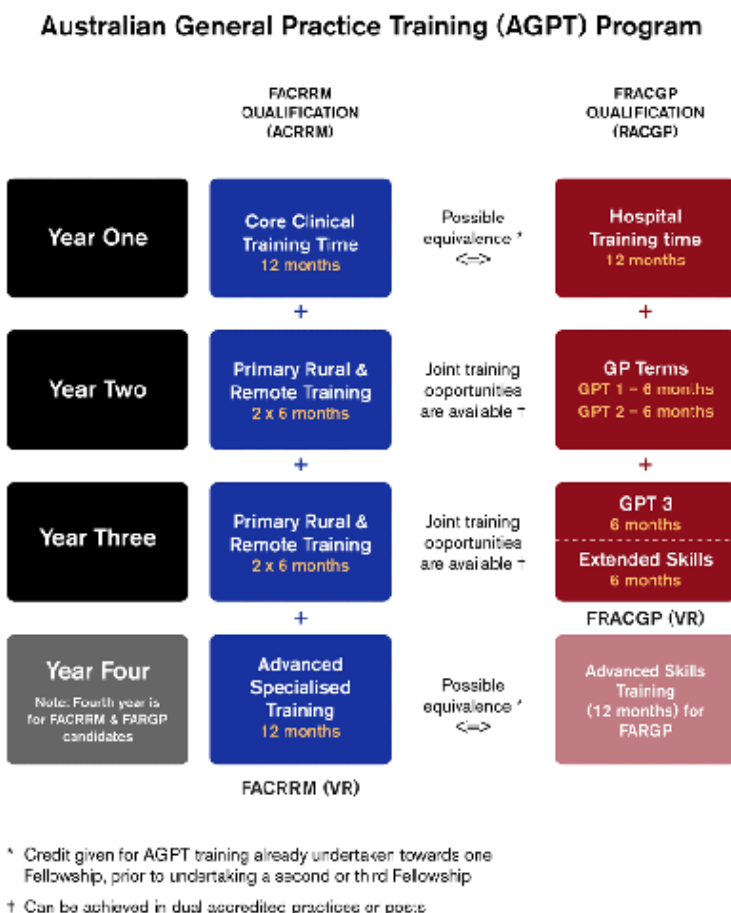
- Part-time training, with or without acceleration. This option is available to all Registrars.
- GP Registrars may undertake Special/Extended Skills relevant to General Practice in a variety of settings.
- Academic terms may be undertaken full-time or part-time.
- Hospital Terms may be completed part-time provided that is the contract the Registrar has negotiated with the hospital employer.
- Advanced Rural Skills Posts (ARSP) may be taken as a six or twelve month term. However Registrars must complete either a twelve month ARSP, or alternatively two separate six month ARSPs, to be eligible to apply for the Fellowship of Advanced Rural General Practice.
- Recognition of Prior Learning relevant to General Practice may be used for two purposes. It may enable the Registrar to reduce the overall time spent in AGPT or it may reduce the time the Registrar needs to spend on skills they have already gained and instead use that time to pursue additional training in particular areas of interest.
- One year of elective time is available to Registrars to develop additional professional growth, and to provide additional flexibility in training.
- Partnership with Remote Vocational Training Scheme (RVTS) to support Registrars in remote locations.
- Registrars commencing in the QRME program in January 2011 can be granted a maximum of twelve months additional leave, with a further twelve months being granted only in exceptional circumstances. Registrars in earlier cohorts can be granted two years additional leave.
- Parental leave is available.

The General Practice Training Program is so much more than just the Fellowship Exam. The standard training program is outlined in section two, however there are many variations. Registrars considering their training options need to talk to the Senior Medical Educator to discuss their training plan.

QRME is working with Northern Territory General Practice Education (NTGPE) to expand the training opportunities for registrars in southern and northern Australia. This includes opportunities to immerse Registrars in Aboriginal health and remote medicine. As this joint venture is developed Registrars will be notified of training available to them in the Northern Territory. If a Registrar would like to explore these options regardless please contact Dr Murray Towne or the QRME office.

2.2 AN OVERVIEW

Registrars can elect to undertake either or both the RACGP and ACRRM pathway to vocational Registrations. See the diagram below that compare the pathways to vocational registration.



This is the usual progression through the program. Variations can be negotiated with approval from the Medical Educator.

Rural Pathway Registrars must do all their GP Terms (18 months) in rural areas (RA 2-5).

QRME assists Registrars in their decision about which Fellowship/s (ACRRM / RACGP) they wish to attain, based on Registrars' likely training locations and post-Fellowship plans. QRME provides a structured and innovative educational program to assist registrars in achieving their chosen fellowship/s.

However please be aware that not all Training Posts are accredited with both colleges.

Our current training pathway is made up of 12 compulsory (and four or more optional) training units, each of three months (full-time equivalent) duration.

2.3 THE HOSPITAL TERM – 4 H UNITS

Hospital training posts are designed to contribute to the hospital's service provision and to meet the learning needs of doctors training to be General Practitioners. Each post needs to have an educational profile specifying educational objectives, and plans for specific teaching sessions and skills development.

Each Registrar has an individualised roster, which allows for a mix of clinical and educational experiences designed to address the Registrar's specific training needs.

Learning will be enhanced by attachment to particular clinical and health services including those in disciplines other than the primary designation of the post, as well as the opportunity to follow patients through their hospital stay and after their return to community level care.

Requirements

- One year of Hospital training after the intern year.
- Post full medical registration.
- Must do:
 - General Surgery
 - General Medicine
 - Paediatrics
 - Emergency Medicine
 - as well as Anaesthetics and Obstetrics & Gynaecology for ACRRM candidates
 - Other rotations – see GPET Handbook for GP Registrars (www.agpt.com.au)

Recognition of Prior Learning

Registrars may be eligible for Recognition of Prior Learning. See information in section 2.8.

Contact with QRME during Hospital Term

- At least two contacts from an QRME Liaison Officer during this year
- QRME Core Term Workshop
- Newsletters
- Contact with QRME Support Staff via e-mails and phone

2.4 PRR1/GPT 1 AND PRR2/GPT 2

Practice Based

The PRR1/GPT 1 (6 months full time equivalent) assists Registrars to make the transition from hospital-based medicine to community-based, by providing them with opportunities to learn new knowledge and skills and develop attitudes more appropriate to primary rather than tertiary care, under the supervision of an experienced General Practitioner.

The PRR2/GPT 2 (6 months full time equivalent) component enables Registrars to build upon the foundation of knowledge and skills acquired in PRR1/GPT 1; to consolidate their knowledge of patient care and to develop their confidence in dealing with less common and more complicated presentations.

QRME supports PRR1/GPT 1 and PRR2/GPT 2 to be completed in the one practice over 12 months.

The Training program provides a comprehensive program of courses, workshops, seminars and demonstrations to augment clinical experience. GP term Educational Releases provide Registrars with an opportunity to review and reflect on 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.

The educational program covers clinical medicine in all its aspects relevant to General Practice, family and community aspects of health and illness, preventive care, health

promotion, health education, women's health, rehabilitation, team work and referral, practice management, education and research, as well as Aboriginal Health.

It places special emphasis on communication skills, problem solving and diagnostic skills, decision making and management skills, counselling (e.g. personal, family, sexual, self awareness), procedural skills, working collaboratively with other health professionals, self-directed learning and assessment, quality improvement (e.g. peer review, practice audit), community and social awareness, cost-effective practice, ethical behaviour and critical appraisal of medical information.

The Training Program requires Registrars to work 38 ordinary hours per week if employed on a full time basis, of which not less than 27 hours per week shall be scheduled patient contact time (part time equivalent will apply). Registrars will also be expected to participate in both on-call rostered duties and nursing home visits if required by the GP Practice. This is considered to be a normal part of General Practice (see AGPT National Minimum Terms and Conditions -

http://www.gpra.org.au/GPRA%20Documents/Terms%20&%20Conditions/NMTC_2008.pdf

QRME Registrars in GP terms will participate in an Educational Release Program based on the RACGP Training Program curriculum and ACRRM curriculum.

Hospital Based

The following hospitals have been accredited for GP terms (PRR1/GPT 1, PRR2/GPT 2 and PRR3/GPT 3) training for up to 18 months of a Registrar's training time. Registrars who do their training in these posts need to do at least six months of GP term training in private medical practice, which can be composite. Availability of individual posts is dependent on the current accreditation of GP Supervisors/Trainers within the relevant hospital. While any Registrar can apply for placement in these locations, preference will be given to Registrars who are currently QH Bonded Scholars.

Bundaberg Hospital	Stanthorpe Hospital
Charleville Hospital	St George Hospital
Emerald Hospital	St Vincent's Hospital Emergency Department
Gladstone Hospital	Toowoomba Hospital
Goondiwindi Hospital	Warwick Hospital
Kingaroy Hospital	Wondai Hospital
Roma Hospital	

Several other hospital are being considered for accreditation at the time of printing.

Requirements for PRR1/GPT1

Supervision	GP Supervisor must be on-site at least 100% by phone.
Teaching	Three hours of regular, structured teaching each week.
Direct Observation/Video Review	A minimum of two half day sessions or equivalent of direct or video-taped observations of Registrar consultations by GP Supervisors/Trainers or Educators for feedback and assessment.
Educational Release	GP Registrar released for educational activities.
Learning Plan	An achievable learning plan to be developed within first 4 weeks of term in collaboration with Supervisor; to be available for review by ECT Visitors and Training Advisers and entered or uploaded to QRME's database

Requirements for GPT 2

Supervision	Supervisor must be on-site at least 50%, remaining 50% by phone.
Teaching	Two hours of regular, structured teaching each week.
Direct Observation/Video Review	A minimum of two half day sessions or equivalent of direct or video-taped observations of Registrar consultations by GP Supervisors/Trainers or Educators for feedback and assessment.
Educational Release	GP Registrar released for educational activities.
Learning Plan	An achievable learning plan to be developed within first 4 weeks of term in collaboration with Supervisor; to be available for review by ECT Visitors and Training Advisers and entered or uploaded to QRME's database

2.5 PRR3/GPT 3 GP EXPERIENCE

GPT 3 GP experience (G units) is undertaken for a period of six months. The purpose of Subsequent GP experience is to prepare a Registrar for independent practice.

The Registrar has a mentor who is available 25% of time on site or by phone for the remainder. It is recommended that a learning plan be developed and Registrars cross check their skills against the RACGP Examination matrix.

An achievable learning plan is to be developed within first 4 weeks of term in collaboration with Supervisor; to be available for review by ECT Visitors and Training Advisers and entered or uploaded to QRME's database.

2.6 EXTENDED SKILLS PRR4/GPT 4 POSTS

Extended Skills Posts PRR4/GPT4

Registrars may choose from a range of Extended Skills as long as they are relevant to their individual training and career plans. Some of the Extended Skills that QRME Registrars have chosen to undertake include: General Practice, Internal Medicine, Psychiatry, Academic Posts, Dermatology, Hyperbaric Medicine, Skin Cancer Medicine, Palliative Care, Obstetrics & Gynaecology and Emergency Medicine.

