



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

REMOTE VOCATIONAL TRAINING SCHEME LTD

**2012**  
**HANDBOOK**

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## BACKGROUND

Prior to 1999, if General Practitioners were located in a rural or remote location where no supervision was available, they had to leave their community to access vocational training. Not surprisingly these towns were struggling to retain their doctors.

The government of the day listened to the concerns of doctors and their communities and got to work on a solution. The Pilot Remote Vocational Training Stream (PRVTS) was born in late 1999. Originally it was a joint training initiative of RACGP and ACRRM with just eleven registrars starting their training in January 2000.

In the early days the program certainly had its share of sceptics, but the program was a success right from the start, proving to be a win-win solution for both doctors and their communities.

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 provided funds for RVTS Ltd to expand its training cohort to 15 registrars per year. In late 2007 the Department announced a further expansion to 22 registrars per intake from 2011.

Since its inception over 50 registrars have completed training with RVTS. The organisation is accredited as a training provider for the delivery of training toward the FRACGP/FARGP and FACRRM, qualifications by RACGP and ACRRM respectively. From its humble beginnings, the RVTS has become an integral part of the vocational training structure in Australia, helping rural and remote communities retain their medial workforce through the provision of high quality training.

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  
CEO RVTS Ltd  
January 2012

## RVTS STAFF

An up-to-date listing of RVTS staff can be found at <http://www.rvts.org.au/about/staff.aspx>  
Below are staff details as of January 2012



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## MANAGEMENT OF THE RVTS

### *Members of the Board*

- Dr Cathy Love (Chair) – Crafers West, SA
- Dr Christian Rowan (Deputy Chair) – Pullenvale, Qld
- Dr Aniello Iannuzzi – Coonabarabran, NSW
- Dr Kathryn Kirkpatrick – Dalby, Qld
- Dr Rupert (Rick) Newton – Tullamore, NSW
- Dr Ayman Shenouda – Wagga Wagga NSW

Information about the Directors can be found at [http://www.rvts.org.au/about/about\\_board.aspx](http://www.rvts.org.au/about/about_board.aspx).

### *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.

A membership form can be downloaded at

[http://www.rvts.org.au/downloads/Application\\_for\\_Membership\\_class\\_C.pdf](http://www.rvts.org.au/downloads/Application_for_Membership_class_C.pdf).

### *Staff Roles*

#### *CEO/Director of Training*

The RVTS CEO/DOT 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 Medical Educators***

Due to the currency of their experience RVTS Registrar Medical Educators provide support to the Medical Educator team. They give direct input into the content and process of delivery of the educational program, as well as providing an opportunity to develop medical educators for the future.

### ***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/DOT 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 Teaching Visitors***

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 general 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<sup>1</sup>. (Five day workshops are held twice yearly.)
- Regular supervisor contact
- Maintenance of an individualised learning portfolio on RRMEQ;
- 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.

In addition to these activities, registrars 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***

Training during the core training years<sup>1</sup> is 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.

Each advanced skills training discipline (see p13) has a curriculum provided by the relevant College. ACRRM Advanced Specialised Training Curricula are available at <https://www.acrrm.org.au/advanced-specialised-training-curricula>. RACGP Advanced Rural Skills Training (ARST) curriculum statements can be found at <http://www.racgp.org.au/arstcurriculum>.

### ***Recognition of Prior Learning***

Recognition of Prior Learning (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 at [http://www.rvts.org.au/resources/forms/form\\_registrars.aspx](http://www.rvts.org.au/resources/forms/form_registrars.aspx). 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.

Applying for RPL can be a lengthy process. Eligible Registrars must therefore apply for RPL as soon as possible on entry into the program. Your training advisor and the RVTS office can assist you with your application. .

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

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<sup>1</sup> Training years other than an Advanced Skills Training year

## *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](http://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 <https://www.acrrm.org.au/vocational-training> 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.
- **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.
- **Psychological support** is provided free on a 24 hour basis for registrars and their family through The Bush Support line on 1800 805 391. The service offers anonymity and confidentiality and is available to all rural health workers.
- **Counselling 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. Help is available on a wide range of issues including handling work pressures, managing conflict, grief and loss, relationship issues, concerns about children, anxiety and depression, alcohol and drug issues, and traumatic stress. The service is provided by a 3<sup>rd</sup> party – IPS Worldwide. Doctors must quote their RACGP membership number to access the service.

### ***Advanced Skills Training***

The RVTS enables registrars to train in advanced skills. 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.

