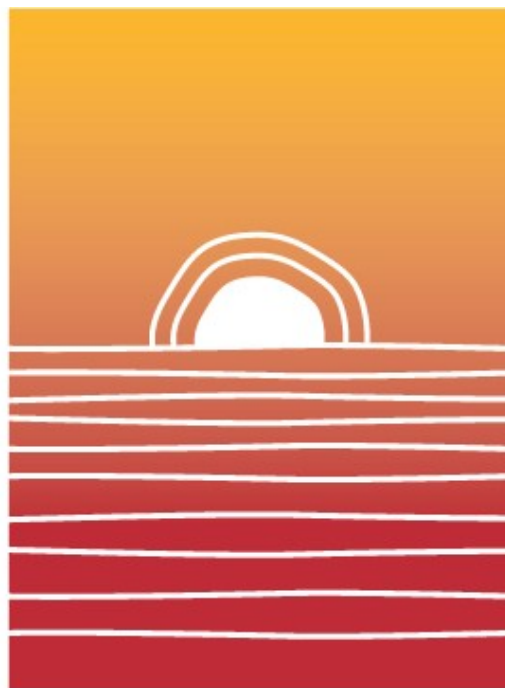


REMOTE VOCATIONAL TRAINING SCHEME LTD

Registrar Handbook 2010



R | V | T | S
Remote Vocational Training Scheme Ltd

Remote Vocational Training Scheme Ltd.
PO Box 37 Albury NSW 2640
Phone: 02 6021 6235 Fax: 02 6041 5149
www.rvts.org.au

Copyright © RVTS 2010

CONTENTS

BACKGROUND	4
RVTS STAFF	5
MANAGEMENT OF THE RVTS	6
Members of the Board	6
Membership of RVTS	6
Staff	6
OVERVIEW OF PROGRAM	8
Program Objectives and Outcomes	8
Program Structure	8
Curriculum	9
Recognition of Prior Learning (RPL)	10
Program Delivery	11
Assessment	13
Completion of Training	14
Extra Training Assistance and Remediation	14
Electronic Log books	15
Learning plans	15
Part-time Training	15
Moving Training Location	15
Leave from Training	15
Membership of RACGP and ACRRM	16
MEDICAL INDEMNITY	16
COMPLAINTS AND GRIEVANCES	16
MEDICARE ACCESS DURING TRAINING	17
Remote Area Exemption for Radiology	17
GRANTS AND SUBSIDIES	17
RVTS Locum Subsidy	17
RVTS Provision of Registrar Resources	17
General Practice Rural Incentives Program (GPRIP)	18
Training for Rural and Remote Procedural GPs Program	18
HECS Reimbursement Scheme	19
Rural Retention Program	19
Rural workforce training and locum subsidies	19
USEFUL RESOURCES	20
LIST OF ACRONYMS	25
INDEX	26

BACKGROUND

The RVTS was established as the Pilot Remote Vocational Training Stream (PRVTS) in late 1999 as a joint training initiative of the RACGP and ACRRM.

In January 2000, eleven registrars commenced training in a variety of remote locations. Since that time about 30 registrars have completed the program with (P)RVTS.

In 2003 the 'P' was dropped from the name as the 'Pilot' came to its successful end, and the Remote Vocational Training Scheme (RVTS) was born.

In 2006 an independent company Remote Vocational Training Scheme Ltd was established to manage the program and deliver training. The Department of Health and Ageing have provided funds for RVTS Ltd to expand its training cohort to 15 registrars per year. In late 2007 the Department announced a further expansion of the cohort to 22 registrars per intake from 2011.

The organisation is accredited as a training provider for the delivery of training toward the FACRRM, FRACGP and FARGP qualifications by ACRRM and RACGP respectively. From its humble beginnings, the RVTS has become an integral part of the vocational training structure in Australia.

As an RVTS registrar you are a member of a unique group. I am sure that you will find RVTS training relevant, comprehensive supportive, and above all, enjoyable.

Dr Patrick Giddings
January 2010

RVTS STAFF



Dr Pat Giddings
CEO
giddings@rvts.org.au
Ph: 02 6021 6235



Ms Jeanette McLaren
Operations Manager
jmclaren@rvts.org.au
Ph: 02 6021 6235



Dr Louise Baker
Acting Senior Medical Educator
lbaker@rvts.org.au
Ph: 0428 639 771
Ph: 02 6345 0352



Ms Doris Berger
Workshop Coordinator
dberger@rvts.org.au
Ph: 02 6021 6235



Dr Bambi Ward
Medical Educator
bambi.ward@rvts.org.au
Ph: 0412 475 578



Ms Amanda Hollands
Teletutorial Coordinator
ahollands@rvts.org.au
Ph: 02 6021 6235



Dr Lorri Hopkins
Medical Educator
lhopkins@rvts.org.au
Ph: 0408 922 311
Ph: 03 9670 8224



Mr Carl Roe
Marketing Manager
croe@rvts.org.au
Ph: 02 6021 6235



Dr Trudi Cullinan
Sessional Medical Educator
trudi@rvts.org.au
Ph: 0438 127 443



Ms Debra Hargreave
Registrar Manager
dhargreave@rvts.org.au
Ph: 02 6021 6235



Dr George Cerchez
Supervisor Liaison Officer
george.cerchez@dhhs.tas.gov.au
Ph: 03 6336 5492



Dr Andrew Wilke
Registrar Liaison Officer
rlo@rvts.org.au
Ph: 0419 677 709

MANAGEMENT OF THE RVTS

Members of the Board

- Dr Cathy Love (Chair) – Crafers West, SA
- Dr Tom Doolan (Deputy Chair) – Kilcoy, Qld
- Dr Kathryn Kirkpatrick – Dalby, Qld
- Dr Cameron Loy – Geelong, Vic
- Dr Rod Martin – Armidale, NSW
- Dr Christian Rowan – Pullenvale, Qld

Membership of RVTS

RVTS Ltd is a company limited by guarantee. It has 3 classes of primary membership.

- Class A is comprised of the Royal Australian College of General Practitioners
- Class B is comprised of the Australian College of Rural and Remote Medicine
- Class C is made up of RVTS registrars and supervisors

All RVTS registrars and supervisors are encouraged to apply for admission as primary class C members. Members are entitled to vote at general meetings of RVTS Ltd as well as nominate as directors of the RVTS Ltd Board. The company constitution allows for two Class C nominees to be appointed to the board.