Extended Skills placements must be approved by the Senior Medical Educator. Community based Extended Skills terms can only be undertaken after 6-12 months in general practice whereas hospital-based Extended Skills terms can be undertaken after Core Hospital year.

Extended Skills posts will be organised on an individual basis. QRME has considerable scope for training within the hospitals and universities in southern and central Queensland but does not feel limited by this geographic region and will develop linkages with other training institutions. We are particularly interested in providing training in Aboriginal Health, Academic General Practice, Adolescent Health, Alcohol and Drug related problems, Anaesthetics, Paediatrics, Psychiatry, Emergency Medicine, ENT, Family Planning, Geriatrics, Obstetrics, Occupational Health, Ophthalmology, Palliative Care, Rehabilitation, STIs, Sports Medicine, Expeditionary Medicine and Women's Health.

Academic Posts

Registrars considering a career involving significant research and/or teaching components are encouraged to consider including an Academic Special/Extended Skills post or an Advanced Academic post in their learning plan. Further information is available from QRME and the AGPT website (www.agpt.com.au).

2.7 ADVANCED RURAL SKILLS TRAINING/ADVANCED SPECIALISED TRAINING

A year of Advanced Specialised Training (AST) is mandatory for Registrars seeking Fellowship with ACRRM. A year Advanced Rural Skills Post (ARSP) is optional for Registrars seeking Fellowship with RACGP and can lead to the award of a Fellowship in Advanced Rural General Practice (FARGP). The following disciplines are offered:

Paediatrics - Child and Adolescent Health	Obstetrics & Gynaecology
Emergency Medicine	Aboriginal Health
Psychiatry/Mental Health	Surgery
Internal Medicine	Anaesthetics
Expeditionary Medicine	Small Town General Practice
Population Health	Skin Cancer Medicine
Medical Education	Addiction Medicine
Palliative Care	Military Medicine

2.8 RECOGNITION OF PRIOR LEARNING (RPL)

There is an established process for assessing prior Hospital and/or Extended/Advanced skills learning.

Introduction

As an adult learner, the Registrar may have had previous experience in accredited hospitals or other posts that may be recognised as relevant prior learning.

Applications for RPL must be made in the first 12 months of training

Recognition of Prior Learning relevant to General Practice may be used for two purposes. It may enable the Registrar to reduce the overall time spent in AGPT or it may reduce the time the Registrar needs to spend on skills they have already gained and instead use that time to pursue additional training in particular areas of interest.

Eligibility

To be eligible for RPL, Registrars must have at least one year of post-intern hospital experience and be unconditionally medically registered in Australia for that post-intern experience before enrolling in training.

Registrars whose prior hospital experience has been given RPL are eligible to apply and be considered for an exemption from some or all of the time requirements for Hospital terms in recognition of their prior learning. For hospital experience to be considered for RPL it must have occurred in hospital posts accredited by the Postgraduate Medical Council in the relevant state.

Registrars whose prior experience includes Extended Skills posts are eligible to be considered for an exemption from some or all of the time requirements for Extended Skills terms in Recognition of Prior Learning (RPL). This prior experience in Extended

skills posts must have been obtained in accredited posts. Satisfactory documentation of employment in the post(s) must be provided.

Application Procedure

Applications from Registrars for RPL are submitted by the Registrar to QRME and reviewed by two Medical Educators, before being submitted to the relevant College Censor for approval. RPL must be applied for within the first six months of training.

In the case of Registrars who wish to have skills recognised but do not request the length of their training be reduced, an application for RPL can be approved by the Senior Medical Educator, who will advise on the need for involvement of the relevant College Censor. They will also advise on structuring the Registrar's future learning plan in accordance with the outcomes of the RPL application. Therefore up to twelve months Mandatory Elective (M Units) will need to be undertaken.

In the case of Registrars who seek to reduce their time in AGPT through RPL, Medical Educators will assist the Registrar to develop an adequately documented submission and liaise with the College Censor to determine College requirements. The relevant College Censor will make a decision on their application and the Medical Educator will work with the Registrar to ensure that their remaining training requirements are modified to address learning needs in accordance with the outcomes of the RPL application.

2.9 MANDATORY ELECTIVE TIME

If a Registrar is granted Recognition of Prior Learning, (and does not wish to have the length of their vocational training time reduced) for some or all of their Hospital units, they must complete an equivalent number of Mandatory Elective units. Mandatory units can be taken in a variety of situations, including General/Rural Practice, and must be discussed and approved *in advance* by the Senior Medical Educator.

3 THE CURRICULUM

3.1 RACGP

All Registrars who join QRME complete twelve approved training units. Each unit is three months full-time training or its part-time equivalent. Some Registrars are more advanced in their experience, and may apply through QRME for Recognition of Prior Learning (RPL) for previous hospital experience.

The overall learning objectives of the Training program are organised into five broad inter-related domains of competence.

These five domains are:

- Communication skills and the patient-doctor relationship.
- Applied professional knowledge and skills.
- Population health and the context of general practice.
- Professional and ethical role and
- Organisational and legal dimensions.

All teaching and supervision in the Training program will actively address each domain, to enable Registrars to achieve the identified learning objectives, linking theory to practice in the context of local health and welfare resources.

Detailed information on the RACGP Curriculum can be found at: <http://www.racgp.org.au>.

3.2 ACRRM

The ACRRM curriculum covers seven domains. They are:

- Aboriginal and Torres Strait Islander Health.
- Emergency care.
- Core clinical knowledge and skills.
- Advanced clinical knowledge and skills.
- Professional and ethical practice.
- Population health.
- Rural and remote context.

A process of extensive consultation with rural and remote doctors has been undertaken to identify the content of the primary curriculum.

The content of the subject areas takes into account the realities of rural and remote practice and is comprehensive in nature.

Detailed information on the ACRRM Curriculum can be found at: <http://www.acrrm.org.au>.

4 EDUCATIONAL MATRIX GUIDE

Education in General Practice during training is structured to provide progressively increasing independence and decreasing supervision. This table is a summary of policy indicating the way in which different parameters apply across the three types of General Practice.

Parameters	PRR1/GPT 1 Term (1st 6 mths in General Practice)	PRR2/GPT 2 Term (2nd 6 mths in General Practice)	PRR3-4/GPT 3-4 GP Experience (2nd year in General Practice)
Accreditation as an RACGP Training Post	Accredited, either provisionally or fully.	Accredited, either provisionally or fully.	Accredited, either provisionally or fully.
Supervision	Supervisor (or their delegate) must be on-site 100% during working hours during the first 4 weeks then 80% thereafter. At least 80% of time on site, remaining 20% by phone. GPS available to attend if required during 20%.	At least 50% of time on site, remaining 50% by phone. GPS available to attend if required.	At least 25% of time on site, remaining 75% by phone. GPS available to attend if required.
In Practice Training Overall comment: not less than 125 hours over the 12 months of supervised training is set aside for in-practice dedicated teaching time	Three hours of regular, structured teaching each week.	One and a half hours of regular, structured teaching each week.	None formally required, but informal teaching by supervisor in many cases.
External Clinical Teaching Visits (ECT's)/Direct Observation/Video Review	A minimum of five half day sessions or equivalent of direct or video-taped observations of Registrar consultations by GP Supervisors or Medical Educators for feedback and assessment.		
Practice Support Visit	Not required, however in most States at least one visit is made each placement, often in conjunction with an ECTV.		None required.
Supervisor Training	Participation of the Supervisor in teaching training, including GP Supervisor meetings, workshops and training program practice visits	Participation of the supervisor in teaching training, including GP Supervisor meetings, workshops and training program practice visits.	None required.
Release Programs (external to practice teaching)	QRME organises workshops in week long blocks and Registrars will attend three such workshops over their two years in general practice.	One week-long QRME workshop (refer note in column to left) This	

<p>No less than 125 hours is set aside for external educational activities including group learning activities.</p>	<p>QRME arranges a 3-day Aboriginal & Torres Strait Islander workshop that registrars will attend in their first year in general practice.</p>	<p>will include Advanced Cardiac Life Support</p>
<p>Time in Practice</p>	<p>26 weeks in each of both PRR1/GPT 1 and PRR2/GPT 2</p>	<p>6 to 12 months in total. May occur in one or more practices. Short term experience of > 1 week and <4 weeks can be counted up to 50% of a Registrar's total time in PRR3-4/GPT 3-4 GP Experience.</p>

5 EDUCATION PROGRAM INFORMATION

5.1 LOG BOOKS

All Registrars are provided with an AGPT log book at the commencement of their training. These log books are required by RACGP.

ACRRM should provide registrars upon enrolment into the college a copy of their required procedural log book.

Log books are an important part of the documentation submitted when Registrars apply for Fellowship.

Registrars undertaking the RACGP pathway must submit a completed AGPT log book upon completion of training. The log book provides evidence of training, (e.g. self-directed learning) it may serve as a useful document for prospective employers and for credentialing purposes.

ACRRM has made the logging of procedures compulsory for all candidates. This can be done in the ACRRM hard copy log book or on RRMEO. Registrars should log all procedures from Hospital internship through to the end of training. That is, any procedures that have been

- a) Observed
- b) Actually performed / 'hands on' experience
- c) Simulated
- d) Or, performed while at a workshop/course

ACRRM is aware that not all procedures listed can be completed but requests Registrars to cover as many as possible.

ECT Visitors will ask to see Registrar log books during External Clinical Teaching Visits (refer 5.5 below). While many Registrars see the log book as just another unnecessary administrative requirement, it can also serve as a valuable tool to reflect upon your progress to date through the AGPT program and to plan future activities.

It is much easier to spend a couple of minutes once a month checking that all of your educational activities for that month have been recorded, than to spend a disproportionate amount of time at the end of your training trying to remember what happened when and chasing people all over the country for confirmatory signatures.

5.2 LEARNING PLANS

A learning plan is defined in GPET's *Policies and Guidelines* as: "A plan setting out the Registrar's proposed learning activities for a specified period". The GP Supervisor must assist the Registrar in the development of a learning plan by week four of each six months of training. The Registrar should discuss the completed learning plans with a QRME Medical Educator and record/upload it to QRME's database.

The development of the learning plan can be guided by a range of headings such as:

- Objectives/Methods/Evaluation or
- What I need/want to learn.
- My learning strategies and
- How I will know I have succeeded.

Development of a learning plan is regarded as an important aspect of adult, self-directed learning. **It is a requirement for all Registrars to have a current learning plan at all stages of their training.**

It is a requirement for Completion of Training that Registrars can demonstrate their learning plan activities throughout their training and; **failure to do so may compromise their ability to achieve Fellowship status.**

5.3 **MANDATORY LEARNING ACTIVITIES - FIRST 18 MONTHS OF GENERAL PRACTICE TRAINING**

QRME Workshops

While the in-practice teaching by GP Supervisors/Trainers is considered the primary educational activity during a Registrar's GP terms, the workshops organised by QRME provide Registrars with a variety of teachers and teaching styles, coverage of some topics that may not be dealt with elsewhere and an opportunity to network with other Registrars at a similar phase of their training.

