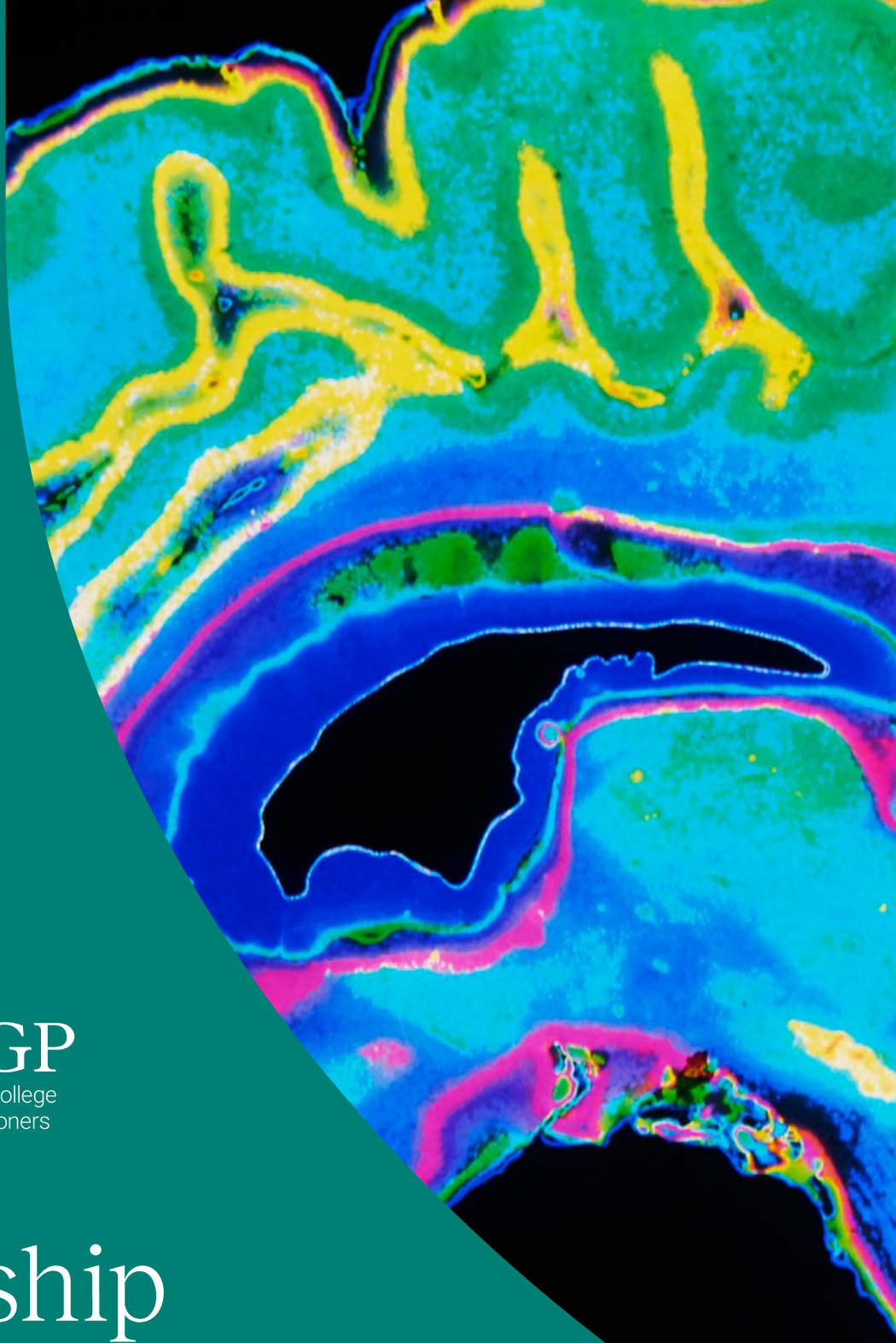




RACGP
Royal Australian College
of General Practitioners

Fellowship Support Program

Registrar handbook



Fellowship Support Program Registrar handbook

Disclaimer

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We acknowledge the Traditional Custodians of the lands and seas on which we work and live, and pay our respects to Elders, past, present and future.

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Introduction

Welcome to the Fellowship Support Program

The Fellowship Support Program (FSP) is a self-funded education and training program to support non-vocationally registered doctors on their journey to Fellowship. It includes self-directed learning, in-practice learning and workplace-based assessments (WBAs) for feedback and progress monitoring.

The FSP requires training to be completed in Australian general practices and additional skills training sites (if completing Rural Generalist training). The RACGP is responsible for setting the standards and accrediting these sites for training delivery.

The Fellowship Journey

Fellowship of the Royal Australian College of General Practitioners (RACGP) denotes a practitioner who provides safe, specialised and high-quality general practice care. It demonstrates to governments, the general practice profession and the community that a doctor is competent to practise safely and unsupervised in any Australian general practice setting – metropolitan, rural, remote and very remote communities. It also allows access to specialist medical registration and A1 Medicare rebates.

The RACGP offers two Fellowships:

- Fellowship of the RACGP (FRACGP) is what all registrars are training towards on the Fellowship Support Program (FSP).
- RACGP Rural Generalist Fellowship (FRACGP-RG) is awarded in addition to FRACGP to registrars who complete Rural Generalist training.

