

Application for accreditation of an Advanced Rural Skills Training Post Fellowship in Advanced Rural General Practice (FARGP)

This form is to be used to apply for accreditation of an Advanced Rural Skills Training (ARST) Post for candidates undertaking the Fellowship in Advanced Rural General Practice (FARGP). Please complete all sections and email to fargp@racgp.org.au.

Section 1: Regional Training Provider (RTP) details

Name of RTP		RTP RAGCP No	
<input type="text"/>		<input type="text"/>	
Address		Postcode	
<input type="text"/>		<input type="text"/>	
Telephone	Email		
<input type="text"/>	<input type="text"/>		
FARGP candidate (if applicable)	RACGP No		
<input type="text"/>	<input type="text"/>		
Name of Medical Educator	Medical Educator RAGCP No		
<input type="text"/>	<input type="text"/>		

Section 2: Advanced Rural Skills Training (ARST) Post details

What advanced rural skill is being undertaken? <input type="checkbox"/> Emergency medicine <input type="checkbox"/> Anaesthetics <input type="checkbox"/> Obstetrics <input type="checkbox"/> Surgery <input type="checkbox"/> Small Town Rural (<i>please go to section 3</i>) <input type="checkbox"/> Other (<i>please go to section 3</i>) Please specify: <input type="text"/>	Address of post	Postcode	
	<input type="text"/>	<input type="text"/>	
	Telephone		
	<input type="text"/>		
	Supervisor details		
	Name of supervisor	<input type="text"/>	
Supervisor RAGCP No	Telephone		
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Email	<input type="text"/>		
<input type="text"/>	<input type="text"/>		

Supervisor declaration

- I have not been removed from the register for conduct, health or performance reasons under any jurisdiction at any time in my career.
- I am not currently under investigation or the subject of disciplinary proceedings under any jurisdiction.
- I am not currently subject to any conditions, limitations or restrictions from any jurisdiction.
- I will ensure that registrar/practising GP has adequate insurance coverage and is registered with the state or territory medical council for the clinical work to be undertaken.
- I agree to meet all the standards as stated in the RACGP 2005 *Standards for general practice trainers* (available at www.racgp.org.au/vocationaltraining/standards) and to assist registrars/practising GPs meet their learning plans for the terms undertaken.

Supervisor signature

Date

 / /

Section 3: Accreditation of Small Town Rural and other posts not listed

Details of Advanced Rural Skills Training

1. Advanced skills to be undertaken and their relevance to rural practice: *(brief outline)*

2. Curriculum to be used:

Demographics of patients presenting at post

3. Please indicate the percentage of total patients you see in an average week from the following categories:

<input type="text"/> Male	<input type="text"/> 0-4 years	<input type="text"/> Aboriginal
<input type="text"/> Female	<input type="text"/> 5-15 years	<input type="text"/> Torres Strait Islander
	<input type="text"/> 16-25 years	<input type="text"/> Culturally and linguistically diverse background
	<input type="text"/> 26-64 years	
	<input type="text"/> 65 years +	

4. Please indicate the percentage of total patients you see in an average week in the following settings:

<input type="text"/> In the practice	<input type="text"/> In a nursing home	<input type="text"/> In the patient's home
<input type="text"/> In hospital	<input type="text"/> Other <i>(please specify)</i> :	<input type="text"/>

5. What are the five most common presentations you see in an average week (from most common to least common)?

1
2
3
4
5

How to lodge your application

Email, fax or post this form to:

RACGP
National Rural Faculty

Email fargp@racgp.org.au

Phone 1800 636 764

Fax 03 8699 0598

Address 100 Wellington Parade, East Melbourne VIC 3002

The RACGP has a Privacy Policy that reflects the recent changes in federal and state privacy legislation. You may obtain a full copy of the College's policy and the College's Appeal Policy from our website at www.racgp.org.au.

FOR OFFICE USE ONLY

RACGP NO (BILL TO)

BATCH NO.

ORDER NO.

INVOICE NO.