In accordance with adult learning principles, the content and style of the workshops is open to negotiation with the Registrar cohort, so early and frequent communication with Medical Educators is encouraged.

All three QRME education release workshops are mandatory.

Currently QRME runs three one-week workshops in January, July and the following January. That is, at the start of the training year, in the middle of the training year and at the start of the following year. An added benefit of this last workshop is the opportunity it provides for first and second year Registrars to mingle and exchange experiences.

Workshops missed in the in their first 18 months of general practice must be made up later. Registrars should note that practices are not required to remunerate Registrars for attending missed workshops in later terms.

Registrars are required to undertake 125 hours of educational activity outside the practice setting which are encompassed in QRME education release workshops.

GP Start

From 2011, Registrars entering their first year in general practice, with the guidance of their Supervisors, will work through GP Start which is an educational resource covering a broad range of clinical and other skills essential to the general practice setting.

Aboriginal and Torres Strait Islander Workshop

This workshop is mandatory for Registrars in the first year of general practice. Held in June, this three day workshop includes two-days of education followed by one day at The Dreaming Festival in Woodford participating in a guided program developed by IHT Program Manager.

Exam Preparation Workshop

QRME runs a mandatory workshop for Registrars preparing to sit College examinations. In 2011, this workshop is held in the same week as the January and July Education Release Workshops.

Other Registrar -Initiated Learning

QRME Medical Educators take a broad view of what is educationally relevant and appropriate for Registrar-initiated educational release activities. Some examples may be courses in EMST or APLS, Acupuncture, Emergency Medicine etc, or attendance at

RDAQ or WONCA conferences. Registrar participation in regional CME activity will be actively encouraged and supported. QRME aims for the integration of education and will work towards stream lining CME and Registrar training.

In addition, if the Registrar is seeking financial assistance from QRME to attend a course/conference, it is essential that approval is also gained from the Finance Officer PRIOR to the event. Please refer to the "Additional Financial Assistance" form in the Appendices of this manual.

Travelling to Mandatory Workshops

Registrars are eligible to take work time to travel to workshops. The time allocated is what time is REASONABLE to travel from their workplace/home to when they arrive at the workshop venue.

Workshops missed in the in their first 18 months of general practice must be made up later

5.4 CORE TERM WORKSHOPS

Whilst not compulsory, Registrars can benefit from attending the Core Term Workshop that QRME runs. This Workshop is aimed at Registrars who are in their Hospital year and who intend to start general practice in the following year, with topics aimed at assisting that transition.

5.5 EXTERNAL CLINICAL TEACHING VISITS (ECT VISITS)

An ECT Visit involves an experienced GP from outside the Registrar's current practice, observing the Registrar during his/her consultations over a three – four hour session and providing feedback on aspects of those consultations. ECT Visits constitute part of the Registrar's formative assessment and are utilised as a teaching opportunity. Although rather confronting at first, they are universally rated by Registrars as extremely valuable learning experiences.

ECT visits are arranged in advance at a time convenient to the Registrar, the GP Supervisor and the ECT Visitor. QRME will ensure that the GP Supervisor and the Practice staff are made aware of the pending ECT Visit in advance; so that patients can be informed and appropriate appointment times can be made for the ECT Visit.

A report is compiled by the ECT Visitor. This report highlights areas where the Registrar has achieved the required level of competence, and also areas where further development is required. A copy of the report is sent to the Registrar and GP Supervisor. This allows the GP Supervisor to assist the Registrar in the areas outlined. A copy of the report is also kept on the Registrar's file at QRME.

Visitors will ask to see the Registrar's learning plan and log book during ECT Visits.

5.6 REGISTRAR TELECONFERENCES

Teleconferences are held for Registrars in their Core Term in hospital. These are aimed at preparing Registrars to enter general practice once they complete their hospital year. Teleconferences are coordinated by the Education Team at QRME.

5.7 GP SUPERVISORS/TRAINERS, TEACHERS AND MEDICAL EDUCATORS

GP Supervisors

GP Supervisors from accredited posts are QRME's key teaching staff. They are experienced General Practitioners/rural doctors in QRME's accredited teaching practices.

The GP Supervisor:

- Introduces the Registrar to the practice and assists when necessary
- Helps the Registrar determine what he/she wants to learn while in the practice
- Supervises the Registrar's work
- Acts as a professional role-model
- Helps the Registrar improve consulting skills by the use of direct and other observation and review of his/her consultations
- Reviews cases and discusses problems and
- Assesses performance

External Clinical Teachers

In addition, QRME utilises experienced General Practitioners/rural doctors as external clinical teachers (ECTs) who visit Registrars in Training Practices to supplement the teaching provided by the practice. These visits occur at least five times during each Registrar's GP terms.

Medical Educators

Medical Educators (MEs) are experienced General Practitioners with educational expertise. Medical Educators provide educational programs, Registrar support and teacher training and are involved in the implementation of the training program. Medical Educators act as training advisors and help Registrars develop learning goals and plans to meet their needs.

5.8 LIAISON OFFICERS

Registrar Liaison Officer – RLO

The RLO is elected by the Registrars for a two year term. The RLO facilitates Registrar input into the development, implementation and evaluation of the QRME Training program and represents QRME Registrars with the General Practice Registrars Association (GPRA).

[Contact details can be found in Section 1.3](#) Please find contacts details on QRME's database accessible via the QRME website.

Supervisor Liaison Officer – SLO

The SLO's role is to act as a local reference person for all GP Supervisors for issues of concern, for support, and to encourage development of the significant role of the Supervisor in the Registrars educational experience.

[Contact details can be found in Section 1.3](#) Please find contacts details on QRME's database accessible via the QRME website.

Training Liaison Officer – TLO

The TLO's primary role is the representation of clinical training and research opportunities for Supervisors and Registrars. Representation is to be achieved in several ways:

- o Represent all concerns and opinions in relation to relevant opportunities to the QMRE CEO and QRME Board Supervisor Representative
- o Seek and maintain contact with all QRME Supervisors and Registrars involved in clinical training or research posts via:
 - Where appropriate, maintain direct email/telephone contact
 - Attending / speaking at workshops and seminars
- o Attend relevant meetings and teleconferences
- o Sit on appropriate committees as TLO

Contact details can be found in Section 1.3. Please find contacts details on QRME's database accessible via the QRME website.

Family Liaison Officer – FLO

The FLO's primary role is to offer assistance and provide information to spouses and families of registrars as they relocate to rural areas during general practice training. Support is available via an information pack regarding relocation, local township statistics, accommodation, education facilities, spousal bursaries and support services.

6 EDUCATION AND TRAINING RESOURCES

6.1 QRME'S DATABASE

QRME's database is a web based information management application that Registrars can use to track their progress through their training and education program with QRME. It is designed to be easily accessible and easy to use. Some of QRME's database basic functions include, but not restricted to:

- View an overall summary of their learning requirements and progress
- Log their own teaching hours which are confirmed by the Training Supervisor
- Access educational material that is pertinent to their training, not just on a clinical level, but also on an administrative and business level
- Provide links to educational web sites
- Provides a communications forum with QRME stakeholders, employees and peer groups.
- Provides an environment that allows electronic versions of supporting learning documents and certificates can be submitted to QRME
- Log attendance to compulsory and voluntary learning events / workshops
- Electronic logging of feedback and evaluation forms

6.2 RURAL AND REMOTE MEDICAL EDUCATION ONLINE (RRMEO)

QRME is a partner in Rural and Remote Medical Education Online (RRMEO) - see at www.rrmeo.com

The Australian College of Rural and Remote Medicine (ACRRM) has developed this robust intranet and extranet platform to support the educational needs of rural health practitioners. The platform enables education and training providers to improve access to information regarding validated training opportunities and online medical education resources. It enables Registrars to communicate with, and engage in interactive online learning activity with their peers and experts/teachers.

Registrars who enrol with ACRRM automatically have access to RRMEO and should become familiar with the use of RRMEO and their individual learning planner in particular.

6.3 STUDY LINKS

News and Updates

[Australian Doctor](#) - A daily news update. Their website also has excellent 'How to Treat' articles covering many common (and not so common) GP presentations.

[Medical Observer](#) - A generic site with news summaries, education, guidelines and more. Very GP focussed.

[6minutes](#) - A summarised daily news service. A quick read for catching up on current hot topics.

[Global Family Doctor](#) - A daily journal watch, with summarised articles regarding latest GP related research and practice from around the world. They also have an excellent Clinical Review, covering many and varied topics related to general practice.

RRMEO - The ACRRM online resource for education and training. Vast amount of materials, online learning and access to courses. Highly recommended, and a must for all FACRRM candidates. All QRME registrars should have access to RRMEO.

National Prescribing Service - Excellent articles and education regarding common GP pharmacology. They have several different publications. The publications I have found most useful are the 'Prescribing Practice Reviews' (PPRs), and 'NPS News'. The other publications are also useful, but not quite as concise or immediately practical as these.

GP learning - A excellent resource for FRACGP candidates in particular. Many different topics covered, with applied knowledge questions (similar to the RACGP AKT exam).

ThinkGP - An online, independent, RACGP & ACRRM accredited learning site. Most modules are supplied/prepared by RACP or a special interest group (eg Andrology Australia for men's health). Registration is free.

Medicine Today - Another RACGP & ACRRM accredited learning site. Modules are based on articles from the journal, which is a very useful general practice publication. Articles are available as PDFs online, and registration is free.

PriMeD - A collaboration between UQ and Med-E-Serv to provide an RACGP accredited online learning site. Many common GP knowledge sets are addressed (eg palliative care, chronic kidney disease, antenatal care etc). Registration is free.

The National Resource Centre provides comprehensive distance library services distributing educational materials to all parts of Australia. Information retrieval is an integral part of the services provided and requests for particular subjects or items are made to the Resource Centre by fax, phone, answering machine, mail, email and the Internet. Material is dispatched by mail, express post or commercial courier, or where appropriate by email.

The RACGP Virtual Resource Centre is an internet service accessed through the college homepage. Registrars need to become a 'Registrar Member' of RACGP to access some of these resources. See www.racgp.org.au for details. Users can search the catalogue for material and information, undertake their own Medline searching and be linked to online databases, (where appropriate).

7 PLACEMENTS

7.1 PRACTICE ATTRIBUTES AND LOCATION POLICY

Background:

Queensland Rural Medical Education's (QRME) mission is to train doctors for rural and regional medical practice.

To achieve this end, QRME believes that the majority of training activities during terms should occur in practices located in rural and regional areas geographically, and imbued with the philosophies of independence, comprehensive care and resourcefulness seen in "typical" rural and regional practices and practitioners.

These philosophical issues are addressed within our practice and Supervisor selection and accreditation processes which are comprehensive. Geographical location of practices, while equally important, has some definition difficulties, as the RA Classification does not always reflect a town's "medical" rurality/regionality accurately. Some practices in RA2-5, within an hour by road of a major teaching hospital, are denied admitting rights for their practitioners to local hospitals and have ambulance/retrieval services available in times short enough to lead to an erosion of the qualities of independence that we wish to foster.