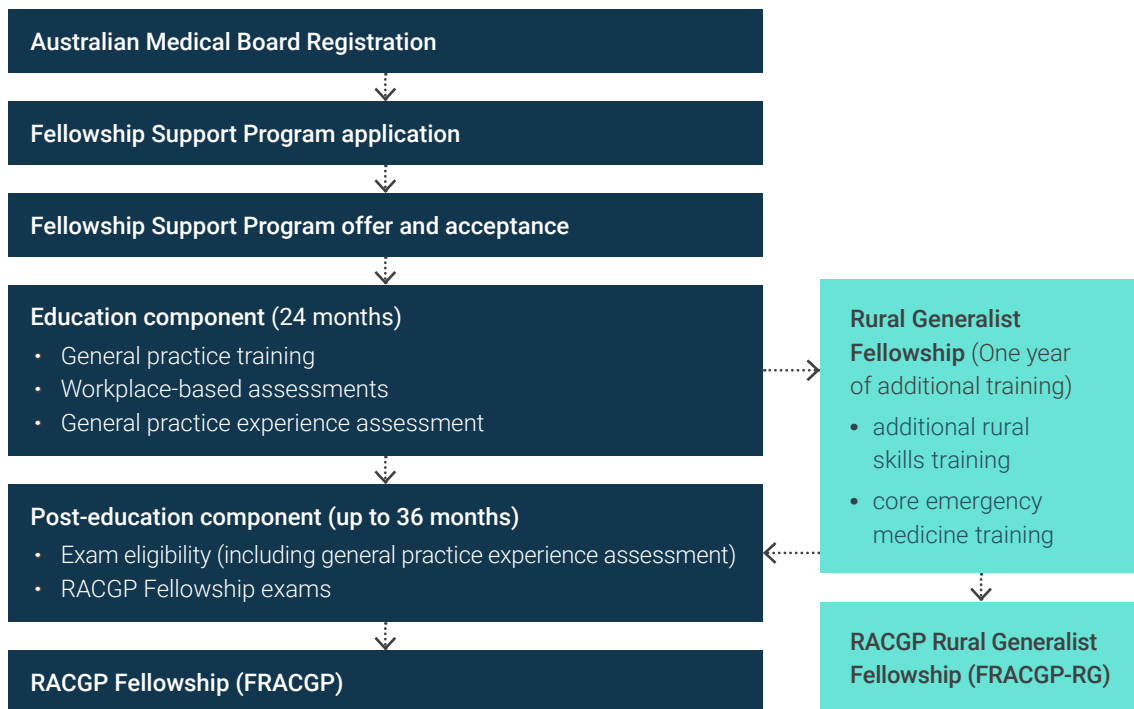


Figure 1. RACGP journey to Fellowship via the Fellowship Support Program

Training program contacts

RACGP National

Telephone: 1800 472 247
Email: racgp@racgp.org.au
Website: www.racgp.org.au

RACGP offices

Website: www.racgp.org.au/find-an-office

FSP

Email: fspadmin@racgp.org.au

Who's who in training

Training program team

As a new registrar, you'll be supported from the time you enter the FSP through to Fellowship.

Your training program team includes a program officer, medical educator (ME) and your nominated supervisor.

In addition, you'll be supported by your training site and FSP registrar liaison officer (RLO).

Program officer

Program officers are the key contact for all training related administrative tasks. They assist with all activities in the training program, keep track of your progress and will be in close contact with medical educators.



Medical educator

MEs are experienced GPs with educational and practical knowledge in the general practice environment.

At the beginning of training, you'll be allocated an ME who will mentor, guide and support you in your education and learning. Your ME can assist with clinically focused queries, however, their role does not extend to your clinical supervision. Be aware that MEs usually work part-time as they also work in general practice. If you need urgent assistance from an ME and yours isn't available, please contact your program officer who will put you in touch with an available ME.



Supervisor

Supervisors are integral to general practice training. As part of an apprenticeship model, a supervisor is a professional role model for a registrar, helping to lay the foundation for lifelong learning, professionalism and high-quality patient care.

Supervisors are experienced GPs and provide advice and support, one-on-one teaching, supervision, feedback and assess registrar progress via assessments. In rural areas, a supervisor provides local information and support to the registrar. Supervisors contribute to team-based learning in the practice setting, which will include other GPs and practice staff.

Supervisors are often the most important person supporting a registrar in general practice training.



Registrar liaison officer

RLOs provide confidential advice, care, information and support to registrars. RLOs understand the issues facing registrars because they're GP registrars themselves.

An RLO may:

- provide personal insights
- act as a conduit through which registrar ideas or challenges about the program can be discussed
- refer you to a health professional for further support
- facilitate social networking or group events as a way of helping registrars debrief and support each other.

The RLO will not act as an advocate for individual registrar issues.

You can contact a RLO at fsprlo@racgp.org.au



How we'll communicate with you

We'll communicate with you mainly via email. Please check your email regularly and respond to requests as soon as possible. It's your responsibility to make sure we have your current email address. Please let us know if it changes.

TIP! Emails from the RACGP will end with the domain [@racgp.org.au](mailto:racgp.org.au).

When you receive an email from us, add it to your safe senders list. From time to time, you should also check your spam/junk folder to make sure our emails aren't being filtered out of your inbox.

Induction to the FSP

General practice training terms

Your general practice training term begins when you start the FSP. You must complete four general practice training terms (24 months) as part of your training requirements. Each term consists of 26 weeks.

Induction interview

You'll have an induction interview with your ME in week three or four of your first term to discuss your training program. It's a chance to get to know each other and talk about your background, experience and readiness to start in general practice training.

Together, you'll develop a training plan. You'll cover topics such as:

- training requirements
- training plans, any requirements you have and potential barriers to your training
- your early assessment for safety and learning (EASL) outcome
- eligibility for recognition of prior learning and experience
- your career plan
- any questions you may have and any other information you need to know for your training.