RACGP ARST posts are available in:

- Anaesthetics
- Obstetrics
- Surgery
- Aboriginal Health
- Mental Health
- Paediatrics
- Emergency Medicine
- Adult Internal Medicine
- Small Town General Practice
- Individually designed program, e.g. Palliative care, Musculoskeletal/sports medicine. Individual ARSTs must be approved by the National Rural Faculty.

Further information on FARGP can be found at <http://www.racgp.org.au/fargp>.

ACRRM Advanced Specialised Training can be undertaken in one discipline from the following:

- Aboriginal and Torres Strait Islander Health
- Adult Internal Medicine
- Anaesthetics
- Emergency Medicine
- Mental Health
- Obstetrics and Gynaecology
- Paediatrics
- Population Health
- Remote Medicine
- Surgery

Training in procedural, emergency and other hospital based skills is often best undertaken at tertiary teaching hospitals or regional base hospitals.

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.

### ***Cultural awareness***

RACGP & ACRRM have both produced their own online cultural awareness educational modules. You are strongly advised to enrol in a cultural awareness module as cultural awareness is assessed as part of both College exams. Start working through it at your own pace when time permits and aim to complete it by the middle of your first year with RVTS. Practice staff may also benefit from completing a module.

If you are thinking of progressing to achieve FACRRM, it is advisable to choose the 'Cultural Awareness - PIP Indigenous Health Incentive' module, as it also counts as one of the four compulsory online modules that needs to be completed before a FACRRM can be awarded.

As RVTS enrolls registrars in both Colleges regardless of which Fellowship(s) you plan to sit automatic access is provided to the RACGP module through gp-learning & the ACRRM module through RRMEO.

Please contact the RVTS office if you need further assistance with this.

The Table below summarises the available modules. All modules include relevant case studies which give you an opportunity to apply the cultural awareness knowledge you have gained.

	Module	College	Link	No of hrs	PIP Incentive	Cost	Comments
i	Cultural awareness – PIP Indigenous Health Incentive	ACRRM	www.rrmeo.com Go to RRMEO modules open for enrolment page & click on module.	15	Yes	Yes	Counted as compulsory FACRRM module Please contact RVTS office for details if you wish to be reimbursed for the cost of the module.
ii	Introduction to Aboriginal and Torres Strait Islander cultural awareness in General Practice	RACGP	www.gplearning.com.au	6	Yes	Nil	Also suitable for practice staff.
iii	Introduction to cultural awareness.	ACRRM	www.rrmeo.com Go to RRMEO modules open for enrolment page & click on module	4	No	Nil	Abridged version of i. suitable for medical students & practice staff. Does not count as compulsory online module for FACRRM

## 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). Fellowship of ACRRM also requires AST formative assessment specific to the discipline being undertaken as outlined in the curricula.

**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 requirements are:

- Multiple Choice Question Examination (MCQ) – pass grade;
- Mini Clinical Evaluation Exercise (MiniCEX) – pass grade;
- Structured Assessment using Multiple Patient Scenarios (StAMPS) Examination – pass grade;
- AST summative assessment (pass grade in assessment specific to the discipline)
- Multi-source Feedback (MSF) – satisfactory completion; and
- Procedural Skills Logbook – satisfactory completion for registrars commencing training from 2009 onwards

Visit <https://www.acrrm.org.au/assessment> for more information.

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 is available at

<http://www.racgp.org.au/assessment/examination>

## Eligibility to undertake assessment

### RACGP

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 within 3 years of the opening date of enrolments. Further details on eligibility to undertake RACGP assessment are available at <http://www.racgp.org.au/Content/NavigationMenu/educationandtraining/Assessment/Assessmentpolicies/EligibilityForAssessment.pdf>

### **ACRRM**

Registrars must have been enrolled in FACRRM Vocational Preparation for at least 12 months to sit the ACRRM MCQ, and 2 years to undertake MiniCEX and StAMPS. Further information on assessment for Fellowship of ACRRM is available at [https://www.acrrm.org.au/files/uploads/2011-Assessment-Handbook\\_V-01-11\\_0.pdf](https://www.acrrm.org.au/files/uploads/2011-Assessment-Handbook_V-01-11_0.pdf)

### ***International Medical Graduates without AMC 2nd part exam***

It is an RACGP requirement for International Medical Graduates (IMGs) training towards Fellowship of the RACGP to have completed the AMC 2<sup>nd</sup> part examination. Doctors who do not meet this requirement will only be eligible to gain FRACGP via the practice eligible route. This requires doctors to have 4 years of general practice experience with at least one having been gained in Australia to be eligible to sit FRACGP assessment and at least 5 years of general practice experience, at least one of which must have been gained in Australia to be eligible for FRACGP. Doctors without 2<sup>nd</sup> part of the AMC exam who do not meet this requirement may not be eligible to gain Fellowship of the RACGP while training with RVTS. See p2 of [RACGP Eligibility for Assessment](#)

The Australian College of Rural and Remote Medicine does not have any special requirements for doctors without AMC 2<sup>nd</sup> part.