Position:

QRME believes that excellent training for Rural Pathway Registrars can be provided in truly rural or regional practices and that by doing so the recruitment and retention rates for GPs in these areas will improve in the long term.

A recent large, Australia-wide survey of urban and rural GPs showed "Longer rural postgraduate training is the most significant factor in increasing the likelihood of becoming a rural GP."¹

QRME accredits general practice training posts in RA 2-5 locations.

1. Feedback document Rural Background Study, Wilkinson D, Beilby J, Laven G. 2002 in press.

7.2 LENGTH OF PLACEMENT

QRME supports a policy of Registrars being placed with a practice for at least one (1) year, rather than moving to a new location each six (6) months.

ACRRM's policy on placement is that Registrars on ACRRM pathway may be able to remain in one general practice for up to two (2) years of Primary Rural & Remote Training.

RACGP requires the placement of Registrars in at least **two** different General Practice placements during their training. This provides Registrars with a variety of practice experiences and teaching styles. In exceptional circumstances, RACGP Registrars may apply to the RACGP State Censor for exemption from this rule. Applications for exemption must be discussed with and approved by the QRME Senior Medical Educator before submitting to the Censor.

The application will be considered under the following circumstances:

1. The practice is RA 2-5.
2. Both the Registrar and Supervisor support the Registrar continuing at the practice.
1. The Registrar is currently experiencing two practice setting e.g. when placed at a composite post and/or working as a Medical Officer with Right to Private Practice (MORPP)
3. The Registrar writes a short (500 word) statement indicating the reason for making the request, including the social, educational and other advantages of doing so.
4. A Registrar's family situation, specifically with reference to children's school year and/or spouse's employment options will not be considered exceptional circumstances on their own. Other reasons must be included in the request.
5. The Registrar and GP Supervisor negotiate, and submit in advance, a learning plan for the following term/s which clearly shows how the advantages of staying will be capitalised upon.
6. Some form of extra activity (e.g. visits to other practices, completion of educational modules) will need to be approved by the College Censor and completed by the Registrar during his/her training.

7.3 CURRENT TRAINING POSTS

Please refer to the QRME website at www.qrme.org.au for the current accredited training posts.

7.4 APPLICATION PROCESS TO JOIN THE TRAINING PROGRAM

Applications

AGPT is the government body which administers the allocation process. Information for prospective applicants is available on the AGPT website (www.agpt.com.au). All applicants for General Practice Training throughout Australia are submitted to AGPT.

Enquiries

Registrar enquiries about the application process are referred to AGPT, however general information about QRME can be directed to our office.

Interviews

AGPT advises QRME of the number of applications received from interested potential Registrars. QRME conducts interviews which are structured by AGPT. Questions are asked against the selection criteria. Applicants are advised in writing of the outcome of the interview. Interview feedback is provided if requested by the applicant.

Acceptance into the GP Training Program

Successful applicants are emailed an Acceptance/Rejection of Offer from QRME offering a placement into the training program. The Registrar must respond to this offer. When a registrar accepts a place in the GP Training Program, they accept all the conditions listed.

Rural Pathway

Rural Pathway Registrars must complete their two years of general practice training in an RA 2-5 location. The only exception is where an Extended Skills term is undertaken and this may be in an RA 1 location.

7.5 PLACEMENT PREFERENCES – ALL REGISTRARS

Registrars are advised of the training term at which they will be entering the program. For new Registrars, this will usually be either Hospital Term or PRR1/GPT 1 GP Term.

Once this has been established, QRME analyses Registrar training and other needs against available places and advises Registrars of the practice placement options available to them.

Placement Outcomes

QRME will then send Registrars a placement letter advising the outcome.

7.6 RESPONSIBILITIES

QRME Responsibilities:

- Identify and accredit appropriate teaching posts
- Ensure that teaching posts have relevant resources in preparation for Registrar placement.
- Liaise with teaching posts regarding available placements.
- Identify one or more practices that are suitable for each Registrar, then advise Registrars of same.
- Where required, facilitate liaison between Registrars and practices
- Confirm placement arrangements and facilitate provider number paperwork.

Registrar Responsibilities:

- Contact the practices recommended by QRME to arrange interviews.
- Familiarise themselves with the GPRA Minimum Terms & Conditions - refer <http://www.gpra.org.au/>
- Negotiate with the practices recommended to reach agreement regarding placements.
- Obtain advice and support from Registrar Liaison Officer (RLO), if required, to assist in reaching agreement.
- With the support of the supervisor and practice manager, complete all required paperwork in relation to employment contracts and provider numbers.

Training Post responsibility:

- Complete and return Training Post Availability request
- Familiarise themselves with the GPRA Minimum Terms & Conditions - refer <http://www.gpra.org.au/>
Interview and negotiate with suitable Registrars; and
- Negotiate an employment contract with and confirm placement for identified Registrar/s.

7.7 REQUIREMENTS FOR COMMENCING AT A NEW TRAINING POST

Registrar Responsibilities

It is the Registrar's responsibility to ensure that provider number paperwork and employment contracts are completed each time they:

- move to a new approved practice.
- remain in the nominated practice for longer than originally anticipated or
- return to the nominated practice for a further period.

The Registrar and practice they are attached to are advised to keep a record of current placement dates to ensure that the Registrar's provider number (and associated access to Medicare benefits) does not expire.

Medicare Australia (formerly HIC) Provider Number

Two forms must be completed.

1. Application for Recognition as a General Practitioner

An Application for Recognition as a General Practitioner with **ALL** details filled in, including the Consortium under which the placement position operates.

This form must be submitted to QRME and once signed by the relevant QRME officer, it will then be forwarded to GPET on your behalf.

QRME send this form to Registrars when confirming a placement

2. Application for a Medicare Provider Number for a Medical Practitioner (Medicare form)

An Application must be completed for each new term and/or location for each placement. **This must be submitted by the Registrar directly to Medicare Australia.**

The Application for a Medicare Provider Number for a Medical Practitioner form can be downloaded from the Medicare Australia website at www.medicareaustralia.gov.au

Both of these forms must be submitted ***at least four weeks prior to the commencement date on the form (at least eight weeks for overseas trained doctors)***. This is to ensure that the Registrar has a provider number prior to seeing patients. It is an offence to provide services for Medicare benefits if you are not recognised as a General Practitioner and have not advised your patients.

Confirmation of Employment

Registrars in training posts are required to complete an 'employer-employee' confirmation of employment agreement. Both Registrar and GP Supervisor are required to sign this document. QRME send this form to Registrars when confirming a placement.

Registrars completing training in a hospital setting are required to provide QRME with a copy of their appointment letter from the hospital. QRME only requires the Confirmation of Employment form, not a copy of the actual employment agreement between Registrar and practice.

Salary and Conditions

Registrars must be employees, not contractors during their general practice training.

Hospital employment will be in accordance with the relevant state's Health Department HR policy.

For GP Terms, Registrars need to negotiate an employment contract with their training post (noting the National Minimum Terms and Conditions - see www.gpra.com.au) While Registrars are responsible for negotiating their own terms and conditions, those who feel they need assistance are able to contact the QRME Registrar Liaison Officer for further information.

Medical Indemnity Insurance

Registrars are required to hold appropriate individual professional indemnity insurance and are required to confirm their insurance status to their practice at the commencement at least annually. All professional indemnity insurance costs are the Registrar's personal responsibility and will not be funded by QRME.

Medical Registration

Registrars are required to hold current medical registration at all times. It is the Registrar's responsibility to ensure that their registration is paid to AHPRA by the due date to avoid any lapse in registration as any training undertaken while not registered will not be recognised and increase the length of time on the training program. All registration costs are the Registrar's personal responsibility and will not be funded by QRME.

8 FINANCIAL INFORMATION

8.1 GENERAL INFORMATION

QRME is a contracted training provider with the Australian General Practice Training program (AGPT). The AGPT program is administered by General Practice Education and Training Limited and funded by the Commonwealth Government Department of Health and Ageing. Under the contract, QRME receives funding to deliver the Training program for Registrars accepted into the program with our organisation.

The educational program is delivered by QRME at no charge to our Registrars; that is, Registrars are not required to pay fees for their involvement in the program. This includes access to the support of Medical Educators and administrative staff during Registrars time in the Training program. However, as adult learners, Registrars need to take personal responsibility for their own education and professional development and should therefore expect to incur some expenses during their training.

In addition to other forms of assistance outlined in this section, QRME also provides:

- One x Skills Workshop (usually held during a Registrars Subsequent Term)
- Teleconferences
- Program Resource Information
- Funded ALS course.

For further information on financial payment for REGISTRARS please go the QRME website: www.qrme.org.au or contact QRME

8.2 GENERAL FINANCIAL ASSISTANT GRANT

Registrars may be eligible for further financial assistance for relevant education expenses. Such expenses include the required attendance at professional development conferences/workshops/activities in addition to the workshops organised by QRME. This funding is also used to assist with purchasing educational reference material and equipment.

Any application for additional financial assistance **MUST BE APPROVED BY THE MD/CEO PRIOR TO PURCHASING EQUIPMENT OR ATTENDING A WORKSHOP, CONFERENCE OR ACTIVITY.** QRME will not make retrospective payments for expenses post purchase.

To apply for additional assistance, please complete the application form – See appendices.

8.3 OTHER EDUCATIONAL AND PROFESSIONAL DEVELOPMENT ACTIVITIES

Costs associated with attending other educational and professional development activities (other than QRME workshops and Enhanced Rural Training Courses, see 8.6) may be the Registrars personal responsibility. Such costs are the Registrars responsibility even if

the activity is included in their learning plan. The costs of sitting the final exams are also the Registrar's personal responsibility.

8.4 RELOCATION EXPENSES

Where Registrars are required to relocate their home base to take up a teaching post placement (other than for basic Hospital experience terms), QRME will reimburse up to a maximum allowance in relocation-related expenses per training year. Registrars are required to incur the relevant expenses personally and then claim a reimbursement from the QRME Office. Expenses that would be reimbursed include: pre-placement inspections, removal of personal/household effects, initial travel for self and family and short term (up to one week) temporary accommodation. Registrars should contact the Finance Department if they require advice about the types of expenses that could be reimbursed.

WE RECOMMEND YOU SEEK PRIOR APPROVAL AS NOT ALL EXPENSES MAY BE ELIGIBLE.

Reimbursements will only be paid based on completion of a *Claim for Reimbursement* Form and the production of legitimate 'tax invoice' receipts for expenses incurred. Multiple claims may be made during a training year, up to the maximum allowance per Registrar. Please note that expenses in excess of this amount per training year are the Registrars personal responsibility and will not be reimbursed by QRME.

8.5 QRME EDUCATION WORKSHOPS

QRME organises various education release workshops for Registrars, primarily half-yearly five-day releases. These releases are compulsory for Registrars in PRR1/GPT 1 and PRR2/GPT 2 and PRR3/GPT 3 terms; hospital-based and other term Registrars are offered attendance when possible. QRME pays for the program, venue and most meal costs for these workshops. Incidental costs are the responsibility of the Registrar.