You'll be sent an email in your first week of training to select a time to conduct the induction interview.

TIP! Complete the **orientation module** before you meet with your ME so that you can make the most of your time together by focusing on specific training advice for your circumstances.

Notify us of a change in your AHPRA medical registration

If your medical registration changes at any time during your training, you must advise us via a Change in circumstance form (available on the FSP portal). If you don't notify us of a change to your registration you may be reported for academic misconduct (refer to the [Academic Misconduct Policy](#)). It's best to advise us as soon as you know that a concern has been raised about you with AHPRA so we can provide the appropriate support.

A change to your medical registration might include a restriction, condition, limitation, reprimand, supervision requirement, tribunal outcome, suspension, undertaking and/or other remark or change.

Refer to the [AHPRA website](#) for more information about possible outcomes when a concern is raised about you.

TIP! You should notify us of a change in medical registration using the Change in circumstance form which is accessible on the FSP portal, clicking on the profile icon.

Recognition of prior learning and experience

Recognition of Prior Learning and Experience (RPLE) will not be offered from the 2024.2 intake (registrars commencing July 2024) and onwards. An exception applies if you have previously voluntarily withdrawn from Australian General Practice Training (AGPT) or the Remote Vocational Training Scheme (RVTS).

What is it?

RPLE is relevant training that can meet some of your education and training requirements in the FSP. If eligible, we'll offer you RPLE which can reduce your total program time.

RPLE is available as credit for a total of six months of the FSP, shortening your program time from 24 months to 18 months (ie a maximum of 26 calendar weeks). Your determined program length remains the same whether you are working part-time or full-time in general practice. However, if you are working part-time, it may take you longer to meet exam and Fellowship eligibility requirements.

How can I be considered for RPLE?

For registrars who have previously voluntarily withdrawn from AGPT or the RVTS, a formal application process will apply.

Further details regarding this process will be added soon.

Accepting RPLE is optional, you may wish to decline the offer of RPLE and complete a two-year FSP program. You'll be able to speak with your ME about the individual impact RPLE could have.

When will I hear if my RPLE application is successful?

Eligible registrars RPLE application will be forwarded to the state censor and you'll be advised of the outcome by week 13 of GPT2.

Patient caseload



You should see no more than four patients per hour in any general practice term. Your caseload should be monitored (by you, your supervisor, ME and the training site) to ensure you see patients from a range of demographics (eg age, gender) with varied presentations. Factors such as your experience levels, skills, if you're new to the practice and the types of services offered will be considered when managing your caseload. Your caseload may change throughout a term, but only with mutual agreement.

Clinical supervision

Supervision during general practice training

General practice training in Australia follows an apprenticeship model. You'll work as a GP, seeing your own patients under the supervision of an experienced GP.

Clinical experience is a powerful teacher, and your learning will be supplemented and consolidated with in-practice teaching (both formal and informal), teaching visits and small-group education from MEds, assessments and private study.

Your supervisor provides clinical guidance and support during your program. They are also responsible for in-practice teaching and contributing to the assessment of your clinical competence.



The level of supervision changes as you progress through your training, dependent on the term and your individual needs. You may have Ahpra requirements on your supervision, please note that the RACGP still requires the below as a minimum despite your supervision status with Ahpra:

- GPT1 and 2: Your supervisor is available to attend your consultations as required. They review all your consultations and clinical notes, usually each day.
- GPT3 and 4: Your supervisor is available to attend in-person as required and monitors your practice. When you are working in the training site but your supervisor is not physically present, there must be an agreed system in place where your supervisor or an appropriate delegate can be contacted for prompt clinical consultation.

Boundaries in your workplace

To maintain appropriate boundaries in your workplace:

- you shouldn't enter into a formal therapeutic relationship with your supervisor while you're undertaking a training term
- you and your supervisor shouldn't prescribe for each other, or pressure each other to provide prescriptions for yourselves, your families or friends.

We recommend that:

- registrars do not treat other practice staff (including other GPs)
- practice staff do not seek medical care or prescriptions for themselves (or their families) from the registrar when realistic alternatives are available.

In rural areas where there's limited access to alternative medical care, the practice may consider a policy of allowing you to treat staff, with appropriate supervisory oversight, after considering the risks, benefits and alternatives. Your training stage should also be considered and the situation should be discussed with you.

In the rare event of an emergency requiring you or your supervisor to provide emergency treatment to the other, the incident should be disclosed to the local ME (if consent is given). You must formally debrief the emergency with other supervisors in the training site or with your local ME.

Professional conduct requirements

The Australian community rightfully expects a high level of professional behaviour from GPs. Professional competency training and assessment is a core part of the FSP. You must learn and demonstrate professional conduct throughout your training program, as detailed below.

You should behave and practice with honesty and integrity to meet the standards expected by your peers, patients and the wider Australian community. You should always maintain medical professionalism, in practice and in the community, including the appropriate use of social media.

You need to take responsibility for your learning and actions. We're here to support your journey to Fellowship, but it's up to you to make the most of the support and expertise available to you. This includes communicating with your supervisor, training site and program team effectively and appropriately, and completing program-related administrative tasks in a timely manner.

We can only give you the right support if you communicate to us your need for help. If you're worried about anything related to your training journey, please reach out to someone within your training program team who you feel most comfortable talking to.

If we're having trouble contacting you or believe you're failing to conduct yourself professionally, we'll attempt to raise these issues with you. If we can't satisfactorily resolve the issues, we may decide it's necessary to take remedial action or withdraw you from the program.