### ***Training time with RVTS***

Required training time for FACRRM is 4 years full time equivalent (FTE) and for FRACGP 3 years FTE plus an additional year to complete FARGP. Recognition of prior learning (p10) can reduce this time. A registrar may attend a maximum of 6 workshops and 3 years of teletutorials over the duration of their training. Training time with RVTS cannot be extended beyond four years FTE unless there are special circumstances. Registrars must apply in writing to extend their training time.

It is imperative therefore, that registrars undertake exams in their 2<sup>nd</sup> or 3<sup>rd</sup> year of training.

### ***Completion of Training - FRACGP***

For Australian trained doctors and IMGs with AMC 2<sup>nd</sup> part examination, Fellowship of the RACGP requires completion of the following:

- Three years of training with RVTS – RPL may reduce this time
- Completion of all mandatory RVTS educational activities - see page 10
- 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

Requirements for IMGs without AMC 2<sup>nd</sup> tracking to FRACGP via the practice eligible route are:

- Registrable qualifications for at least 7 years; and
- Five years of full time equivalent GP experience, at least one year of which must have been in Australia; or
- Satisfactory completion of training as outlined above for Doctors with General Registration.

See p5 of [RACGP Requirements for Fellowship 2005](#).

### ***Completion of Training - FACRRM***

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

- All mandatory RVTS educational activities - see page 10
- All ACRRM formative and summative assessment components
- Four years full-time training or equivalent part-time training (RPL may reduce this)
- Core Clinical Training, Primary Rural and Remote Training and Advanced Specialised Training
- at least six months experience in community and primary care (for registrars commencing training from 2012)
- at least six months experience living and practising in a rural/remote environment (for registrars commencing training from 2012)
- Four RRMEO modules approved for training
- Emergency medicine courses - either two accredited Tier 1 courses or one accredited Tier 1 course and two accredited Tier 2 courses

Further information on ACRRM training requirements is available

<https://www.acrrm.org.au/files/uploads/pdf/vocational%20training/Completion%20of%20Training%20Policy%202012.pdf>.

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/DOT 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/DOT**. Failure to do this may result in exclusion from the program. Only in exceptional circumstances will a registrar be allowed to move training location within the first twelve months of commencement of training with RVTS.

The complete RVTS Policy on moving training location is available at <http://www.rvts.org.au/resources/policies.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](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/DOT.

The complete policy on taking leave from training is available at <http://www.rvts.org.au/resources/policies.aspx>.

### ***Parental Leave***

Up to 12 months leave from training is available to the parent of a newborn child or a recently adopted child. The registrar must be the primary carer of the child.

While on parental leave, a registrar may, by prior arrangement, continue to participate in weekly teletutorials and/or attend RVTS workshops. This will count towards meeting mandatory training requirements as listed on p10. It will not, however, count towards training time.

This policy may be varied in exceptional circumstances by applying the CEO/DOT in writing.

### ***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. It is strongly advisable that even if you are working for a state health system, that you maintain your own medical defence cover. This will provide access to independent legal advice.

## **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.

Ongoing training in the RVTS program and access to a Medicare Provider Number is subject to continued Commonwealth funding of the program. Any business decisions based on access to an RVTS provider number must take this into account.

### ***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 the RACGP QI/CPD or ACRRM PDP 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 - <https://www.acrrm.org.au/remote-area-radiology-exemption-program>

RACGP -

<http://www.racgp.org.au/Content/NavigationMenu/educationandtraining/QACPD/Specificinterestrequirements/RTypRadiologyExemptions/default.htm> or 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](http://www.rvts.org.au/resources/forms/form_registrars.aspx).

### ***General Practice Rural Incentives Program (GPRIP)***

Registrars who commence training with RVTS after 1 July 2010 are eligible for the new General Practice Rural Incentives Program (GPRIP). Details can be found at

<http://www.health.gov.au/internet/otd/publishing.nsf/Content/GPRIP>.

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

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

Registrars who commenced training prior to 1 July 2010 will continue to be eligible to access the GP Registrar Rural Incentive Payments Scheme. This scheme is not available to registrars who commence training after 1 July 2010. Queries should be directed to Medicare Australia on 1800 010 550.