8.6 ENHANCED RURAL TRAINING COURSES

BLS (Basic Life Support) is undertaken in an Education Workshop during the PRR1/GPT 1 and PRR2/GPT 2 terms at no cost to the Registrars.

The following courses are considered favourably when assessing funding applications. ALS (Advanced Life Support), EMST (Early Management of Severe Trauma), APLS (Advanced Paediatric Life Support), ELS (Emergency Life Support), TMC (Trauma Management Course) and PHTLS (Pre-Hospital Trauma Life Support Course).

The course registration fee can be reimbursed by QRME to the Registrar (QRME will then claim the funding from GPET). Please contact the QRME Finance Department for further information. There may be costs associated with attending these courses that will be the Registrars personal responsibility.

8.7 EDUCATIONAL ALLOWANCE FOR HOSPITAL-BASED REGISTRARS

Registrars undertaking Hospital terms are encouraged to pursue relevant educational and professional development activities. QRME provides a workshop for all Hospital Registrars. If other educational activities are requested, see section 8.3.

8.8 GENERAL PRACTICE RURAL INCENTIVE PROGRAM

The General Practice Rural Incentives Program (GPRIP) replaced RRIPS from July 2010. A fact sheet can be found at

<http://www.doctorconnect.gov.au/internet/otd/publishing.nsf/Content/program-registrar-factsheet>

Information about the new GPRIP for new and continuing Registrars is included. It is highly recommended that Registrars read this fact sheet and perhaps the Medicare website information on the subject at :

<http://www.medicareaustralia.gov.au/provider/patients/rural-programs/general-practice/general-practitioner.jsp>

Please note that QRME is not directly involved in this scheme: payments are a matter between Medicare Australia and eligible Registrars.

8.9 PERSONAL TAXATION IMPLICATIONS

Registrars may be able to claim tax deductions for expenses incurred for educational and professional development activities associated with their involvement in the AGPT program. QRME is not able to provide taxation advice; all Registrars are encouraged to obtain their own independent professional taxation advice regarding such matters.

9 FOR GP SUPERVISORS / TRAINERS

9.1 THE ROLE OF THE GP SUPERVISOR/TRAINER

A GP Supervisor is a selected, experienced GP who works in an RACGP Accredited Training Practice, which is accredited as a training post, in which he/she is usually the principal. Using an apprenticeship model, GP Supervisors provide professional role modelling, one-to-one teaching, close supervision, feedback and advice to the Registrar undertaking PRR1/GPT 1, PRR2/GPT 2 and PRR3/GPT 3 GP Terms at the practice. The GP Supervisors also provide general support and guidance to Registrars and, especially in rural areas, play a key role in familiarising the Registrar with the area and providing local information and support to assist the Registrar and his/her family.

9.2 RACGP STANDARDS

This document outlines the standards required in General Practice training posts and Special/ Extended Skills posts. It provides guidance to GP Supervisors when taking on responsibility for training Registrars within a primary care setting. The Standards for General Practice Education and Training – Supervisors and Training Posts 2005 can be found at www.racgp.org.au under Education/Vocational Training.

A summary has been provided below; however it is essential that all GP Supervisors and Mentors are familiar with this document.

This booklet addresses the standards for General Practice training posts under six headings:

Standards for all Supervisors

- Full and unrestricted registration by the State Medical Board.
- Excellent clinician.
- Good role model.
- Vocationally recognised as a GP by Medicare Australia.
- Must participate in continuing professional development aimed at improving performance as a General Practice Educator.
- Must be available for 1 hour per week protected teaching time with the Registrar for all attachments.

See standards T.1 – T.7 for more information

Additional Standards for Supervisors: First Year in General Practice

- Must have at least 4 years full time equivalent in general practice.
- Must be available for teaching, support and discussion for Three (3) hours per week for PRR1/GPT1 Terms and One and Half (1.5) hours per week for PRR2/GPT 2 Terms.
- Must demonstrate preparation for and ability as a General Practice Supervisor.
See standards T.8 – T.13 for more information

Standards for the Education of Registrars

- The Supervisor must assist the Registrar in the development of a learning plan by Week 4 of each 6 months of training – this will be submitted as part of the training portfolio for completion of training.
- The Supervisor must support access for a Medical Educator to undertake direct observation sessions (which could be by video review) as prescribed by the General Practice training provider. A copy of the required written report can be kept at the practice if the Supervisor and Registrar agree.
- The Supervisor must provide a planned education session each week in the 1 one hour face-to-face session. These sessions must be consistent with the Registrars

learning plan and at an appropriate level considering the Registrars knowledge and experience. They may be prepared by the Registrar.

- NB. The Standard for PRR1/GPT 1 Term Registrars is three 3 hours per week and 1.5 one and a half hours for PRR2/GPT 2 Term Registrars.
- The Supervisor must assess the Registrars competence through consideration of training and experience or if necessary, by observation in areas that have an increased risk of adverse outcomes and litigation. 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 infections, venepuncture, ear syringing, minor surgery, cryotherapy, implants and IUD insertion.

See standards T.14 – T.18 for more information

Standards of Support Required for Registrar Training

- The Supervisor must provide orientation to the practice.
- The Supervisor must ensure that the Registrar has adequate insurance coverage and is registered with the state or territory Medical Council for the clinical work to be undertaken.
- The Supervisor must be located in the same practice as the Registrar unless training undertaken is part of a specific program approved by the College that involves distance education. If the Registrar is undertaking training in more than one practice, the Registrar must have on site supervision in each practice and both practices must be approved for training. Outpost or branch surgeries visited by the Registrar for 20% or less of the working week do not require specific accreditation.
- Supervisors or their delegates must be on site during office hours:
 - 100% for the first 4 weeks of PRR1/GPT 1 term then 80% thereafter
 - 50% PRR2/GPT 2 Terms.
 - 25% PRR3/GPT 3 Terms.
- When off-site the Supervisor must be available by phone or make arrangements for another recognised General Practice Trainer to be available, including after hours. The Supervisor must be able to attend a situation that requires backup unless alternative arrangements have been made prior to the event with the Registrars consent.

See standards T.19 – T.26 for more information

Standards for the General Practice or Primary Care Facility

- The General Practice or primary care facility involved in training must provide excellent learning opportunities for the Registrar. The primary care team should be aware of the experience and role of the Registrar, and the need to ensure that they have adequate time for learning as well as clinical experience.

See standards T.27 – T.37 for more information.

Standards Relating to the Workload of Registrars

- There must be an adequate patient load for the Registrar. Consideration has to be given to the Registrars experience, the quality of patient care, time taken in teaching and the type of services rendered. However the clinical load should mean the Registrar is occupied for most of the day, allowing for the above factors and normal daily and seasonal fluctuations.
- The Registrar must average at least eight patients per session in usual General Practice. It is recognised that this may not always be possible with a predominance of prolonged consultations or home visits or where there is an external barrier to communication or consultation speed, eg. Aboriginal Health or consultations that involve a high travel component.
- The Registrar must not book more than four 4 patients per hour during their Basic Term.
- The workload of the Registrar must be monitored and managed to ensure they do not see a particular group (age or gender) or presentation in an excessive proportion. This is very important for Registrars entering a practice where they are the only female or male doctor.

See standards T.27 – T.37 for more information.

9.3 ACRRM STANDARDS

Many Training Posts in QRME's geographical region in RA 2– 5 are also accredited with ACRRM. GP Supervisors accredited with ACRRM must be familiar with the ACRRM Standards. This document is available at www.acrrm.org.au.

A summary has been provided below, however it is essential that all GP Supervisors and Mentors are familiar with this document.

ACRRM has established standards that provide Rural and Remote Medicine Practitioners with a framework for educational activities, service delivery and systematic, continuous quality improvement that in turn supports quality care and patient safety.

ACCRM has agreed that its standards for rural teaching posts and teachers should be classified through a series of criteria under two main headings:

1. Teaching, Supervision and Mentoring.
Quality and accredited GP Supervisors (on-site and off-site)
2. Rural Practice Training Posts.
Training posts provide the required facilities, infrastructure, policies and resources to meet educational outcomes.

Standards for Teaching Posts and Teachers in Rural and Remote Medicine/in Remote Contexts

- Teaching, Supervision and Mentoring.
 - The rural and remote doctor teacher must have sufficient qualifications and experience to act as an appropriate Supervisor or Mentor.
 - The Supervisor has demonstrated commitment as a teacher.
 - The Supervisor has demonstrated abilities as a teacher.
 - The Mentor is committed to supporting Registrars/Learners.
- Practice Training Posts/Remote Practice Training Posts.

- o The training post must be located in a rural or remote location, that is in RA 2-5 areas..
- o The training post provides appropriate training resources.
- o The training post has a documented teaching plan.
- o The training post is suitably equipped with clinical and office equipment sufficient to allow the Registrar to practise well and to learn new skills.
- o The training post provides a range of clinical learning opportunities.
- o There are structured dedicated teaching times for training and study negotiated between the learner and overseen by QRME and/or other education providers. Structured dedicated teaching times for study and training are provided.
- o The training post must have clear and adequate organisational management arrangements.
- o The training post must have clear and adequate systems of clinical records and registers.
- o The training post conducts a structured process to evaluate the training within the post that demonstrates how information is gathered, analysed and acted upon to improve the quality of training.

9.4 SUPPORT FOR GP SUPERVISORS

The team at QRME aims to provide all the advice and support you need while participating in the GP Training Program.

QRME has a strong emphasis on supporting GP Supervisors as the primary teachers in the program. We offer a variety of learning options each year as part of our professional development program for GP Supervisors.

QRME

- Issues a monthly electronic newsletter QR Me - e-newsletter to share news and information.
- Provides a Supervisor Liaison Officer (SLO) to support GP Supervisors. For contact details see Clause 5.7
- Offers end of week/week-end workshops on relevant topics (eg Teaching on the Run; Cross Cultural Supervision and Teaching). We are considering workshops on such topics as Preparing your registrar for the exam; What your registrar is being taught). We are flexible in accommodating supervisors learning needs.
- Is developing active learning modules (ALM) for supervisors on topics such as External Clinical teaching visits and Teaching registrars through Observation of Practice)
- Supports supervisors in completing RACGP ALM on supervising registrars and students
- Offers on-line external clinical education subjects through Flinders University or the Australian Clinical Educator preparation program
- Hosts a Journal Club 2-3 times a year (discussing topics from The Clinical Teacher which is mailed to you quarterly)
- Encourages attendance at General practice education conferences eg GPET, ANZAME, AMEN.
- Creates opportunities for supervisors to be involved further in medical education eg by being involved in external clinical teaching visits, facilitating sessions at registrar workshops.

To maintain accreditation status as a GP supervisor it is an AGPT requirement to attend a minimum of 3 days professional development per year on topics related to teaching and learning. We have tried to find a blend of programs that you will find interesting, useful and will also accrue QI&CPD points.