TIP! Find yourself a GP, in a different practice to your own, if possible, who you feel comfortable talking to about work and personal stresses and attend regularly for preventive health.

TIP! You can review AHPRA's [Good medical practice: A code of conduct for doctors in Australia](#) for an in-depth overview of the standards and expectations of the sector.

Induction to the FSP – Relevant policies and guidance

- [Academic Misconduct Policy](#)
- [Recognition of Prior Learning and Experience Policy](#)
- [Training Programs Entry Policy](#)
- [Placement Policy](#)

Training site requirements

Your training site is reviewed during your eligibility assessment at the application stage, as well as any time you want to change locations, or if an audit is requested.

It's expected that all FSP registrars work in comprehensive general practice as outlined in the [RACGP's Comprehensive Australian General Practice Guidance Document](#). After-hours work is usually not considered comprehensive.

The after-hours period is defined as:

- after 6.00 pm and before 8.00 am on weekdays
- before 8.00 am and from 12.00 pm onwards on Saturday
- all day Sunday and all public holidays.

Please note that the [General Practice Fellowship Program Placement Guidelines](#) are revised regularly, in addition to revisions to the Commonwealth Government's distribution priority areas (DPA) and Modified Monash (MM) classifications. FSP registrars' training site location must remain an approved placement as per the guidelines for the entirety of their program. A change in training site location may be necessary if the DPAs or MM classifications change.

TIP! You can apply to work in up to two independent practices, or three branch practices on the FSP.

Changing training sites

You can remain in the same training site/s for the entirety of your program. You need to apply to change training sites or work at an additional training site while undertaking FSP.

Applications for a change in practice or to work in an additional practice will not be accepted until three months after the commencement of training. Requests received within this time frame will be reviewed on a case-by-case basis following the [Extenuating and unforeseen circumstances](#) guide.

An **extenuating and unforeseen circumstance** is something outside your control, can reasonably be considered to have been unforeseen and can be shown to have a direct and significant impact on you. The RACGP considers extenuating and unforeseen circumstances on a case-by-case basis.

Any change to your training site (in either the education or post-education components of the FSP) needs to comply with the [General practice fellowship program placement guidelines](#) and depending on any medical registration addenda, may need to be approved by AHPRA.

You may apply for a change in training site if:

- you have an identified career and/or education and training need that can't be met in your current training site, and this has been approved by your ME
- you, or a significant family relation, have extenuating and unforeseen circumstances
- you're unable to maintain employment in an appropriate training site due to changes that make the training site unsuitable for the FSP.

Any changes in training site must be requested through a Change in circumstance form, available on the FSP portal.

If we identify you need to change training site

If you're unable to find employment in an appropriate training site or you have a career and/or education and training need that can't be met in your current training site, your program officer may be able to assist you in managing the process of changing to a more suitable site.

Overseas doctors

Overseas trained doctors and foreign graduates of accredited medical schools are subject to section 19AB of the *Health Insurance Act 1973*. The Act restricts their access to Medicare benefits for a minimum period of 10 years ('10-year moratorium') unless they work in a rural or remote location (DPA). If you're in this category, it means you must train in non-metropolitan areas (MM 2–7).

If you're subject to section 19AB, make sure your training site is in a DPA location so that you'll be eligible for a Medicare provider number.

TIP! For more information about section 19AB and applying for an exemption, visit the [section 19AB pages](#) of the Department of Health and Aged Care website or email approvedplacement@racgp.org.au.

The **MM model** defines whether a location is metropolitan, rural, remote or very remote. The model measures remoteness and population size on a scale of MM categories MM 1 to MM 7. MM 1 is a major city and MM 7 is a very remote community. More information on MM areas can be found on the [Department of Health and Aged Care website](#).

Rural Generalist Fellowship registrars

If you're a registrar working towards **Rural Generalist (RG) Fellowship**, at least 52 weeks (FTE) of your general practice training must be completed in an MM 3–7 location, either in one continuous block or in two six-month terms.

Your rural general practice training must include:

- a diversity of patient presentations: age, gender, socioeconomic status and cultural and linguistic background
- ideally, at least two different supervisors and two different general practice management systems.

Rural general practice training should also give you at least one of the following experiences:

- providing emergency/trauma services at the local hospital or similar healthcare facility
- providing other procedural and/or non-procedural services at the local hospital or similar healthcare facility
- providing care with limited access to local specialists, including hospitals with salaried medical specialists and inpatient–outpatient allied health services
- providing after-hours services according to community needs.

It's your choice to obtain RG Fellowship. It isn't mandatory.

Training site considerations

You must undertake all training within Australia and Australian external territories (eg Ashmore and Cartier Islands, Christmas Island, Cocos [Keeling] Islands, Coral Sea Islands, Australian Antarctic Territory, Territory of Heard Island, McDonald Islands and Norfolk Island).

Declaration of conflict of interest

A pre-existing personal relationship between a registrar and a member of staff at their training site could create a conflict of interest and lead to poor training, particularly if that person were a supervisor, practice manager or practice owner.

If you have any type of close personal or dependent relationship with a staff member at the training site where you wish to train, you and the training site must disclose this to us as a potential conflict of interest at the start of the application process by emailing fspadmin@racgp.org.au. Examples of what you need to declare are spousal/partner relationships and visa sponsorship arrangements.

Preparing for employment

Complete an employment agreement

While in the FSP, you're responsible for your employment arrangements and conditions at your approved training site.

Before commencing at a practice, you need to finalise your agreement and employment terms and conditions. You should get in contact with the practice manager or relevant administrative staff member early so that your employment contract is finalised before the term begins.