Staff

CEO

The RVTS CEO has overall responsibility for managing RVTS Ltd. as well as the development and delivery of the RVTS program. This includes providing advice to the Board, providing direction and leadership towards the achievement of RVTS purpose, its goals and objectives, advocating on behalf of RVTS, overseeing existing programs and working with staff to develop and implement new programs.

Senior Medical Educator

The RVTS Senior Medical Educator is responsible for coordination of the medical educator team, education planning, remediation, evaluation as well as standard medical educator tasks.

Medical Educators

RVTS Medical Educators are responsible for implementation of the RVTS education plan. They plan and facilitate teletutorials and education workshops, conduct registrar training reviews and undertake clinical teaching visits. They also act in a training advisor role for specific registrars and provide support to RVTS supervisors.

Training Advisors

Each registrar is allocated one of the RVTS Medical Educators as a Training Advisor (TA) at the commencement of their training. The training advisor provides mentorship and career guidance. The position has been devised to help the registrar to develop a whole of training career plan which addresses both clinical development and personal well being when career choices are being made. They assist the registrar to identify learning needs and to develop learning goals and plans to suit their individual needs. In addition, the TA assists the registrar in completing any recognition of prior learning (RPL) application

and twice annually the TA meets formally with the registrar and their supervisor by phone or in person. The TA may also liaise directly with individual supervisors.

Registrar Liaison Officer

The role of the Registrar Liaison Officer (RLO) is to maintain regular contact with registrars and facilitate their input into future development, implementation and evaluation of the training program. The RLO can be a point of contact for Registrars with questions or concerns regarding their training.

Administration Staff

The RVTS administration staff manage the day to day activities of the program and provide support services for RVTS registrars, supervisors, medical educators and the CEO. This role includes assistance with educational activity planning and coordination, arranging transport and accommodation for those attending RVTS workshops, and providing information to practice staff and communities about the program. The RVTS administration staff are the first point of call for any registrar and supervisor enquiries.

RVTS Supervisors

RVTS supervisors provide distance supervision, professional role modelling, one to one teleconference teaching, feedback, and regular telephone advice and professional support to the registrar. If possible, registrars are matched with supervisors located in the same or similar geographical region to the location of the registrar. RVTS supervisors are appointed by the RVTS CEO in consultation with the registrar and must meet certain selection criteria.

Supervisor Liaison Officer (SLO)

The SLO provides support and advice to supervisors on a wide range of issues relating to education and training and serves as a point of contact between RVTS supervisors and the RVTS management and educators. The SLO may be called upon to represent RVTS at national meetings.

Clinical Teachers

Clinical teachers visit the registrar at their training practice to complement the teaching provided by the supervisor and medical educators. Clinical Teaching Visits (CTVs) usually involve direct observation of registrar consultations, feedback and explanation of issues raised, or video debriefing. Clinical teachers may be the supervisor, an RVTS medical educator or an external medical educator with specific experience in the local area or rural/remote practice.

Teletutorial Facilitators

Teletutorial facilitators are doctors that support the Presenters or Registrars during the weekly teleconferences and ensure the smooth running of the educational event. Their role is to ensure the teletutorial starts and ends on time, that all participants have an opportunity for input and to ensure the presenter is addressing the learning needs of the registrars.

Other Educational Staff

A variety of other staff with expertise in specialty fields are also employed to provide education and training in certain areas of the curriculum. They may include rural or remote GPs, cultural educators, specialists, psychologists, technical experts, and consultants.

OVERVIEW OF PROGRAM

Program Objectives and Outcomes

The RVTS is a vocational training program, which is available to isolated doctors who under ordinary circumstances could not complete vocational training except by leaving their communities. The program offers training towards fellowship of the RACGP and ACRRM.

The FRACGP and FACRRM are the vocational fellowships of the respective colleges. They are accredited by the Australian Medical Council in the specialty of general practice, and qualify the graduate for unsupervised general practice anywhere in Australia. Training is based on the curricula of the RACGP and ACRRM. The RVTS is responsible for the syllabus for delivering the two curricula.

The RVTS program is designed to accommodate the particular circumstances of remote practice and to offer the best possible educational experience within the practical constraints that this presents. It is characterised by its remote supervision model, use of innovative information and telecommunication technologies, individualised learning programs, population health focus and community involvement.

The RVTS also enables registrars to train to advanced skills not necessarily required for the FRACGP. Competence in one of these skills is a requirement for the FACRRM. The RACGP recognises additional training in advanced general practice through its post-vocational Fellowship in Advanced Rural General Practice (FARGP). Registrars can work towards their FARGP at the same time as they train with the RVTS for their FRACGP.

Outcomes:

Upon successful completion of training, participants will:

- have attained comprehensive knowledge, skills and attitudes for unsupervised generalist practice in Australia;
- be awarded the FACRRM and/or the FRACGP and have had the opportunity to train toward the FARGP;
- have remained based in rural or remote practice for the majority of their training time;
- be confident and competent to provide services and leadership in healthcare in an isolated setting and be motivated to continue to practice in such settings with well established lifelong learning skills; and
- have provided comprehensive high quality medical care to remote communities throughout their experience and therefore will be better able to maintain/sustain such services in the future.

Program Structure

At the commencement of the program each registrar will meet via teleconference with their training advisor and supervisor and develop an individualised learning plan. This plan will be reviewed and revised on an ongoing basis throughout the training program. At the completion of the RVTS it is expected that participants will have completed all of the necessary educational requirements to qualify for the award of the FRACGP and/or the FACRRM as well as addressing their assessed individual learning needs.

While it is acknowledged that registrars in remote practice may have difficulty in attending all RVTS educational activities it is mandatory that registrars attend 80 percent of all teletutorials and workshop sessions.

The following program activities are mandatory for all RVTS registrars:

- Participation in 80% of the weekly tele-tutorials throughout the core training years*;
- Attendance at 80% of workshop sessions provided by the program in the core training years. (Five day workshops are held twice yearly.)
- Regular supervisor contact
- Maintenance of an individualised learning portfolio on RRMEO;
- Participation in twice yearly 3-way training reviews with the registrar's supervisor and training advisor;
- Participation in clinical teaching visits 3 times in the first year and as appropriate to individual registrar needs in subsequent years;
- Successful completion of two recognised Emergency Medicine Skills courses eg EMST, APLS, ALS.

*Core training years are years 1, 2 and 3 of training.

In addition to these activities, participants must successfully complete all programs and assessments as required by ACRRM and/or the RACGP in order to qualify for their respective fellowship awards. Refer to the relevant College for further details.

As determined on a case-by-case basis, recognition of prior learning (RPL) or an assessed need for remediation may influence the registrars learning requirements.