9.5 QRME'S DATABASE FOR SUPERVISORS

QRME's Database is a web based information management application that Supervisors can use to track their Registrar's progress through their training and education program with QRME as well as log their own professional development through QRME. It is designed to be easily accessible and easy to use. Some of QRME's database basic functions include, but not restricted to:

- View an overall summary of Registrar learning requirements and progress
- Log / Confirm teaching hours
- Access educational material that is pertinent to their training, not just on a clinical level, but also on an administrative and business level.
- Provide links to educational web sites
- Provides a communications forum with QRME stakeholders, employees and peer groups.
- Provides an environment that allows electronic versions of supporting learning documents and certificates can be submitted to QRME.
- Access details on registrars attendance to compulsory and voluntary learning events / workshops.
- Electronic logging of feedback and evaluation forms.
- Supervisor restricted communications forum and resource sharing options.

9.6 FINANCIAL INFORMATION

QRME provides financial assistance to training posts towards the costs associated with hosting and training a Registrar. The payments available are based on GPET national guidelines and the level of support varies according to the Registrar's term. Current AGPT payment schedule guideline values are:

Hospital/Special Skills	nil.
PRR1 Term 1 /GPT 1	\$450 per week practice subsidy. \$360.00 per three hour teaching session per week .
PRR1 Term 2/GPT 2	\$225.00 per week practice subsidy. \$180.00 per one and half hour teaching session per week.
PRR2/GPT 3	nil.
Advanced Rural Skills/Advanced Skills training	\$200.00 per week.

The activity data sheet must be completed and returned to QRME before payments are released (PRR1/GPT1 and PRR2/GPT2 terms only). A legitimate tax invoice is required.

Claim forms for GP Supervisors can be found on the QRME's database which can be accessed through the QRME website www.qrme.org.au

- Activity Data Sheet.
- QRME Motor Vehicle Allowance Claim Form.
- QRME Expenses Claim Form.

10 FOR THE PRACTICE MANAGER

10.1 INTRODUCTION

This handbook has been developed to provide an overview of QRME and the GP Training Program, and to be an essential Practice Managers tool for better managing the Registrar and meeting the additional work and educational needs within an accredited Training Post for GP Training.

QRME has acknowledged the need to provide greater support to GP Supervisors and Practice Managers. Registrars, particularly in their PRR1/GPT1 and PRR2/GPT2 GP Terms require support and advice on the daily activities of working in private practice, as well as meeting educational requirements.

QRME also recognises the depth of experience and ability amongst Practice Managers and encourages any feedback on the effectiveness of this Handbook as a ready reference.

10.2 WHAT IS EXPECTED OF A TRAINING POST?

The doctors in training posts have undertaken to provide experience and supervision for the Registrar, and to teach them about General Practice. Depending on the term the Registrar is undertaking, the GP Supervisor is expected to provide up to three (3) hours of DEDICATED teaching per week which can occur in a number of ways such as:

- Discussion of medical topics
- Review specific cases.
- Do some joint consulting sessions or even videotape some consultations and
- Utilise PBL (Problem Based Learning – IT initiative) as a learning exercise.

The Registrar will have an External Clinical Teacher (ECT) Visit from a QRME Medical Educator or approved ECT Visitor who will talk with the GP Supervisors/Trainers in the practice, and will sit in on some of the Registrars consultations. Registrars will have at least five ECT Visits during their training. Additional visits will occur if it is considered necessary.

These visits give the Registrar constructive and useful feedback on their consultation skills. Some consultations may be videotaped to provide a first hand review of what happened. Patients must provide permission for this to take place. Practice Managers can assist with these visits by explaining these activities to patients.

It is essential that Practice Managers keep in mind that 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 the doctors or locums. The training requires that they take time out of the practice to attend GP Training courses, and they are expected to undertake study projects whilst working in your practice. the training calendar is set in early so there is advanced notification of times when the Registrar will not be in attendance at the practice.

Practice staff, and in particular, the Practice Manager, will play an essential role in ensuring that the GP Supervisor, GP Registrar, patients and other staff are kept informed of the these activities and the potential impact they will have on each of these groups.

10.3 HOW CAN THE RECEPTION STAFF HELP?

- 1) Practice Managers can help the Registrar learn about General Practice, particularly how the practice runs, and aspects of practice management which will be new to him/her. Many Practice Managers play a key role in the induction and practice management training of Registrars. A tool has been developed to assist you with ensuring you have covered essential induction information regarding the teaching post - see the Placement Checklists at the end of this section.
- 2) Practice Managers and Reception Staff can schedule an appropriate number of patients by encouraging patients to see the new Registrar, remaining sensitive to the Registrars additional study requirements and educational activity time with the GP Supervisor. As a guide, GP Registrars at the start of their General Practice experience are often only comfortable seeing about two patients per hour. This should gradually increase to four patients per hour at the end of their PRR1/GPT1 and PRR2/GPT2 GP training.
- 3) When there is another doctor sitting in with the Registrar, or when consultations are being videotaped, it is beneficial to reduce the number of patient bookings for the Registrar.
- 4) The teaching time can sometimes be cancelled due to extra consultations or home visits.
Practice Managers and reception staff have a key role to play in protecting this time and ensuring the teaching takes place. Practice Managers should discuss with the GP Supervisor when they plan to teach and mark that time in the appointments book. Should a session be cancelled by the GP Supervisor then the Practice Manager or Nurse Manager can utilise this session to educate the Registrar in their particular area of expertise.
- 5) Be aware of e-mail communication from QRME, especially the QR Me e-newsletter which outlines upcoming events.

Practice Managers and reception staff can also help keep the doctors discussion and teaching times clear from unnecessary interruptions.

10.4 PLACEMENTS

QRME generally makes Placements at the commencement of the year and mid year. The 2011 semester dates are:

Semester 1 17th January 2011 - 17th July 2011
Semester 2 18th July 2011 - 15th January 2012

This year comprises 54 weeks due to a Queensland Health decision to counter 'calendar creep'/

Practices will be funded where applicable for the additional two weeks.

Some Registrars, for various reasons are placed outside of these semester dates. For example, a Registrar may have taken leave from the program and then returned to training mid-semester.

QRME contacts practices at least twice per year to establish their availability to take on Registrars. We then go through a practice matching process to find the 'best fit' for Registrars and practices.

A member of the QRME education team will then contact preferred training posts on behalf of the Registrar to clarify availability. In reaching recommendations, QRME considers the preferences and requirements of the Registrar as well as the requirements of the training posts.

Once a training post and a Registrar agree, a formal letter is then sent to the Registrar and GP Supervisor, with a copy to the Practice Manager confirming the placements. The Registrar and GP Supervisor complete the required forms that are sent with the formal letter to:

- Confirm that a contract exists between the parties
- Apply for a provider number

10.5 SUPPORTING THE REGISTRAR (INDUCTION)

Commencing practice in a new location can be challenging for any doctor, but especially for a Registrar relocating to a rural area. Many Registrars also will be relocating their families, which places additional pressures on them.

To enable a Registrar to gain the most benefits from their term, Tips for Practice Managers and Orientation Checklists have been developed using feedback from experienced GP Supervisors and Practice Managers. They can be found at the end of this section.

10.6 SUPPORTING THE REGISTRAR DURING THE PLACEMENT

Workshops

All PRR1/GPT1 and PRR2/GPT2 and PRR3/GPT 3 Term Registrars are required to attend compulsory workshops during their term. For more information go to Section 5.3.

QRME will provide a current edition of our educational timetable outlining all workshop dates on their website www.QRME.org.au. Flyers will be emailed to GP Registrars and GP Supervisors prior to educational releases.

External Clinical Teaching Visits (ECTs)

Registrars are visited by a QRME ECT Visitor twice during each of their PRR1/GPT1 and PRR2/GPT 2 terms and once during each term of PRR3/GPT3 training. An ECT visit requires approximately four hours time allocation. This includes the ECT Visitor:

- meeting with the Registrar.
- sitting in on consultations.
- giving feedback to the Registrar and
- meeting with the Registrar and GP Supervisor.

This visit is designed as part of the Registrar's training and provides an opportunity for them to receive direct feedback from someone other than their GP Supervisor.

You will need to inform all patients booked for that session that their visit may be observed, and obtain their consent (Forms for written consent where considered appropriate). Explain to the patient that the visiting doctor is part of a peer review process. You will need to be aware when rostering for that day, that some patients will not consent to this and may ask to see another doctor.

Professional Development for Practice Managers

QRME also provides a workshop for Practice Managers (PM) at the annual end of year event. This workshop offers Practice Managers the opportunity to meet other Training Post Practice Managers, and provides useful tools and information that assist Practice Managers in their crucial roles of training and support to GP Registrars.

QRME also forwards information on other professional activities offered by external organisations considered relevant to the training post Practice Manager, and provides financial support to attend these activities.

10.7 STANDARDS

Your practice is accredited as a GP Training Post by The Royal Australian College of General Practitioners (RACGP) and/or Australian College of Rural and Remote Medicine (ACRRM).

It is essential that Practice Managers are familiar with these standards. You can obtain a copy from the QRME office, or via the relevant website.

10.8 USEFUL WEBSITES

Queensland Rural Medical Education	www.qrme.org.au
Royal Australian College of General Practitioners (RACGP)	www.racgp.org.au
Australian College of Rural and Remote Medicine (ACRRM)	www.acrrm.org.au
Rural Doctors Association of Queensland (RDAQ)	www.rdaq.org.au
Medicare Australia (formerly HIC)	www.medicareaustralia.gov.au
Australian Medical Council (AMC)	www.amc.org.au
Australian General Practice Training	www.agpt.com.au
Queensland Medical Board	www.medicalboard.qld.gov.au
Health Workforce Queensland (formerly QRMSA)	www.healthworkforce.com.au
General Practice Registrars' Association (GPRA)	www.gpra.org.au

10.9 QRME'S DATABASE FOR PRACTICE MANAGERS

QRME's Database is a web based information management application that Practice Manager can use to track their Registrar's progress through their training and education program with QRME. It is designed to be easily accessible and easy to use. Practice Managers can use QRME's Database to:

- Access and update their practice information.
- See what events Registrars at their placement will be undertaking
- Access a practice manager specific communications forum and resource sharing option

11 APPENDICES

- 11.1 TIPS FOR PRACTICE MANAGERS WITH NEW GP REGISTRARS.**
- 11.2 INDUCTION CHECKLIST FOR PRACTICE MANAGERS PRIOR TO ARRIVAL OF NEW REGISTRARS.**
- 11.3 REGISTRAR INDUCTION CHECKLIST.**
- 11.4 INDUCTION PROCESS FOR NEW GP REGISTRARS: CHECKLIST FOR TRAINING POSTS.**
- 11.5 ADDITIONAL FINANCIAL ASSISTANCE APPLICATION.**
- 11.6 EXPENSES CLAIM.**
- 11.7 APPLICATION FOR RECOGNITION AS A GENERAL PRACTITIONER.**
- 11.8 CLAIM FOR MOTOR VEHICLE ALLOWANCE.**
- 11.9 ACTIVITY DATA SHEET.**
- 11.10 REGISTRAR ELECTRONIC FUNDS TRANSFER DETAILS**

TIPS FOR PRACTICE MANAGERS WITH NEW GP REGISTRARS

Registrars are likely to feel some apprehension when starting in a new Practice. The following protocol should be used as a basis for planning the new GP Registrar's induction and orientation.