Have a Medicare provider number

It is vital that you have an RACGP FSP Medicare provider number before you start working at your approved training site. Your provider number gives your patients access to Medicare rebates for all or part of their healthcare. This means that you cannot access Medicare rebates if you don't have a provider number, and any time you spend working without a provider number can't be counted as training time.

What happens if I don't receive a Medicare provider number in time for my program commencement?

If you don't have a provider number, it may mean you can't start work, as your patients won't be able to claim the Medicare rebate. You'll need to be on Category 4 leave as per the [Leave policy](#).

What if I change training sites?

If a change of training site is approved by the RACGP, you must apply for a new Medicare provider number. We'll send you a new Medicare provider number application form along with your outcome letter should your change of training site be approved.

Will my training site and the RACGP be notified of my Medicare provider number?

No. Services Australia will send your Medicare provider number to you. It's your responsibility to notify your training site and the RACGP of your provider number as soon as you receive it, to ensure you're able to start at your training site as planned.

How long is my Medicare provider number valid?

The RACGP authorises Medicare provider number end dates for six months beyond the education component of your FSP. We're able to assist with extensions to your provider number for the education and post-education components of the FSP, providing you continue to meet training progression requirements and the training site complies with the [General practice fellowship program placement guidelines](#). If we withdraw you from the FSP or you withdraw voluntarily, your provider number will be cancelled.

It's your responsibility to monitor when your Medicare provider number is due to expire. Neither Medicare nor the RACGP will issue reminders.

Complete an orientation at the training site



When you start your program, your supervisor or practice team member will give you an orientation to the site, including:

- introducing you to all members of staff
- teaching you how to use practice systems
- telling you where to find relevant resources, including reference materials, medications, and equipment
- telling you about relevant policies, procedures and processes in the practice, such as referral, admission to hospital, after-hours arrangements, follow-up of patients, sterilisation, prescribing Schedule 8 medications and the disposal of waste.

Training Site requirements – Relevant policies and guidance

- [General Practice Fellowship Program Placement Guidelines](#)
- [Leave policy](#)
- [RACGP's Comprehensive Australian General Practice Guidance Document](#)
- [Training Program Requirements Policy](#).

Training program requirements

Program time obligations

FSP registrars must complete their education and training requirements within five calendar years from the commencement of the program.

- All education and training requirements must be completed within two calendar years from the commencement of your program.
- All post-education requirements must be completed within three calendar years following completion of the education requirements.

While you can work part-time during the FSP you need to complete all education and training requirements on a full-time basis, meaning your program time remains unchanged.

Education and training requirements

The FSP is made up of education and post-education components. The education component comprises of four, 26-week terms, and the post-education component is the period during which you can sit Fellowship exams (when deemed eligible).

Table 1. FSP training terms and time requirements

	Training term	FTE weeks
FSP education component	GPT 1	26 weeks
	GPT 2	26 weeks
	GPT 3	26 weeks
	GPT 4	26 weeks
Rural Generalist Fellowship training (if you choose to undertake)	Additional rural skills training	52 weeks
	Core emergency medicine training	26 weeks

To successfully complete each training term, you must:

1. satisfactorily meet all education and training requirements
2. be assessed as successfully completing the training term.

If you don't successfully complete a training term, you may need to apply for an extension for assessment purposes. Refer to the [Extensions of program time policy](#) for more information about extensions of training.

What's not included in the program time

Some types of leave are not included in the program time cap:

- Category 1 leave – leave from the training program.
- Category 3 leave – Australian Defence Force (ADF) service leave.
- Category 4 leave – deferral of commencement of training.

Refer to the [Leave policy](#) for more information.

Summary of education and training requirements

Mandatory requirements:	Optional activities:
<ul style="list-style-type: none">• basic life support• Aboriginal and Torres Strait Islander cultural awareness module• induction and progress interviews• in-practice education – 80% attendance• out-of-practice education<ul style="list-style-type: none">– small group learning - 80% attendance– clinical audit– event analysis– evidence-based medicine activity– continuing professional development• multi-source feedback• practice diversity requirement (if applicable).	<ul style="list-style-type: none">• Self-Assessment Progress Testing (SAPT)

Basic life support

As part of the FSP entry requirements, you need to complete a basic life support (BLS) course in the six months before starting the program, and the course needs to meet RACGP criteria. You can only use your Advanced Life Support (ALS) certification if it includes BLS with a CPR component and has been completed in the last six months. For more information, refer to the [Basic life support and advanced life support guidance document](#).

If you already have a BLS certificate, please upload a copy to MyCPD. To do this:

1. click on 'My Account' from your RACGP portal.
2. select 'myCPD'.
3. select 'Log'.
4. select 'CPR' and add relevant details in the text boxes provided.
5. agree to the declaration.
6. 'Submit'.

If you need to complete a BLS course, you can click the links below and use the search function.

- Find an [accredited BLS course](#)
- Find an [RACGP faculty BLS course](#)

We recommend you keep your BLS certification current throughout your training.

Cultural awareness module

All registrars are expected to develop competence in Aboriginal and Torres Strait Islander health, and it is a core unit of the [RACGP Curriculum and syllabus](#). Completion of a cultural awareness module is mandatory in the first training term.

If you work in an Aboriginal Community Controlled Health Service or Aboriginal Medical Service, you'll also have additional supports, depending on the region and service you're working in.

Induction and progress meetings

Induction interviews are outlined in the 'Induction' section of this handbook.

Progress meetings are conducted between weeks 20-25 of each term and are an opportunity for you and your ME to discuss your learning needs and if they're being met, as well as identify any other areas you'd like additional support in.

