



# **RVTS Registrar Support Policy & Procedure**

## **Introduction**

The RVTS provides vocational training towards FRACGP and FACRRM for medical practitioners in remote and isolated communities throughout rural and remote Australia.

The RVTS is a four year program designed to deliver structured distance education and supervision to doctors while they continue to provide general medical services to a remote and/or isolated community.

## **Purpose**

It is important to identify registrars at risk who may benefit from additional resources and delivery of early focused intervention and support. The purpose of this document is to provide guidance in how to identify RVTS Registrars at risk.

The term 'at risk' is used broadly. It covers a registrar at risk of social, psychological, physical or professional/practice problems.

## **Policy**

RVTS wants to provide support for our registrars and try and maintain them working in their remote environments for as long as it is in the interest of the registrar and their remote community.

This policy identifies 3 main principles relating to RVTS Registrars at Risk

1. Early detection
2. Prompt intervention
3. Shared responsibility between RVTS and the Registrar in achieving outcomes

RVTS will inform all registrars of the existence of this policy through the RVTS Handbook which is distributed to all registrars on acceptance into the program. Details of the policy will be available on the RVTS website and hard copy will be supplied on request to any registrar or supervisor.

This policy also relates to the RVTS Privacy Policy which has adopted the National Privacy Principles contained in schedule 3 of the *Privacy Act 1988* (Cth). (see Privacy Policy)

RVTS will adhere to the Procedures outlined below.

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## Procedures

### 1. Early Detection

Registrars can be identified as possibly being at risk by various people and at various times

- Prior to applying to RVTS – difficulties contacting registrar, providing documentation, providing appropriate referees, gaps in employment noted in curriculum vitae, multiple jobs/career changes, comments in references
- At time of interview – language barriers, concerns about practice or location, clinical decision making, overall interview score below 30, interviewer global impression is of concern. During Teleconferences – interpersonal skills issues, non attendance, repeatedly needing to debrief with other registrars
- During Teleconferences – interpersonal skills issues, non attendance, repeatedly needing to debrief with other registrars
- During Workshops – non or poor attendance, not being respectful of other registrars or presenter eg interpersonal issues, perceived physical, emotional or psychological issues, poor performance
- CT visits – poor clinical performance, poor communication skills, feedback from practice staff or patients.
- TA contacts and 3 way training reviews – expressed concerns by the registrar and/ or supervisor, minimal interest in documenting and maintaining learning plans
- Employment contract not being renewed and/or change of job
- Poor performance in formative assessment using multisource feedback from colleagues and/or patients
- Examination – failing exams or postponing and unwillingness to sit exams (performance anxiety)

### 2. Areas of Concern

Medical educators, RVTS Supervisors and CT visitors, employers, work colleagues (nursing staff, reception staff) or community members may have concerns that a registrar is at risk. The registrar may highlight their concern personally.

This maybe because of:

- Competency issues
- Language or cultural difficulties
- Coping and personal health difficulties
- Behavioral problems (including non- professional behaviour)
- Inappropriate attitudes
- Failure of FRACGP and FACCRM assessments

### 3. Team Support

Where there are any concerns, RVTS Supervisors and CT visitors must promptly discuss these with the registrar's training adviser. Whilst respecting the registrar's right to confidentiality, the training adviser must discuss the issues with the CEO and/or Senior Medical Educator and other Medical educators or CT visitors likely to be in contact with the registrar.

The CEO and/or Senior Medical Educator, Training Advisor and Supervisor will meet (usually by teleconference) to assess the available information and decide if the registrar is considered to be at risk. Registrars considered to be at risk will be informed by their training adviser and a program of extra support will be negotiated with them.

### 4. Early Intervention

When registrars are highlighted as possibly at risk, they should be provided:

- An early TA contact – initiated by TA (if at all possible face to face eg at the orientation workshop)
- Early contact with Supervisor – highlighting to the supervisor any concerns and arranging a 3 way training review meeting very soon after commencing training
- An early CTV by experienced CT visitor. The CT visitor should be contacted by the training adviser and briefed on the reasons for concerns. The CT visitor will look at the written medical records of all patients seen by the Registrar and conduct a random case audit and review of referral letters. Registrars will be asked to provide videos of at least 5 consultations if logistical reasons prevent a CT visit.
- Close review of feedback provided by the registrar on gpStart and the supervisor's involvement.
- Opportunity for formative assessment using multisource feedback from patients and colleagues (if not already completed)
- Written feedback by the training adviser reviewed with other information gained from the supervisor, CT visits, 3 way training meetings and at regular registrar ward round meetings of RVTS medical education staff.

### 5. Professional management of associated conditions

RVTS Registrars must concurrently undergo appropriate professional management of any associated medical, psychological or social condition. Neither the Supervisor nor the Training Adviser should be the therapist.

### 6. Hand over

In the event of a change of training adviser, special care must be taken to ensure continuity in monitoring the registrar. The incumbent training adviser is responsible to ensure a full hand-over.

## 7. Remediation

A requirement for remediation is made by the CEO after discussions with the training advisor. A remediation plan should be developed in accordance with the **RVTS Remediation Policy**.

## 8. Consequential action

The CEO may consider further appropriate action which may include some or all of the following:

- Referral to the Doctors Health Advisory Service
- Discussion with the Medical Board
- Extension of current training stage until satisfactory completed
- Not certifying satisfactory completion of training

## Responsibility

The RVTS CEO is responsible for adopting this policy.

The RVTS staff, supervisors and contractors are responsible for the implementation of this policy.

## Related documents

Privacy Policy

Remediation Policy

**National Privacy Principles** contained in schedule 3 of the *Privacy Act 1988 (Cth)*  
*The Privacy Act 1988 (Cth)* as amended by the *Privacy Amendment (Private Sector) Act 2000*

## Document control

**Warning – Uncontrolled when printed! The current version of this document is kept on the RVTS server.**

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