Curriculum

RVTS delivers training in accordance with the RACGP Curriculum and the ACRRM Primary Curriculum. The program is designed to accommodate the practical educational issues posed by remoteness, in particular by providing well supported remote supervision. It is specifically tailored to the needs of rural and remote medical practice. It is a 4 year program and has an emphasis on the following key areas related specifically to remote practice.

- ***Clinical Skills***
This incorporates, essential emergency skills and knowledge (including, Trauma, Obstetric skills, Internal medicine, Surgery, Paediatrics, Psychiatry, Women's Health, Retrieval medicine); and other essential skills and knowledge special to the remote setting
- ***The nature of remote communities***
This incorporates issues such as support structures and family issues, professional boundary issues, confidentiality, social and cultural influences of mental health, home visiting protocols, and cultural frameworks.
- ***Public and Population Health***
This incorporates remote population health, public health infrastructure, disease control, remote environmental health, remote preventive medicine, relevant legislation, community roles, and the role of the remote doctor as community advocate and government medical officer.
- ***Aboriginal and Torres Strait Islander (ATSI) Health***
This includes: the health status of Aboriginal and Torres Strait Islander people and how this compares with the health status of non-Indigenous Australians; the diagnosis and management of the common diseases that affect Aboriginal and Torres Strait Islander people; the impact of history and current social, environmental, political and cultural factors on Aboriginal and Torres Strait Islander health and the provision of culturally appropriate, accessible health services. ATSI Health is incorporated into all areas of RVTS training.

- ***Management skills and professional networks***
This incorporates effective practice management and integration with other health services, teamwork, support networks, media management in crises, information technology applications, and developing healthcare projects.
- ***Self-Care***
This incorporates such areas as professional development strategies, self-analysis, working in a remote context and stress management.
- ***Advanced Skills Training***
12 months training is available to registrars against advanced skills curricula including Anaesthetics, Obstetrics, Emergency Medicine, Aboriginal Health, Paediatrics, Mental Health, Adult Internal Medicine, Surgery, Remote Medicine, Population Health, and Small Rural Town Practice. Advanced skills training is a curricular requirement for the FACRRM and FARGP.

Recognition of Prior Learning (RPL)

RPL provides registrars the opportunity to shorten their training time by obtaining credit for previous work activities that are deemed to be equivalent to certain components of College training requirements. RPL must be applied for in the first 12 months of training with RVTS in conjunction with your training advisor. Forms are available on the RVTS website. RPL is determined on an individual basis by each College.

Up to 18 months RPL may be granted toward the FRACGP, 12 months for approved hospital posts and 6 months for approved general practice experience. Determinations of RPL toward FRACGP are made by the RACGP National Rural Faculty Censor.

Determination of RPL toward FACRRM is made by the ACRRM Censor. Generally no more than two years of RPL will be granted towards FACRRM. Most RVTS registrars will need to apply for at least 12 months RPL for ACRRM core clinical training. It is highly recommended that registrars apply for ACRRM RPL in their first year of training with RVTS.

Up to 50% of course and assessment requirements leading to the FARGP may be approved for RPL.

Program Delivery

The program makes use of a range of educational delivery mechanisms to ensure participants receive the best possible educational experience within the context of professional isolation. Some of the key features of the structured teaching and learning activities provided are outlined below:

- **Supervision** – Remote supervision is the hallmark of RVTS training. Most RVTS registrars are supervised at a distance, though each year there are a few exceptions. Distance supervision is provided by phone, email, practice visits and clinical teaching visits. The supervisor is carefully selected, orientated to their new role and offered support and guidance throughout. Supervisors have funded registrar contact time as follows:
 - First six months – one hour per week
 - Second six months – one hour per fortnight
 - Thereafter – one hour per month, excluding advanced skills trainingRegistrar contact with the supervisor has a range of purposes including:
 - Discussion and completion of gp-start modules
 - Assistance with case revision (emergencies and common presentations)
 - Clinical audit and patient / nurse / community feedback processes.
 - Reviewing of general problems
 - Mentorship
- **Weekly Teletutorials:** Registrars undertake structured 90 minute teaching sessions, held each week via teleconference, facilitated by an RVTS medical educator, and often with assistance of guest experts. Registrars are required to develop and deliver one presentation to their group per year and with support from the medical educator responsible for teletutorials. Support is provided for exam preparation via study group teletutorials for those registrar enrolled in FACRRM or FRACGP exams.
- **Education Workshops:** Twice each year, program participants meet for intensive five day education workshops. Workshops cover a range of areas including: procedural skill development, communication skills, self care, fellowship examination preparation, emergency medicine, information technology for remote learning and specific topics best learnt in a face to face environment. Over the three core years of the program there are a total of 30 days of face to face learning. The advanced skills year does not involve workshop attendance.
- **gp-Start:** Is a modular learning package that covers basic general practice medicine, dealing with topics not encountered or taught in hospital practice. The program was developed by Sturt Fleurieu General Practice Education and Training with modifications to suit RVTS. *gp-Start* is delivered over 12 months in the first year of RVTS training. The program covers a series of common GP presentations with background readings and GP based activities to facilitate learning. The program is supported by fortnightly teletutorials as well as written material provided to each RVTS registrar and supervisor. The material is also available online at <http://www.rvts.gpstart.com.au/>. A log-in username and password will be provided to each registrar and supervisor.
- **Clinical Teaching Visits:** These comprise day visits to registrars by experienced rural GPs or medical educators. The visit entails direct observation of the registrar in patient contact, usually at the registrar's standard practice, but may also occur in other settings such as the local hospital or remote clinic. Feedback for the registrar is provided at the time of the visit. A report is generated with copies provided to the supervisor, registrar, training advisor and RVTS records. The visits are undertaken approximately 3 times per year in the first year and as appropriate to individual registrar needs in subsequent years. Clinical teachers may be the supervisor, an RVTS medical educator or an external medical educator with specific experience in the local area or rural/remote practice. Clinical teachers conduct at least one mini clinical evaluation exercise (mini-CEX) at each visit – a requirement for ACRRM formative assessment. This will be done for all registrars irrespective of which college fellowship they are seeking.