In-practice education

Your teaching plan

In the first two weeks of the term your supervisor will work with you to develop a teaching plan based on your learning needs, with details of learning activities to be carried out during your program (this is informed by your EASL results). We encourage you to think about your personal learning needs before meeting with your supervisor. The [RACGP Curriculum and syllabus](#) is also a valuable tool for developing the teaching plan.

The plan should include a schedule that shows when the activities will take place and who is responsible for each activity.

Throughout your program, you and your supervisor should review and update the plan to ensure the in-practice teaching and learning activities are meeting your learning needs.

In-practice teaching activities

Most teaching activities will be with your supervisor and related to your daily caseload, such as one-on-one clinical case discussions and mentoring. These are important aspects of work-based learning.

Other teaching activities might include direct observation, case-based teaching, patient scenario discussions, joint consultations, formal teaching on specific topics, review of taped or recorded consultations, demonstration of and participation in clinical procedures, random case analyses, small group discussions and cultural education. Your supervisor will tailor teaching activities to your learning needs and the context of your practice.

You will also learn informally through quick discussions with your supervisor throughout the workday.

In-practice teaching time

During your program, time will be set aside for in-practice teaching activities, including 'protected' time that is free of interruptions (unless there is an emergency). In the first year of the FSP, one hour each fortnight of protected in-practice teaching time is scheduled. In the second year, it's one hour per month. Your in-practice teaching time is the same whether you are working part-time or full-time.

Out-of-practice education

In addition to your in-practice education, you can access out-of-practice education, including self-directed learning, peer learning and exam preparation. Some activities are mandatory for your progression through training and others are optional.

We encourage you to make the most of the resources and opportunities to connect with peers.

Small group learning

You'll attend a monthly small group learning (SGL) run by an ME. In these groups, you'll work with your peers and the ME(s) on topics from the [RACGP Curriculum and syllabus](#). These sessions will be semi-structured and tailored to the group's learning needs. SGLs run monthly for 1.0-1.5 hours and you'll be sent calendar invites of these sessions, in advance, to your nominated email address.

Participation in SGL is mandatory throughout your training terms.

Clinical audit

A clinical audit is a systematic review of aspects of clinical performance. It's a valuable quality improvement activity designed to explore areas such as:

- rational ordering of investigations (radiology/pathology):
 - review the frequency of tests ordered, for example, thyroid function test in patients on long-term thyroxine replacement
 - imaging in acute knee and ankle injuries, for example, what the indications are and what modalities could be used
- management/prescribing:
 - how closely did you follow clinical guidelines in the management of (for example) lower back pain
 - review your prescribing as compared to current best practice
- preventive medicine activities:
 - review patient records for recording of smoking status and smoking cessation advice given
 - review patient records for recording of current alcohol use, alcohol cessation and reduction advice given.

In GPT1, you'll be enrolled in the Registrars' Clinical Encounters in Training (ReCEnT) program as a tool to facilitate your clinical audit. On completion, you'll receive a report to discuss with your ME in GPT2, to inform your learning plan.

Event analysis

An event analysis is a way of formally analysing incidents that may have implications for patient care. It involves identifying an incident (eg unexpected death, delayed or missed diagnosis, medical error or communication failure) and reviewing reporting guidelines and subsequent actions, including remedial activities. Your event analysis will occur in GPT1 and form part of a SGL session.

Evidence-based medicine activity

Critical appraisal in medicine is an important skill to ensure your practice is evidence-based. In GPT3 you'll be required to submit an evidence-based medicine activity for discussion with your ME.

The EBM activity will be introduced briefly in SGL session #16, followed by an email to your preferred email address with written instructions on how to complete the task (with an example for reference).

The EBM involves choosing an article from a selection provided by your ME, and completing an analysis of the evidence. You'll be equipped with a worksheet containing a framework for completing the analysis and you'll need to upload the completed worksheet to the Documentation section of the FSP portal one week before SGL session #17. You should have three weeks to complete the task.

You will discuss what you have learned in SGL session #17, with your ME and peers.

Continuing professional development

While you're progressing adequately in the education component of the FSP your continuing professional development (CPD) requirements will be met by your program participation. You don't need to complete additional CPD.

The RACGP CPD team will log CPD hours in your 'myCPD' portal, acknowledging your training program participation. This will occur for every term you are in the educational component of the FSP.

Workplace-based assessment

Workplace-based assessment forms part of your FSP and involves observation and assessment of your workplace practice. It allows us to track your progression through training, ensuring you receive support to gain the clinical competencies and skills relevant to your training stage and to progress to Fellowship.

Different people are involved in your education and workplace-based assessment, including:

- your supervisor
- your medical educator
- external assessors
- your program officer.

You'll receive feedback following each assessment, allowing you to reflect on your progress and plan additional learning opportunities with the support of your supervisor, ME or program officer.

It's important that you schedule time for assessment, feedback and personal reflection.