## ***Rural Procedural Grants 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.medicareaustralia.gov.au/provider/patients/rural-programs/rural-procedural-grants.jsp>,  
<http://www.acrrm.org.au/procedural-medical-grants>,

### ***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.medicareaustralia.gov.au/provider/patients/rural-programs/rural-procedural-grants.jsp> or <http://www.acrrm.org.au/procedural-medical-grants>,

## ***General Practitioner Procedural Training Support Program***

The General Practitioner Procedural Training Support Program (GPPTSP) is a workforce support program designed to improve access to obstetric and anaesthetic services for women living in rural and remote communities by supporting rural GPs to attain procedural skills.

Successful applicants receive a \$40,000 (GST exclusive) Commonwealth subsidy to support training in either obstetrics or anaesthetics. RVTS registrars may be eligible to apply.

Obstetric training is to the Advanced Diploma of the RANZCOG. Further details are available at <http://www.ranzcog.edu.au/gppts.html>.

The Anaesthetic component is administered by ACRRM and enables GPs to gain Advanced Rural Skills Training in Anaesthesia. Further details are available at <http://www.acrrm.org.au/gppts>.

## ***HECS Reimbursement Scheme***

This scheme applies to Australian graduates only. Participants in the scheme will have a proportion of their HECS fees reimbursed for each year of medical training undertaken or service provided in ASGC-RA 2 – 5 locations.

Other criteria are that the applicant must:

- be an Australian or New Zealand citizen or a permanent resident at the time of completing their medical degree;
- 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
- be undertaking training or providing medical services in ASGC-RA 2 – 5

- The first payment is made after 12 months in a rural area; subsequent payments are made 6-monthly after this.

Further information and application form are available at

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

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

### ***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 8234 8277
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	Health Recruitment Plus 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.

<https://www.acrrm.org.au/primary-curriculum>

### 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, audio journals, videos, DVDs, and podcasts. To find out what is available refer to the RACGP web site at: <http://www.racgp.org.au/library>. A document delivery service for items not in the collection, literature searching, an Aboriginal and Torres Strait Islander service for doctors working with Aboriginal and Torres Strait Islander patients and a current awareness journal service are also offered. Access is provided to electronic databases such as the PubMed, Proquest and DynaMed.

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

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

### Recommended Text/Resources for General Practice

- Murtagh J & Rosenblatt J. John Murtagh's General Practice, 5<sup>th</sup> edition, 2011
- Royal Children's Hospital Paediatric Handbook (Melbourne), Paxton et al, 7<sup>th</sup> edition, 2005
- Clinical Sports Medicine – Brukner & Khan
- Therapeutic Guidelines
- Australian Medicines Handbook – yearly updates
- Fitzpatrick's Color Atlas & Synopsis of Clinical Dermatology-6<sup>th</sup> edition 2009
- Dermatology Atlas
- ACRRM PDA Guidelines
- RCH Clinical Practice Guidelines
- UpToDate
- Wearne, S. Clinical Cases for General Practice Exams, 2<sup>nd</sup> edition, 2010

## 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 (of which 4 are compulsory for those doing FACRRM) and online groups; and to
- record your learning planner and maintain a record of activities undertaken

### ***GPLearning***

An interactive online education service developed by RACGP & 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/](http://www.mygeneralpractice.org.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 and 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 & Publications***

A brief check through the contents pages of the last couple of years of journals & publications 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 principles of best evidence.

Examples of general practice orientated journals include:

- Australian Family Physician - <http://www.racgp.org.au/afp>
- Australian Doctor – How to treat sections - <http://www.australiandoctor.com.au/>
- Medical Observer - <http://www.medicalobserver.com.au/>
- Therapeutic Guidelines series - <http://www.tg.org.au/>
- Medicine Today - <http://www.medicinetoday.com.au/>
- Australian Prescriber - <http://www.australianprescriber.com/>
- Australian Journal of Rural Health - <http://nrha.ruralhealth.org.au/ajrh/>
- Electronic Journal of Rural Health - <http://www.rrh.org.au/>

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 (03 8699 0519) or email ([library@racgp.org.au](mailto:library@racgp.org.au)). They have a vast collection of general practice orientated material available for loan free of charge 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.

### ***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://acc.cochrane.org/>.

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/> <http://www.ncbi.nlm.nih.gov/PubMed/> 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 Teaching
CTV	Clinical Teaching Visit
DOT	Director of Training
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
FTE	Full time equivalent
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
GPPTSP	General Practitioner Procedural Training Support Program
HECS	Higher Education Contribution Scheme
IMG	International Medical Graduate
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

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