- Learning Portfolios and Formative Assessment:** To enable registrars to document their educational plans and achievements, RVTS provides access to RRMEO. RRMEO provides a tool for the recording of educational sessions attended and an online log book to record procedural activities. Each participant must develop a learning portfolio on RRMEO, which records their progress through the program against their individual learning plan. Participants report on their learning portfolio at formative assessment sessions with their training advisor and their supervisor held every 6 months. The learning plan may be adjusted from time to time in response to the outcomes of these sessions. This approach enables each individual's learning pathway to be tailored to meet their specific needs as well as ensuring that all participants attain the educational/professional competencies required by the ACRRM and RACGP. RVTS uses RRMEO to record attendance of registrars at teletutorials, workshops and provides the registrars online access to their 3 way meeting and CTV reports. Supervisors and Training Advisors are also given access to their registrar's RRMEO learning plan to assist in monitoring progress.
- Online Learning Support:** Teletutorials are supported by a web-based interface. RRMEO (www.rmeo.com) is the online platform used and includes a reference library of teletutorial session outlines, each with an accompanying audiostreamed session recording, additional learning references and an associated chatroom interface. Teletutorials are available online in mp3 format for the convenience of remote registrars and are downloadable as podcasts. Online learning support is also available from *gplearning* at <http://www.gplearning.com.au/>, in particular, modules leading to the FARGP and assistance with studying for the FRACGP exam.
- Emergency Medicine Training:** All registrars are required to successfully complete two emergency medicine courses such as EMST, APLS, ALS. Refer to the ACRRM website at <http://www.acrrm.org.au/files/uploads/pdf/vocational%20training/Approved%20Emergency%20Medicine%20Courses%20-%20Sept%202009.pdf>. RVTS will reimburse the course registration fee. Further emergency medicine training is provided via sessions at each education workshop.
- Registrar Support:** Remoteness underscores the importance of ensuring that registrars are well supported and have reliable access to guidance and advice throughout the duration of their training. Each registrar has an RVTS medical educator designated as their training advisor at the commencement of their training. A supervisor is also matched to each registrar, in consultation with the registrar. The supervisor is available as required, for the duration of their training, usually by phone or email. The supervisor may also provide a mentor role. Registrar progress and learning/support needs will be discussed at each 3-way training review. Professional isolation will be addressed through regular weekly interactions with fellow registrars, access to online discussion with fellow registrars/educators and also through twice yearly face to face workshops. The program also cultivates an environment to foster learning and support through peer interaction among registrars. This is encouraged through the debriefs at the weekly teletutorials, educational chatrooms' and the face to face educational activities. The Registrar Liaison Officer represents registrars both within and outside of the organisation.
- Online Clinical Images:** All registrars and supervisors are encouraged to use digital photography to enable them to email radiographic images as well as patient images to fellow program participants and supervisors/educators. These have proven to be a valuable aid to communication/understanding of particular clinical issues that may arise, as a basis for group consideration and analysis of particular cases and for provision of clinical guidance/advice from supervisors/educators. Registrars can also be involved in online education in the form of the Telederm, Teleradiology and Teleretrieval modules on RRMEO.
- Distance Education Modules:** Participants as part of their individualised learning programs are encouraged to undertake a range of distance education modules delivered by third parties. Other programs, which comply with the requisite ACRRM/RACGP requirements and meet RVTS distance education standards, may also be incorporated into registrar learning programs.
- Advanced Skills Training** – This is required for both the FACRRM and FARGP. Training in procedural, emergency and other hospital based skills is often best undertaken at tertiary teaching hospitals or regional base hospitals, and as such may be difficult for the RVTS registrar to access. There are in addition flexible community based options, including Remote Health

Small town ARSP, Aboriginal Health and Population Health, Both ACRRM and the RACGP will consider recognition of prior learning for advanced skill training. Registrars should discuss advanced skills training options with their training advisor early on in their training. Advanced skill training is in addition to 3 core training years and with prior approval may be undertaken before the fourth year of training.

- **Debriefing for any critical incidents** is provided on a 24 hour basis through The Bush Crisis line on 1800 805 391.
- **Psychological services** are available via phone or in person through the RACGP's GP Support Program by calling 1300 366 789 during working hours or 1800 451 138 for trauma or crisis counselling 24/7.

Assessment

Assessment is progressive throughout the RVTS program. It is both formative and summative.

Formative assessment provides feedback to learners in order to guide progress. It includes twice yearly 3 way training review meetings between the registrar and their supervisor and training advisor, and clinical teaching visits including mini clinical evaluation exercises (MiniCEX). In some circumstances registrars participate in a formative Multi-source Feedback (MSF) activity in which they receive a compiled report on a range of communication and clinical skills from colleagues. This will provide information to the registrar's supervisor and training advisor for development of learning plans and training options.

Summative assessment measures whether competence has been achieved at the end of either part or the entire educational program. Put simply, summative assessment is 'pass' or 'fail' in nature.

Award of either FACRRM or FRACGP requires satisfactory completion of RVTS training in conjunction with the assessment requirements of the relevant College.

Fellowship of ACRRM summative assessment involves successful completion of:

- Clinical Skills Logbook;
- Multi-Source Feedback (MSF);
- Mini Clinical Evaluation Exercises (MiniCEX);
- Multiple Choice Examination (MCQ); and
- Structured Assessment using Multiple Patient Scenarios (StAMPS) Examination

Summative assessment for Fellowship of RACGP requires successful completion of all components of the FRACGP examination. ie

- Applied Knowledge Test (AKT);
- Key Feature Problems (KFP); and
- Objective Structured Clinical Examination (OSCE)

Further information about assessment requirements are available on the RACGP <http://www.racgp.org.au/> or ACRRM websites. <http://www.acrrm.org.au/>

Eligibility to undertake assessment

Registrars must have completed at least 12 months of training with RVTS before being eligible to undertake any RACGP assessment component. A letter can be obtained from RVTS to include with the RACGP exam enrolment confirming your status. Applicants must have also completed a basic CPR course in the 12 months before the close of enrolments. Further details on eligibility to undertake RACGP assessment are available at <http://www.racgp.org.au/Content/NavigationMenu/educationandtraining/Assessment/Examhandbook/EligibilityForAssessment.pdf>

Registrars must have been enrolled in FACRRM Vocational Preparation for at least 12 months to undertake any ACRRM assessment component. Further information on assessment for Fellowship of ACRRM is available at http://www.acrrm.org.au/files/uploads/pdf/assessment/Assessment_FINAL_July2009_singles.pdf.

Completion of Training

Fellowship of the RACGP requires a registrar to have completed the following:

- Three years of training with RVTS – RPL may reduce this time
- Completion of all mandatory RVTS educational activities - see page 8
- Successful completion of all FRACGP exam components
- Maintenance of an up to date logbook (this can be electronic eg RRMEO)
- Maintenance of unconditional medical registration
- Completion of Aboriginal Health Curriculum
- An 'end of training' interview with your training advisor

Training requirements with ACRRM are evolving and minimum requirements currently are completion of:

- All mandatory RVTS educational activities - see page 8
- All ACRRM formative and summative assessment components
- Required training time
- Maintenance of an up to date logbook (this can be electronic eg RRMEO)
- Four RRMEO modules
- Two ACRRM approved emergency medicine courses
- Obstetric requirements

Further information on ACRRM training requirements is available at <http://www.acrrm.org.au/vocational-training>.