Structure of assessments

Assessment format	Who with	When the assessment occurs – Term and week	Time allocation	What's required
Early assessment for safety and learning (EASL)	Supervisor	GPT1 Between weeks: 1-4	8 hours	<ul style="list-style-type: none"> EASL pack online applied knowledge multiple-choice question case review case-based discussion (CBD) and/or random case analysis (RCA) (two cases) direct observations of your consultations (four cases)
Case-based discussion (CBD) and/or random case analysis (RCA)	Medical educator	GPT1 Between weeks: 15-25	1 hour	<ul style="list-style-type: none"> Submit two cases (CBD and/or RCA) to the FSP portal no later than five days prior to your booked WBA date.
Mini-clinical evaluation exercises (Mini-CEX) x4			2 hours	<ul style="list-style-type: none"> Talk to your practice manager to ensure no more than two patient bookings per hour. Find a suitable place in your consulting room to place your device so your ME can view the consultation as if they were in the room with you.
CBD and/or RCA x2	Medical educator	GPT2 & GPT3 Round 1 Between weeks: 1-12	1 hour	<ul style="list-style-type: none"> Submit two cases (CBD and/or RCA) to the FSP portal no later than five days prior to your booked WBA date.
Mini-CEX x4		Round 2 Between weeks: 13-26	2 hours	<ul style="list-style-type: none"> Talk to your practice manager to ensure no more than two patient bookings per hour. Find a suitable place in your consulting room to place your device so your ME can view the consultation as if they were in the room with you.

Overview of assessment tools

The workplace-based assessment comprises:

- EASL suite of tools
- CBD and RCA
- Mini-Cex's
- oversight by the Progression Review Committee.

Early assessment for safety and learning

We understand that registrars enter their first general practice training term with varying levels of experience and clinical competency. Registrars come from diverse backgrounds, and some may be unfamiliar with working in Australian general practice. An EASL ensures that the supervision you receive is matched to your learning needs.

Information to guide your supervisor in making this assessment includes:

- completion of the **EASL pack**
- results from an online multiple-choice questionnaire that you complete
- a workplace-based assessment case review (CBD and/or RCA (two cases) and mini-CEX (four cases)).

These assessments are done in the first four weeks of GPT1.

EASL pack

The **EASL pack** contains key documentation and guidelines. A completed EASL pack should contain a:

- Orientation checklist (pages 5-7 in the EASL pack)
- Call for help list (pages 10-12 in the EASL pack)
- Supervision plan (pages 15-16 in the EASL pack)
- Teaching plan (pages 19-20 in the EASL pack).

Go through this pack with your supervisor and complete all the forms together. Once complete, prompt your supervisor to upload a copy to the Documentation section of your FSP Portal.

You can find more information about the EASL on the [FSP resources web page](#).

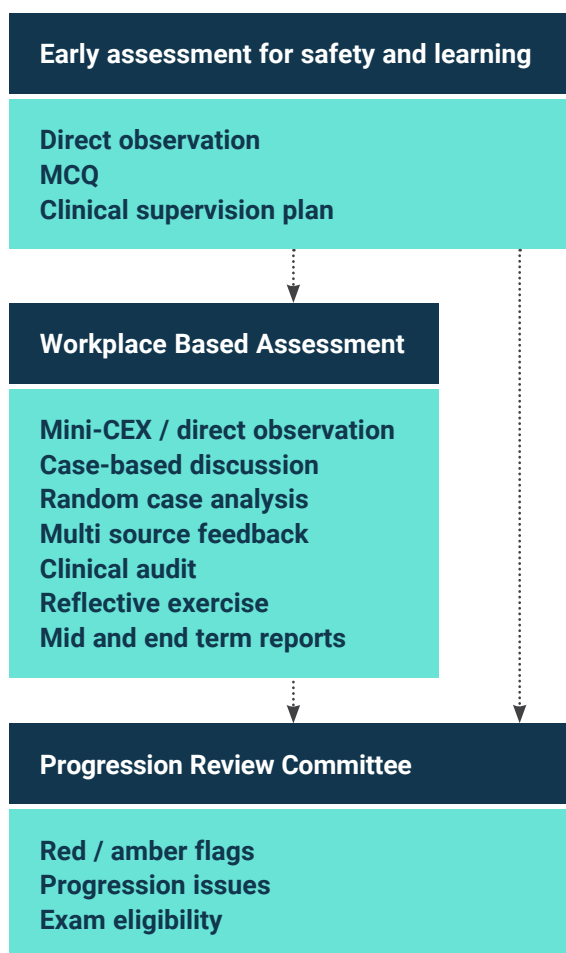


Figure 3. Workplace based assessment summary

Multiple-choice questionnaire

The EASL multiple-choice questionnaire (MCQs) involves a set of timed online questions. There are 70 questions that cover multiple curriculum areas with a focus on patient safety.

You can access the MCQs via *gplearning* and must complete them in one sitting as the system will log you out automatically after a period of inactivity.

The MCQs are designed to help identify gaps in applied knowledge, especially in areas that are critical to patient safety. This information can assist your supervisor to identify areas where you require additional support and closer supervision.

Workplace-based assessment – Case review

1. **CBD and/or RCA** – You need to submit two cases (CBD and/or RCA) in the Assessments and Forms area of the FSP portal and your supervisor will need to assess the cases and provide feedback.
2. **Mini CEX** – Your supervisor should observe a minimum of four consultations undertaken by you. This may be completed in one session or across multiple sessions, enabling you to make changes based on the feedback provided. If you have an offsite supervisor, these observations will need to occur via video conference such as Zoom or Microsoft Teams. After each observation, your supervisor needs to input their feedback into the FSP Portal via the Mini CEX form.

Case-based discussion and Random case analysis

These tools are designed to assess your clinical reasoning, management and decision-making skills using clinical cases that you've managed. Feedback is generally provided immediately after each session to support learning and reflection.

Your assessor will use a structured discussion format for the assessment. Targeted questions will allow you to demonstrate your competency across specified curriculum and syllabus areas. The assessor will explore in detail any issues relating to the case to identify any clinical knowledge gaps.