- On the first morning, allow adequate time for the Registrar to meet with the Practice Manager, nursing staff, receptionists and other support staff. The afternoon should be set aside to enable the Registrar to sit in with the Supervisor to observe procedures and absorb the environment.
- Arrange a social event in the first week with doctors, staff and the Registrar.
- Provide the Registrar with guidelines on the community such as information on local schools, churches, local papers, maps, specialists and so forth.
- Raise the awareness of the local community by organising an article in the local paper and displaying a photo with a brief introduction in the waiting room of the Practice.
- Supply information on business structure, consulting room and clinic set up, referral processes, computer systems and programs, billing processes including policy and fees and receiving results.
- You can schedule an appropriate number of patients by encouraging patients to see the new doctor, remaining sensitive to the GP Registrar's additional study requirements and educational activity time with the GP Supervisor. Discuss with the doctors in the practice how many patients you should book per hour. As a guide, GP Registrars at the start of their general practice experience are often only comfortable seeing about two patients per hour. This should gradually increase to four patients per hour at the end of their basic/advanced GP training.
- Don't put pressure on Registrars (especially basic terms) to handle all walk-ins.
- Educate other staff about the training program.
- Encourage patient feedback.
- Allow the Registrar to have at least one contact number (such as the Practice Manager's) that they can call after-hours. They may never use it but they will feel more comfortable knowing they have someone to help them.
- Make sure they are aware they can take tea and lunch breaks.
- Invite them to as many staff and management meetings as possible.
- Give them an insight into the ramifications of working in a rural town, for example, being approached by patients for advice in social situations.
- Most importantly, communicate. Ask what they may need help with and allow time for them to discuss problems with you.
- When there is another doctor sitting in with the GP Registrar or when consultations are being videotaped, reduce the number of patient bookings for the GP Registrar.
- The GP Supervisor is expected to provide 1.5 to 3 hours of teaching per week. Ask the GP Supervisor when he/she plan to teach the GP Registrar and mark that time in the appointment books.
- GP Registrars will have ECTVs during their training. As Practice Manager, you can assist with these visits by explaining these visits to patients.
- All GP Registrars are required to attend educational activities away from the clinic. As Practice Manager, it is advisable to obtain the dates of workshops for the whole year to help plan.
- All training posts go through a re-accreditation process. Diary date when your practice is due for re-accreditation to stay current.

DOCUMENTATION CHECKLIST FOR PRACTICE MANAGERS PRIOR TO ARRIVAL OF NEW REGISTRAR



The following is a checklist for Practice Managers and Supervisors to ensure the new Registrar is ready to commence in general practice.

Application for Medicare Provider and Prescriber Numbers via HIC.	
Application for Recognition as a General Practitioner – via GPET website.	
Application to be a Local Medical Officer – DVA.	
Application for Electronic Data Transfer of DVA Claims – DVA.	
SIP banking details request form -PIP	
Individual General Practitioner Form - to link registrar to PIP	
Application for Authority to Transmit Medicare Direct Bill Claims electronically – HIC.	
Application for Rural Other Medical Practitioners Program via HIC.	
PBS – RPBS Prescription Order Pad – HIC.	
Request for booklet of Emergency Drug (Doctors Bag) Supply Forms – HIC.	
Notification of ABN and RCTI Agreement – HIC.	
Application Form for 90 day Pay Doctor Cheque Scheme – HIC.	
Advice of new practice location – LMOs for Rural Enhancement Initiative (if applicable).	
Application for appointment as VMO at local hospital.	
Notification to Vic Workcover Authority requesting billing entitlements.	
Direct Deposit Authority – Transport Accident Commission.	
Australian Childhood Immunisation Register Form – ACIR, WA.	
Notification to local Pathology Service.	
Notification to Cytology Provider.	
Notification to local Imaging Providers.	
Notification to local GP Division.	
Contract of Employment – prepare, discuss, sign.	
Include practitioner details in billing, clinic software, (letterheads, etc).	
Prepared “mail basket”, “pigeon hole”, etc.	
Consulting room/waiting room nameplates.	
Arrange/update consulting room; local map (home visits, nursing homes, hostels); Doctor’s Manual.	
Practitioner stamp.	

REGISTRAR PRACTICE ORIENTATION CHECKLIST

Registrars should be orientated to the practice on the first day using this checklist. Supervisors could ideally use the practice manager/s and practice nurse/s to assist with registrar orientation in certain areas. Registrars may wish to use this form to write key names and telephone numbers and keep for future reference.

Supervisors may wish to ask about registrar competency in using the equipment on this checklist and use as a basis for further teaching.

		Initials of Inductee	Initials of Practice Manager
Practice Staff	Names of all staff and introduction		
	Key people to ask for assistance		
Access to Practice	Key and alarm codes and security firm details for problems		
Essential Community Contacts (including phone numbers)	Pharmacist		
	DEM Local Hospital		
	Ambulance (including practice protocol on how to contact)		
	After hours supervisor contact		
	List of local specialists, allied health professional and community resources.		
	Division of GPs.		
Regional Contacts	Domestic Violence		
	Sexual Assault		
	Child Abuse		
	Mental Health		
Practice Tour <i>Treatment/ Nurses/ Emergency Room</i>	Emergency drugs		
	Resuscitation equipment and how to use and assemble		
	Adrenaline and adrenalin protocol		
	ECG – include demo of use		
	Spirometry		
	Nebuliser		
	Spacers		
	Liquid Nitrogen		
	Suture equip and local anaesthetic		
	Dressings, bandages, splints		
	Plaster		
	Sterilization lay out – where dirty equipment is placed		
	Blood glucose monitor		
	Oxygen and sucker		
	Silver nitrate sticks		
Linen			

REGISTRAR PRACTICE ORIENTATION CHECKLIST

		Initials of Inductee	Initials of Practice Manager
<i>Consulting Rooms</i>	Speculum		
	Pregnancy tests		
	Proctoscopes		
	Auroscope, ophthalmoscope		
	Urine testing		
	Sphygom and different sized cuffs		
	Tendon hammer and tuning forks		
	Telephone – how to use and extension numbers		
	How to call for help		
	Bodily fluid spills – including blood and vomit (and vomit bags)		
<i>Pathology</i>	Blood taking equipment – tubes, reference list for test ordering		
	Swabs – including all Chlamydia, HSV		
	Urine (24 hour and paed bags) and faecal containers		
	Collection service		
<i>Immunization</i>	Australian Immunization Schedule and Book/CD (current version)		
	Immunization Schedule summary sheet (where they are kept and how to draw them up)		
	Adrenaline and dosages		
<i>Secure Areas</i>	Where to leave personal and valuable items		
	S8 drugs		
	Drug samples		
<i>Staff Facilities</i>	Tea room (where to put your mug)		
	Toilets		
Computers	Clinical software		
	How to turn on, passwords		
	Accounting software and appointments		
	Email		
	Path results		
Practice Management	Practice manual, practice protocols		
	Billing – including commonly used item numbers		
	Emergency exits and protocols		
	The unwritten rules – how not to offend the practice staff		

INDUCTION AND ORIENTATION PROCESS FOR NEW GP REGISTRAR: Checklist for Training Post (First Week)

Introduce Registrar to all clinic staff.	
Check Registrar has accessed accommodation and services are in order.	
Tour of clinic and surrounds including provision of key and demonstration of security system.	
Introduce Registrar to local hospital staff and advise ward round and billing processes.	
Provide and discuss appointment and roster arrangements.	
Provide map of community.	
Provide copy of Doctors' Manual (includes clinic protocols, eg., results and recalls, hospital information, visiting specialists, full contact details of doctors and staff, etc).	
Arrange sit-in time with supervisor to familiarize with consulting room processes, computer, paperwork, etc.	
Arrange time with Practice Manager to explain compute program, administrative requirements, business structure, referral and billing processes, fees, etc. Should take up half of first day.	
Arrange time with practice nurse – e.g., 1-2 hours on second morning. Review facilities, emergency room, sterilization, vaccination, etc.	
Arrange photograph and written notification to display at front counter and possibly advertisement in local paper, interview by local media.	
Educate other staff about Registrar's experience and role.	
Ensure Registrar is aware of tea and lunch breaks and facilities and which coffee cups are off limits!	
Invite Registrar to staff and management meetings whenever possible.	
<p>Education</p> <ul style="list-style-type: none"> • Supervision and corridor consulting (e.g. who provides this); • Other educational resources available (e.g. practice library); • Legal/ethical (e.g. confidentiality, medical records, internet usage); • Social (e.g. introduce family to staff); • Administration (e.g. house calls, phone calls, billing system); • Referrals (e.g. specialists, allied health, community nursing); • Local Services (e.g. pharmacies, schools, community centres). 	
Congratulate yourself on achieving all this.	
<p>Orientation Completed</p> <p>Practice _____ Manager _____</p> <p>Signature _____</p> <p>Date _____</p> <p>GP _____ Registrar _____</p> <p>Signature _____</p> <p>Date _____</p>	



Additional Financial Assistance Application

Registrar Details

Surname: _____ Given Names: _____

Postal Address: _____

Phone: _____ Fax: _____

E-Mail: _____ Mobile: _____

Pathway: Rural General

Current Term: Basic Advanced
 Subsequent Other

Details of Assistance Requested:

Conference/Workshop/Activity Amount: \$ _____

Educational Reference Material Amount: \$ _____

Computer Amount: \$ _____

Other Amount: \$ _____

Please provide details:

Office Use Only

Current Application: \$ _____

Previous applications: \$ _____

Approved Not Approved Requires addition approval of S/ME

CEO Signature _____

Comments:



Queensland Rural Medical Education Ltd (QRME) (ABN 86 099 537 461)

Date of Claim

Claim for Reimbursement

CONTACT DETAILS FOR PERSON/COMPANY CLAIMING REIMBURSEMENT:

Name: _____

Postal Address: _____

Phone: _____

Fax: _____

Reimbursement to be paid to (please tick):

Email: _____

Claimant Personally Name for Payment: _____

Business/Practice Name for Payment: _____ ABN: _____

REASON FOR REIMBURSEMENT CLAIM: (please tick)

<input type="checkbox"/> Registrar Relocation Expenses	<input type="checkbox"/> Registrar Education Release Expenses	<input type="checkbox"/> QRME Board Meeting/Activity Expenses
<input type="checkbox"/> QRME Contractor Expenses	<input type="checkbox"/> QRME Staff Travel Expenses Daily maximums: \$20 Breakfast; \$25 Lunch; \$40 Dinner; \$15 incidentals	<input type="checkbox"/> QRME Staff Expenses (other)
<input type="checkbox"/> Other – please specify:		

DETAIL OF ACTUAL EXPENSES INCURRED:

Date	Name of Supplier	Item Description / Details	Amount Claimed (\$)	OFFICE USE ONLY
<i>Total</i>				

Please staple to this claim form invoices/receipts and any other supporting documents for each expense.
If reimbursement is being claimed for more expense items, please complete an additional claim form.