On completion of all mandatory components of RVTS training and any programs or assessments required by ACRRM and RACGP a registrar is eligible to apply for Fellowship of one or both colleges.

All applications for Fellowship are approved by RVTS then forwarded to the College censors.

A six month extension of access to Medicare via placement approval can be granted while awaiting award of Fellowship.

Extra Training Assistance and Remediation

A number of support mechanisms are in place to assist registrars with their training, including additional resources for registrars identified as having problems which cannot be readily corrected in the normal course of their training.

More serious matters may require a period of remediation. In these circumstances successful fulfilment of a remediation plan is required for registrars to be able to continue with RVTS. Formal remediation will result in a delay in progress as the time spent in remediation is not credited as training time. Further information is available on the RVTS website at <http://www.rvts.org.au/resources/policies.aspx>.

In rare circumstances it may be determined that the registrar has deficiencies that can't be remediated. In this situation the registrar might be advised to not continue training with RVTS.

Electronic Log books

To enable registrars to document their educational plans and achievements, RVTS provides access to the online learning platform RRMEO. RRMEO provides a tool for the recording of educational sessions attended and an online log book to record all learning activities. It is a requirement that a logbook is maintained and submitted upon completion of training to provide evidence of training, (e.g. self-directed learning) as part of the required documentation to be taken into consideration by the RACGP and ACRRM in their processes leading to the award of Fellowship. The log book may also serve as a valuable source of information in preparing documentation for prospective employers and for credentialing purposes.

Learning plans

A learning plan is a plan setting out the participant's proposed learning activities for a specified period. It may be laid out under 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 participants to have a current learning plan at all stages of their training;** failure to do so may compromise their ability to achieve Fellowship status for both Colleges. The registrar's learning plan will be reviewed as part of each 3-way training review meeting.

Part-time Training

Registrars are able to undertake training on a part-time basis. Registrars are required to have prior approval from the RVTS CEO to undertake part-time training. Part time training is not possible for time fractions less than 0.5 full time equivalent. Fulfilment of training time will be calculated on a pro-rata basis.

Moving Training Location

It is a requirement that RVTS registrars continue to reside and work in a remote/isolated community for the majority of their training (except for approved hospital training and advanced skills training). Registrars planning to move training location must discuss this with their training advisor and prior approval of the location **must be sought from the CEO**. Failure to do this may result in exclusion from the program.

Please complete the form available on the RVTS website at http://www.rvts.org.au/resources/forms/form_registrars.aspx.

Leave from Training

Any registrar seeking leave in excess of **6 weeks** leave annually must apply for leave, in advance, to RVTS. A registrar is considered to be on leave if they are absent from their workplace during a period where they would normally be working.

While registrars are on leave they are not entitled to participate in weekly teletutorials or RVTS workshops except by prior arrangement.

Registrars must apply for leave prospectively on an RVTS *Registrar Leave application form* available on the RVTS website at http://www.rvts.org.au/resources/forms/form_registrars.aspx. The form is submitted to the RVTS head office. Notification of the granting of leave will be provided in writing by the CEO.

Membership of RACGP and ACRRM

Registrar membership of both colleges allows access to a number of vital educational and support services and it is for this reason that RVTS funds membership of both Colleges during training. Registrar membership application forms must be completed at the commencement of training and forwarded to RVTS for processing.

RACGP membership entitles registrars access to the following:

- The John Murtagh Library - services include answering questions on health/medical topics as well as free delivery and collection of books, videos, CD-ROMs, kits and slides via courier Australia wide.
- Check program distributed with Australian Family Physician
- gplearning - an interactive, online QA&CPD service with over 200 activities
- MyGeneralPractice - a computer desktop application providing practice focused online resources, evidence based clinical journals, RACGP clinical guidelines and international textbooks
- FridayFacts - a weekly news update via email
- Clinical guidelines and practice resources.

ACRRM membership provides:

- Access to RRMEO including online learning modules such as telederm and teleradiology
- Country Watch – a weekly update on rural medical news and events via fax or email
- Free downloads of clinical protocols and guidelines

ACRRM membership and enrolment in FACRRM is mandatory for all FACRRM trainees from commencement of training.

RVTS expects that all Registrars will enrol with both RACGP and ACRRM at commencement of training.

MEDICAL INDEMNITY

It is a requirement of RVTS for all registrars to have current medical indemnity cover relevant to their scope of practice. Most medical defence organisations (MDOs) provide significant discounts to registrars. MDOs do so based on the assumption that there is on-site supervision. It is important therefore that RVTS registrars taking advantage of these discounted rates inform the MDO that they are being supervised remotely. RVTS recommends that registrars obtain acknowledgement of this fact in writing before relying on these arrangements for medical indemnity.

COMPLAINTS AND GRIEVANCES

In the event of a dispute arising involving a registrar, supervisor or member of the RVTS staff the Complaints and Grievances Policy and Procedure outlined on the RVTS website at <http://www.rvts.org.au/resources/policies.aspx> is to be followed.

MEDICARE ACCESS DURING TRAINING

Registrars while in formally approved training placements are able to access the GP items on the Medicare Benefits Schedule which attract A1 Medicare benefits. For this to be achieved, a placement approval form must be completed and signed by the registrar as well as their supervisor and lodged with RVTS. A placement approval form must be completed for each location where the registrar has a provider number. The placement approval is for a specific period of time and further placement approval must be sought prior to expiry.

Medicare Australia will not backdate applications which are received after commencement of a placement. Registrars are responsible for the timely and correct submission of this information. These documents are available via the RVTS website or on request from the RVTS office.

On application, approval to continue to access Medicare can be extended to cover the period between completion of training and the award of FRACGP or FACRRM.

Remote Area Exemption for Radiology

This program allows registrars to be able to claim higher Medicare benefits for taking and reporting certain X-rays when there are no local specialist radiology services.

Registrars must be enrolled in a QA&CME radiology program with either RACGP or ACRRM to attract Medicare benefits for services rendered under a Remote Area Exemption.

Further information is available from the following:

ACRRM - <http://www.acrrm.org.au/remote-area-radiology-grants>

RACGP - For all enquiries relating to the requirements or enrolment in the QA&CPD Program for exemption status purposes please contact the National QA&CPD Unit on (03) 8699 0510.

GRANTS AND SUBSIDIES

RVTS Locum Subsidy

RVTS will subsidise the cost of locum services used to allow a registrar to attend RVTS education workshops. This subsidy is made available to registrars working in private practice. Up to \$8,000 (plus GST) is available per registrar per year. It is the registrar's responsibility to arrange a locum. This could be through the rural workforce agency, the local GP Network or via locum agencies. The locum invoices the registrar. The registrar pays the locum or locum agency. The registrar then fills out a 'Claim for Expense Reimbursement' form, and forwards this along with the supporting tax invoice to the RVTS office for payment. The form is available at http://www.rvts.org.au/resources/forms/form_registrars.aspx.

RVTS Provision of Registrar Resources

It is important that registrars are well resourced to undertake training with RVTS. Different registrars will have different priorities in what will assist them with their training. Rather than providing all registrars with the same resources, registrars are able to purchase certain items and be reimbursed by RVTS. Some items will be deemed a mandatory requirement for registrars as part of their training. Further information is available on the RVTS website at <http://www.rvts.org.au/resources/policies.aspx>.

General Practice Rural Incentives Program (GPRIP)

The new General Practice Rural Incentives Program (GPRIP) will commence from 1 July 2010. It will replace the current Registrars Rural Incentive Payments Scheme (RRIPS) and the Rural Retention Program.

The new incentives program will provide a consistent set of incentive payments that applies on an equivalent basis for GPs and registrars practicing in rural locations. This new program will streamline the administration of incentive payments and provide parity between GPs and GP registrars.

Eligibility for GPRIP will be based on the Australian Standard Geographical Classification – Remoteness Areas (ASGC-RA) classification system.

<http://www.doctorconnect.gov.au/internet/otd/Publishing.nsf/Content/RA-locator>

Incentive payments for training undertaken by registrars before 1 July 2010 will be made under the RRIPS. From 1 July 2010 incentive payments will be made under the GPRIP. Training undertaken in eligible rural locations prior to 1 July 2010 will be recognised for calculating time spent in a rural location under the GPRIP.

The RRIPS will be applicable for registrars commencing training in 2010, for all training undertaken before 1 July 2010. From 1 July 2010 incentive payments will be made under the GPRIP. Training undertaken prior to 1 July 2010 will be recognised for calculating time spent in a rural location for the purposes of future payments.

Registrar eligibility is assessed retrospectively at six-monthly intervals. Medicare Australia will generate and distribute a letter and incentive payment form to eligible registrars after a six-month block of training has been completed. Application forms and Guidelines can be obtained by phoning the Medicare Australia on 1800 010 550.

Training for Rural and Remote Procedural GPs Program

Grant for Procedural GPs Practising in Surgery, Anaesthetics and/or Obstetrics

This program supports procedural rural doctors in RRMA 2-7 for skills maintenance and upskilling in anaesthetics, obstetrics and surgery covering both formal (courses) and informal (clinical attachments) delivery modes. It is in the form of a grant of \$20,000 per doctor per financial year based on 10 days training at \$2,000 per day.

The program is not normally available to registrars unless it can be demonstrated that the registrar has pre-existing qualifications in the areas of Surgery, Anaesthetics or Obstetrics at the start of their training or have completed this training as part of their training program and are currently certified to practice unsupervised.

Further details can be found at <http://www.health.gov.au/internet/main/publishing.nsf/Content/work-pr-trrpqpp>

Grant for GPs Practising Emergency Medicine

Doctors practising emergency medicine in rural and remote areas are able to access grant payments for upskilling in emergency medicine. The grant payment is calculated on a maximum of \$6,000 per GP per financial year for 3 days of upskilling or skills maintenance activities. The total grant payable will be based on a rate of \$2,000 per day.

To be eligible for the Emergency Medicine grant before completion of Fellowship training, a registrar must have completed a twelve month advanced skills post in line with the curriculum and assessment requirements of each college in emergency medicine training and must have clinical privileges to practice unsupervised. RVTS must certify that registrars have completed the training requirements before their application for registration to the program can be assessed.

Further details can be found at <http://www.health.gov.au/internet/main/publishing.nsf/Content/work-pr-trrpqpp>

HECS Reimbursement Scheme

The scheme applies to Australian graduates only. Participants in the scheme will have one fifth of their HECS fees reimbursed for each year of medical training undertaken or service provided in areas with RRMA classifications 3-7.

Other criteria are that the applicant must:

- be an Australian or New Zealand citizen or a permanent resident;
- have completed an accredited medical course in Australia for which a HECS fee was payable;
- have completed their medical degree in the year 2000 or later; and
- undertake training or provide medical services in RRMA categories 3 - 7 for an initial period of twelve months.
- The first payment is made after 12 months in a rural area; subsequent payments are made 6-monthly after this. To apply for the scheme you need to contact Medicare Australia on 1800 010 550 or visit their website at www.health.gov.au/hecs.

Graduates who have received a bonded scholarship or a scholarship that covered HECS fees, may not be eligible for the HECS Reimbursement Scheme.

From 1 July 2010, this scheme is being modified in line with changes being made to the GPRIP <http://www.doctorconnect.gov.au/internet/otd/Publishing.nsf/Content/RA-locator>

Rural Retention Program

The Rural Retention Program (RRP) is an initiative that recognises long-serving general practitioners in rural and remote communities that may experience significant difficulties in retaining general practitioners. Communities in which these doctors work will benefit through improved access to general practice services and continuity of health care.

Eligibility and payment amounts are based on

- the length of service of individual doctors
- the remoteness of the area they are practising in and
- the level of services they provide

Further details are available at

<http://www.health.gov.au/internet/main/publishing.nsf/Content/work-pr-rrp>

The rural retention program will be replaced by the General Practice Rural Incentives Program from 1 July 2010.

Rural workforce training and locum subsidies.

Check with your local RWA in your state or territory.

<i>State</i>	<i>Organisation</i>	<i>Phone number</i>
SA	Rural Doctors Workforce Agency.....	08 8357 7444
Vic	Rural Workforce Agency Victoria.....	03 9349 7800
NSW	Rural Doctors Network.....	02 4924 8000
WA	Rural Health West.....	08 6488 8700
Qld	Health Workforce Queensland.....	07 3105 7800
NT	General Practice Network NT	
	Darwin.....	08 8982 1000
	Alice Springs.....	08 8950 4800
Tas	GP Workforce Tasmania.....	03 6334 2355

USEFUL RESOURCES

In addition to this handbook, it is recommended that registrars embarking on vocational training through the RVTS utilise the following resources:

RACGP Curriculum: The curriculum document outlines the knowledge base to be covered toward attainment of the FRACGP and FARGP.