CLAIMANT CERTIFICATION:

I hereby certify that the above expenses were legitimately incurred in relation to my involvement in the activities of Queensland Rural Medical Education Ltd. I acknowledge reimbursement will only be paid in accordance with QRME policies and procedures.

Signature of Claimant: _____

Date: _____

QRME OFFICE USE ONLY

Approved Not Approved – comment:

Approval Officer
Name & Position:

Signature
& Date:

Please submit completed claim forms & supporting documentation to:
Queensland Rural Medical Education Limited (QRME), PO Box 2076 Street, Toowoomba QLD 4350
Phone: (07) 4638 7999 Fax: (07) 4638 7980
*Please note, this is not a Tax Invoice

Please PRINT all responses

REGISTRAR DETAILS	APPROVED PLACEMENT
<p>Surname <input style="width: 100%;" type="text"/></p> <p>First Name <input style="width: 100%;" type="text"/></p> <p>Other Names <input style="width: 100%;" type="text"/></p> <p>Mailing Address <input style="width: 100%;" type="text"/> <input style="width: 100%;" type="text"/> <input style="width: 100%;" type="text"/></p> <p>State Postcode <input style="width: 100%;" type="text"/></p> <p>Previous provider number (if any) <input style="width: 100%;" type="text"/></p>	<p style="text-align: center;">ATTENTION: PLEASE TAKE NOTE OF THESE DATES AS IT IS THE RESPONSIBILITY OF THE REGISTRAR TO SUBMIT A NEW FORM SHOULD THEIR TRAINING TIME BE EXTENDED</p> <p>Date From Date To <input style="width: 50%;" type="text"/> <input style="width: 50%;" type="text"/></p> <p>Practice Name & Street Address <input style="width: 100%;" type="text"/> <input style="width: 100%;" type="text"/> <input style="width: 100%;" type="text"/></p> <p>State Postcode <input style="width: 100%;" type="text"/></p> <p>Telephone number Fax number <input style="width: 50%;" type="text"/> <input style="width: 50%;" type="text"/></p> <p>Consortium (RTP) name <input style="width: 100%;" type="text"/></p> <p>Consortium (RTP) code <input style="width: 100%;" type="text"/></p> <p>Full time <input type="checkbox"/> Part time <input type="checkbox"/> Hours per week <input style="width: 50px;" type="text"/></p> <p>Outer Metropolitan Program <input type="checkbox"/></p>
APPROVED TRAINING PRACTICE DETAILS	
<p>Please indicate the type of Training Program approved placement (tick appropriate box):</p> <p>Basic Term (GPT1)..... <input type="checkbox"/></p> <p>Advanced Term (GPT2)..... <input type="checkbox"/></p> <p>Subsequent GP Experience (GPT 3)..... <input type="checkbox"/></p> <p>Primary Rural & Remote Training..... <input type="checkbox"/></p> <p>Special skills / Extended Skills with GP services..... <input type="checkbox"/></p> <p>Academic Post (with GP Component)..... <input type="checkbox"/></p> <p>Advanced Rural Skills Post / Advanced Specialised Training with GP services <input type="checkbox"/></p> <p>Elective training with GP services..... <input type="checkbox"/></p> <p>Six month extension awaiting award of Fellowship..... <input type="checkbox"/></p>	
	SUPERVISOR / MENTOR DETAILS
	<p>Name <input style="width: 100%;" type="text"/></p> <p>Provider Number <input style="width: 50%;" type="text"/></p> <p>Signature <input style="width: 100%;" type="text"/></p> <p>Date <input style="width: 50%;" type="text"/></p>

DECLARATION BY THE REGISTRAR:

I have read and understood the information overleaf regarding my access to the General Practitioner Medicare Benefits items listed in the Medicare Benefits Schedule (MBS), including the Group A1 attendance and relevant procedural items. I understand that access to these MBS items is limited to services provided at the approved training practice nominated in this application.

I authorise GPET Limited and my RTP to provide confirmation of my information to Medicare Australia.

Signature

Date

This section is to be completed by a Senior or delegated Medical Educator in the responsible training organisation under the auspices of GPET

Name	Signature	Position

GPET Certification: I certify that the applicant is an enrolled GP Registrar in the Australian General Practice Training Program and that the details regarding the applicant's approved training placement in general practice on this application form are accurate and correct.

Signature	Date	GPET Position

GPET Ltd Stamp



Important information regarding Applications for General Practice Registrar Placement

For the purposes of the Medicare Benefits Schedule (MBS), a general practitioner can be a medical practitioner who is undertaking an approved general practice placement in a training program which leads to either the award of Fellowship with the Royal Australian College of General Practitioners (FRACGP) or the Australian College of Rural and Remote Medicine (FACRRM). A placement in the GPET program entitles you to access the general practitioner items listed in the MBS, including the Group A1 attendance and relevant procedural items during the period of your approved general practice training placement.

To gain recognition **TWO** forms MUST be completed:

1. 'Application for General Practice Registrar Placement' application form for each placement (GPET0067/2008-05-08). ALL details are to be completed, including the consortium (RTP) under which the placement position operated. Submit to your **REGIONAL TRAINING PROVIDER**.
2. 'Application for a Medicare Provider Number for a Medical Practitioner' for each placement. This form (Medicare Australia Form No. 266.101005) can be downloaded from the 'Health Care Providers' section of the Medicare Australia website at www.medicareaustralia.gov.au. **Submit directly to MEDICARE AUSTRALIA.**

Your recognition as a General Practitioner is limited to attendances provided at the approved practice for the time period specified in this form.

Applications must be submitted to General Practice Education and Training for approval of the placement **before** the commencement date on the form, **i.e. forms cannot be backdated**.

Medicare Australia has up to 14 days to register GPET placements. Where a section 19AB exemption is also required please allow at least 6 weeks for processing as the Department of Health and Aging process section 19AB exemption applications in date of receipt order.

A separate form must be completed for each additional training practice location/address at which you require recognition.

It is your responsibility to ensure that a new 'Application for a General Practice Registrar Placement' form is completed each time you:

- Move to a new approved practice
- Remain in the nominated practice for longer than specified in this form
- Return to the nominated practice for a further period, or
- When the practice changes address.

Placements can only be approved for the current enrolment period.

You, and the practice to which you are attached, are advised to keep a record of the current placement dates to ensure an extension is sought well before the expiry date of the placement.

It's an offence if a medical practitioner provides a service which does not attract a Medicare benefit without first informing a patient or their carer that a Medicare benefit is not payable for that service.

Date of Claim

Claim for Motor Vehicle Allowance

CONTACT DETAILS FOR PERSON/COMPANY CLAIMING MOTOR VEHICLE ALLOWANCE:

Name: _____

Postal Address: _____

Phone: _____

Email: _____

Fax: _____

Allowance to be paid to (please tick):

Claimant Personally Name for Payment: _____

Business/Practice Name for Payment: _____ ABN: _____

REASON FOR MOTOR VEHICLE ALLOWANCE CLAIM: (please tick)

<input type="checkbox"/> Registrar Relocation Travel	<input type="checkbox"/> Registrar Education Release Travel	<input type="checkbox"/> QRME Board Meeting/Activity Travel
<input type="checkbox"/> RLO or SLO Travel	<input type="checkbox"/> QRME Medical Education Staff Travel	<input type="checkbox"/> QRME Admin Staff Travel
<input type="checkbox"/> Other – please specify:		

VEHICLE DETAILS:

Make (eg: Toyota)	Model (eg: Camry)	Registration Number (eg: 123-XYZ)	Registration State (eg: QLD)
Engine Capacity [engine type] & Allowance Rate per Kilometre (please tick)	[A] 1600cc (1.6 litre) or less [non rotary] / 800cc (0.8 litre) or less [rotary] [B] 1601cc – 2600cc (1.601 – 2.6 litre) [non rotary] / 801cc – 1300cc (0.801 – 1.3 litre) [rotary] [C] 2601cc (2.601 litre) and over [non rotary] / 1301cc (1.301 litre) and over [rotary]		Please Tick [] [] []

DETAIL OF TRAVEL UNDERTAKEN:

Date	Description of Journey (including towns or centres in which journey started and finished and reason for travel)	Total kilometres travelled	OFFICE USE ONLY

If motor vehicle allowance is being claimed for more journeys, please complete an additional claim form.

CLAIMANT CERTIFICATION:

I hereby certify that the above claimed motor vehicle allowance relates to my legitimate involvement in the activities of Queensland Rural Medical Education Ltd. I acknowledge payment will only be made in accordance with QRME policies and procedures.

Signature of Claimant: _____ Date: _____

QRME OFFICE USE ONLY

Approval Officer Name & Position:	Signature & Date:
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ACTIVITY DATA SHEET

OTHER EDUCATIONAL ACTIVITIES INFORMATION

Date from (inclusive)	Date to (inclusive)	Hours	Details
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Week Commencing	Consulting Time (Hours)	Number of Patients	Number of Services (Items)		Educational Activities (Hours)		
			A1-Medicare Rebatable Services	Other Services (incl: non-A1 Medicare rebatable services)	QRME Release Programs	Teaching Time (GP Supervisor structured activities)	Other educational activities (Specify below)

LEAVE INFORMATION (Please detail any leave taken)

<i>GP Registrar</i>	Date from (inclusive)	Date to (inclusive)	Leave Type
			Annual / Sick / Other (specify):
			Annual / Sick / Other (specify):
			Annual / Sick / Other (specify):
<i>GP Supervisor</i>	Date from (inclusive)	Date to (inclusive)	Name of Replacement GP Supervisor

DATA VERIFICATION

<i>We verify the accuracy and completeness of the above information and request processing of the payment.</i>	
GP Supervisor: Signature: Date:	GP Registrar: Signature: Date:



ELECTRONIC FUNDS TRANSFER DETAILS FORM – REGISTRARS

Part A - Registrar Details					
Surname					
Given Names					
Postal Address					
Telephone					
Email					
Payment Advice	(tick one)	Not Required	Send by Post	Send by Fax	Send by Email

Part B - Bank Details										
<i>This information is required to allow direct payment to you bank account. Please ensure all details are complete and accurate.</i>										
Name of Bank										
Bank Branch Name/Address										
BSB Number							-			
Account Number										
Name on the Account										

Part C - Authorisation & Acceptance of Conditions	
<p>I certify that the above details are correct and authorise payments to be made to the account specified.</p> <p>I further declare that this authority supersedes all previous authorisations.</p> <p>I acknowledge that QRME accepts my certification and is under no obligation to confirm the specified details. I agree that it is my responsibility to notify any changes in writing.</p> <p>I acknowledge that QRME will not be responsible for any delays or errors in payment due to factors outside the reasonable control of QRME, such as delays in the banking system or errors with the account details provided by me</p> <p>I agree that QRME will be repaid any payments credited in error to the above account.</p> <p>I accept that QRME reserves the right to at any time terminate or suspend payment by electronic funds transfer and make payments by cheque or any other manner which suits QRME.</p>	
Signature:	Date:

Please return to Finance Officer at the Toowoomba Office.