<http://www.racgp.org.au/curriculum/>

ACRRM Primary Curriculum: This is intended for those who may wish to pursue attainment of the FACRRM. The document covers the knowledge base for the FACRRM, which provides recognition of specialist skills in Rural and Remote Medicine as a distinct specialty area. This encompasses some more advanced specifically 'rural' skills.

<http://www.acrrm.org.au/files/uploads/pdf/curriculum/primary/ACRRM%20Primary%20Curriculum%203rd%20edition25.09.09.pdf>

RACGP John Murtagh Library

The RACGP John Murtagh Library (located in the RACGP National Office in South Melbourne) operates a distant library service to members, registrars, supervisors and medical educators throughout Australia. The loan collection consists of over 8,000 books, e-books, e-journals, videos, audio-cassettes, slides and CD ROMS. To find out what is available refer to the RACGP web site at: www.racgp.org.au. A document delivery service, for items not in the collection, literature searching and a current awareness journal service are also offered. Access to electronic databases such as the Cochrane Library, MIMS and Micromedex are available on this Web site.

To use any of the services you must first register. Contact the library at:

- email library@racgp.org.au
- Tel: (03) 8699 0519
- Fax: (03) 8699 0400

Recommended Text/Resources for General Practice

- Murtagh's General Practice 4th Edition, 2007
- Practice Tips – Murtagh – 4th Edition, 2004
- Royal Children's Hospital Paediatric Handbook (Melbourne), Paxton et al, 7th edition, 2005
- Clinical Sports Medicine – Brukner & Khan
- Therapeutic Guidelines
- Australian Medicines Handbook – yearly updates
- Fitzpatrick's Color Atlas & Synopsis of Clinical Dermatology-6th edition 2009
- Dermatology Atlas
- ACRRM PDA Guidelines
- RCH Clinical Practice Guidelines
- UpToDate

INFORMATION SOURCES

People

If you are seeking an answer to a specific question the first resource to consider is people. Consider your peers, GP supervisor, medical educators, specialist colleagues and health professionals. They may save you the work of searching the literature, or direct you to a key article. They may also help (sometimes inadvertently!) by getting you to clarify your question.

Textbooks

Another good way to start is to look up your topic in one or two good quality textbooks, some of which may give references and useful leads. It is important however, to ensure that the textbooks are not too out of date for your purpose.

Sackett et al (2000) suggest that for a textbook to be dependable for accessing current best evidence it should:

- Be revised frequently (at least once a year)
- Be heavily referenced, at least for declarations about diagnosis and management (so readers can access the original data and can determine the date of the given claim)
- Select evidence in support of a statement according to explicit principles of evidence.

Clinical Practice Guidelines

Clinical Practice Guidelines are systematically developed statements to assist practitioner and patient decisions about the appropriate health care for specific clinical circumstances (Institute of Medicine, 1990). Sackett et al (1997) define clinical practice guidelines as "user friendly statements that bring together the best external evidence and other knowledge necessary for decision making about a specific health problem". They also state that a good clinical guideline should have three properties:

- Define practice questions and explicitly identify all their decision options and outcomes
- Explicitly identify, appraise and summarise, in ways that are most relevant to decision makers, the best evidence about prevention, diagnosis, therapy, harm, and cost-effectiveness
- Explicitly identify the decision points at which this valid evidence needs to be integrated with individual clinical expertise

The main purpose of guidelines is to achieve better health outcomes by:

- Improving the practice of health professionals
- Better informing consumers about treatment options

Guidelines may also:

- Be used as the basis of education for practitioners and the community
- Contribute to quality assurance processes
- Assist in the resolution of legal disputes and ethical dilemmas

The Internet

The internet is a very convenient and powerful way of accessing a wide range of information.

Patients have often searched for their own disease using one of the search engines, and you may find it an easy port of call. The problem is that the net will throw up all sorts of 'hits' ranging in quality from loopy anecdote to authoritative studies, and it is not always easy to spot the difference.

There are many well know search engines, including Google, Yahoo and others.

RRMEO

ACRRM's Rural and Remote Medical Education Online (RRMEO), available at <https://www.rrmeo.com/>, is an online learning portal that enables users to:

- locate educational events, online education and clinical attachments via the RRMEO Educational Inventory;
- engage in online modules and online groups; and to
- record your learning planner and maintain a record of activities undertaken

GPLearning

An interactive online education services available at <http://www.gplearning.com.au/>

MyGeneralPractice – an on-screen portal that provides instant access to clinical decision-making support tools and practice management support services at:

www.mygeneralpractice.org.au/demo/index.html

PriMeD

Collaborative cases and self-directed education available every month at <http://www.primed.com.au/>

UptoDate

UpToDate is a comprehensive evidence-based clinical information resource available to clinicians on the Web, desktop, and PDA. As a registrar, you can purchase *UpToDate* for US\$195 per year. Contact the RVTS office for a letter confirming your registrar status. Further information is available at

<http://www.uptodate.com/> .

The Literature

By 'the literature' we mean journals, research papers, reports and abstracts which are published in paper or electronic format. This is a huge and daunting resource. Hence it is not always the first step in searching for information to answer your question. However after you have got some ideas from people, textbooks or guidelines, the next step is to search the literature. Firstly to fill in the gaps. Secondly to see what later and more up-to-date information has become available, so it is usual to concentrate on the latest databases, say the past three or six years. The disadvantages of this if you have not first consulted the other "out-of-date" sources, is that you may miss what is still the best and most relevant information despite it having been published ten years ago. Searching the literature is an educational process, and allows you to refine your questions and your research strategy as you go.

Medical Journals

A brief check through the contents pages of the last couple of years of journals to which you have easy access may help you find the answers you are looking for. As with textbooks they should not be too out of date, should be peer reviewed, heavily referenced and incorporate principals of best evidence.

Examples of general practice orientated journals include:

- Australian Family Physician
- American Family Physician
- Medicine Today
- Canadian Family Physician
- Australian Prescriber
- Primary Care
- New Zealand Family Physician
- Archives of Family Medicine
- British Journal of General Practice

- Family Practice
- Australian Journal of Rural Health
- Electronic Journal of Rural Health

To access a broad range of journals you can visit a medical library. Apart from being able to get access to a number of journals you can also access a computerised listing of all articles published in hundreds of major medical journals from around the world.

The RACGP Library is also an excellent resource, and they can be contacted by phone or email. They have a vast collection of general practice orientated material available for loan anywhere in Australia. They also operate a reference journal service (free to all RACGP members). You can access the RACGP John Murtagh Library at <http://www.racgp.org.au/library> to examine the resources available to you and the links to other useful web sites. (Phone 03 8699 0519)

Evidence-based journals

There are now a number of best-evidence summary journals available. These include ACP Journal Club on Disc, Evidence-Based Medicine, Evidence-Based Mental Health, Evidence-Based Cardiovascular Medicine, Evidence-Based Health Care Policy and Practice, Evidence Based Nursing.

These resources are compilations of the vetted output of a selected number of refereed journals (about 50 in the case of the ACP Journal Club). Articles are selected for inclusion on the basis of clearly determined criteria for validity and relevance.

The benefit is these journals are much easier to search, are presumably more likely to be valid and throw up fewer articles to peruse than a full literature search. The main problem with them is access. They are published on a searchable CD-ROM and are available for the price of a subscription.

Electronic databases

At some point, you will want to search the primary literature for yourself. It is an educational process, and allows you to refine your question and your search strategy as you go.

The main sources of information relevant to this module are the Cochrane Collaboration database and Medline (including Public Medline (PubMed)).

The Cochrane Collaboration:

The Cochrane Collaboration is a library of key reviews performed by collaborating teams of researchers. This is an international effort which seeks to provide a database of all authoritative medical literature published. It provides four sub databases:

- The Cochrane Database of Systematic Reviews (CDSR). A collection of regularly updated rigorous reviews
- The Database of Abstracts of Reviews of Effectiveness (DARE) which seeks to identify and critically appraise reviews on subjects where there is no current Cochrane Review.
- The Cochrane Controlled Trials Register (CCTR) which seeks to list every controlled trial in health care, which meets certain quality criteria, ever published.
- The Cochrane Review Methodology Database (CRMD) which is a bibliography of literature on the subject of reviewing of medical literature.

The great strength of finding an answer in Cochrane is that you can be pretty sure it is authoritative. The problem at this stage is that many of the subjects you may be interested in are not included in the database – the Cochrane Collaboration is very much a work in progress.

Accessing the Cochrane Collaboration reviews

There are a series of websites internationally devoted to the Cochrane Collaboration reviews. The Australasian site is maintained by the Monash Institute of Health Services Research at the address <http://www.cochrane.org.au>

The public website provides abstracts only. To obtain full reviews one has to pay for access. However, membership of the RACGP automatically provides internet access to the Cochrane Library and access to full reviews via the RACGP Library web site <http://www.racgp.org.au/library>.

Medline

For some questions, none of the above will provide an answer, or you may want to get a balanced idea of what is available in the literature or what is the current state of play in an issue. To do this you will need to go to the primary source of medical knowledge – published research literature. There are a number of electronic databases, which index the literature, none of which are comprehensive or perfect. The most commonly used is Medline maintained by the National Library of Medicine in the United States. This database now contains over 9 million items. It is one of the most frequently used databases of journal publications, but is not the only, nor even necessarily the best one.

However, finding your way through the online interactive jargon of Medline can be a daunting experience for the novice. Once mastered, however it is like riding a bike – a very useful skill to have. The best way to learn is to get help in a library. The RACGP library is happy to help you search Medline yourself, but will also do the search for you.

The result of the Medline search is a computer printout with authors, title and journal reference. This may be sufficient for your needs (or too much, and you'll need to prune!). You can then go to the backfiles to pull out the articles you need or you may ask Medline to go to the next step and print out abstracts. Either way, start with only a few, and then use those as a guide to what is useful to go on if you need to. Check the references at the end of the articles; they may lead you to just what you want.

PubMed

Medline can be accessed by a more user friendly engine called PubMed available on the internet. Whilst lacking the precision and power of Medline, PubMed is accessible, easier to use and free. It has an extensive online help section, which teaches you how to use it. It can be accessed at <http://www.pubmedcentral.nih.gov/> or through the RACGP Library web site <http://www.racgp.org.au/library>.

LIST OF ACRONYMS

ACRRM	Australian College of Rural and Remote Medicine
AGPT	Australian General Practice Training
AKT	Applied Knowledge Test
ALS	Advanced Life Support
APLS	Advanced Paediatric Life Support (Course)
ARSP	Advanced Rural Skills Post
AST	Advanced Skills Training
CME	Continuing Medical Education
CT	Clinical Teacher
CTV	Clinical Teaching Visit
EMST	Early Management of Severe Trauma (Course)
FACRRM	Fellowship of the Australian College of Rural and Remote Medicine
FARGP	Fellowship of Advanced Rural General Practice
FRACGP	Fellowship 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
GPRIP	General Practice Rural Incentives Payment
GPS	General Practice Supervisor
KFP	Key Feature Problems
MA	Medicare Australia
MCQ	Multiple Choice Questions
MDO	Medical Defence Organisation
ME	Medical Educator
MiniCEX	Mini Clinical Evaluation Exercises
NRC	National Resource Centre – RACGP John Murtagh Library
PBS	Pharmaceutical Benefits Scheme
RACGP	Royal Australian College of General Practitioners
RDA	Rural Doctors Association
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
SLO	Supervisor Liaison Officer
SME	Senior Medical Educator
StAMPS	Structured Assessment using Multiple Patient Scenarios
TA	Training Advisor
VR	Vocational Registration
WONCA	World Organisation of National Colleges, Academies and Academic Associations of General Practitioners/Family Physicians

INDEX

Acronyms, 25
Advanced Skills Training, 10, 13
Assessment, 12, 13
Clinical teachers, 7, 11
Clinical Teaching Visits, 11
Complaints, 16
Curriculum, 9, 20
Emergency Medicine Training, 12
General Practice Rural Incentives Scheme, 18
GPRIP, 18
gp-start, 11
Grants and Subsidies, 17
HECS Reimbursement Scheme, 19
Learning plans, 15
Locum Subsidy, 17
Log books, 15
Medicare, 17, 18, 19
Membership, 6, 16
Moving Training Location, 15
Part-time Training, 15
Procedural GPs Program, 18
Program Delivery, 11
Program Structure, 8
Recognition of Prior Learning, 10, 25
Registrar Liaison Officer, 5, 7, 12, 25
Registrar Resources, 17
Registrar Support, 12
Remote Area Exemption for Radiology, 17
Resources, 20
Rural Retention Program, 19
Staff, 6, 7
Subsidies, 17
Supervision, 11
Supervisor Liaison Officer, 7
Supervisors, 7
Teletutorials, 11, 12
Training Advisor, 6, 12, 25
Workshops, 11