Case-based discussion

For case-based discussions (CBD), you'll be asked to select a recent clinical case to present to the assessor, including providing clinical notes, relevant investigations or results and details of referrals, or preventive healthcare plans. You'll present cases that you've been primarily responsible for and that represent a medium level of complexity, where clinical reasoning may be complicated by uncertainty and/or where decision-making requires consideration of multiple issues.

You might highlight aspects of the case for discussion, depending on your self-identified learning needs. Sometimes an assessor may request a case with a specific area of focus, particularly if it's been identified that you need support in that area.

Random case analysis

In random case analysis (RCA), the assessor will randomly select a case from your consultation records to discuss. They'll ask you to think about the case from different perspectives and discuss these through the lens of the curriculum and syllabus, in particular, the five domains of general practice. The development of your clinical reasoning will be explored through consideration of how a change in one of four contextual influences – the doctor, the patient, the problem and the system – changes the case.

RCA is helpful to ensure you explore cases you may not usually see in your day-to-day practice.

You need to upload two to three cases to the FSP portal using the case template, no later than five days prior to your scheduled WBA. This allows your ME time to prepare the discussion with you.

You're expected to participate in four CBD and/or RCA sessions every term. That is two in weeks 1-13, and another two in weeks 14-26, for GPT 1, 2 and 3.

Mini-clinical evaluation exercise

A mini-clinical evaluation exercise (mini-CEX) involves observation of you performing a consultation. This is delivered remotely via Microsoft Teams by an experienced ME. You don't have to download any software for this.

This style of assessment can either focus on a particular competency area, such as professionalism, or specific clinical skills; it may be managed as a general observation. Find a suitable place in your consulting room to place your device so your ME can view the consultation as if they were in the room with you.

Once completed, your assessor can immediately discuss the consultation with you, providing feedback and ideas for further development.

You should talk to your practice manager to ensure bookings are made at no more than two patients per hour. This allows for a standard appointment time of 15 minutes, plus 15 minutes of self-reflection and feedback with your ME. Please make sure reception staff advise patients that a ME will be present during the consult, and obtain patients' consent.

Reception staff must print out a **patient consent form** on the day of the assessment and hand them to each patient as they arrive. All patients must sign the consent form prior to the start of the consultation. These are to be stored on the patient file at your practice.

You'll participate in eight mini-CEX exercises for each FSP term, except for GPT4. That is four in weeks 1-13, and another four in weeks 14-26, for GPT 1, 2 and 3.

Multi-source feedback

Multi-source feedback (MSF) provides you with feedback from both patients and colleagues and asks you to self-evaluate your skills, particularly in the areas of communication and professionalism. It's a collective of patient feedback, colleague feedback and self-reflection.

Your MSF pack will be posted directly to your primary training site from the company **Client Focused Evaluation Program (CFEP) Surveys**. The pack you receive in the mail is only for your patients to complete. You, as well as your nominated colleagues, will receive login details via email to complete a report through the CFEP portal.

You'll need to:

- gather 30 patient's feedback and return the pack to CFEP in an enclosed self-addressed envelope (do not forward these to the RACGP)
- nominate 12 colleagues to provide feedback via the CFEP portal. Remember, you're able to draw on anyone you have professionally interacted with in the past 12 months
- use the CFEP portal to complete a self-reflection.

Patients are surveyed using an interpersonal skills questionnaire. The survey explores patient perceptions about your behaviours, such as listening skills, clarity of explanations, respect for the patient and involvement of the patient in decision-making, as well as the patient's confidence in your ability.

You'll complete one MSF assessment during your general practice training, and that will be in GPT2, with feedback given by your ME in your GPT3 progress meeting.

Practice diversity

If you remain in the same training site for the entirety of your program, you'll be asked to complete an additional educational activity. More information will be added soon.

Optional activities

Self-directed learning

During the FSP, you'll have access to a suite of online learning resources. This includes learning strategies, case consultation examples and the [RACGP Curriculum and syllabus](#). You'll also have access to [gplearning](#) online modules.

Exam preparation

We provide training and support for your preparation for the Fellowship exams, including the [Self-Assessment Progress Test \(SAPT\)](#), webinars, tutorials, peer study groups and mock exams. Your program team will provide you with the options available as you progress to the exams. There is a particular focus on exam preparation in your final FSP term.

End-of-term reports

End-of-term reports are completed by your supervisor. They include details about your competency at the current stage of training, enabling you to track your progress and talk with your supervisor about your learning.

FSP training and assessment calendar

For a visual representation of FSP training activities and when they're going to occur each term, you can refer to our [training calendar](#).

Performance and progression

The performance and progression of each registrar is discussed regularly by the ME, program officer and other program team members. These discussions serve several purposes:

- planning for a registrar's learning needs
- tracking progression and development of competency
- early identification of registrars who need support.

These discussions may include the registrar, particularly when there is assessment feedback to be given and to plan learning goals.

Progression Review Committee

The RACGP's Progression Review Committee (PRC) oversees the progression of all trainees. Its role is to provide support and/or advice on recommendations made by the training program team regarding educational support, remediation and supervision requirements, as well as ongoing review.

The progress of all registrars is overseen by the PRC for quality assurance purposes. If a program officer, ME or supervisor raises concerns about a registrar for any reason, they may seek advice from the PRC.

Advice or recommendations from the PRC will be shared with you, generally through your ME.

This process provides an opportunity for you to develop a plan to address issues, such as training or learning needs, to ensure you're receiving support to continue progressing through training.

If your progress isn't at the expected standard, a Learners individualised focused training (LIFT) strategy will be suggested. A LIFT outlines a set of activities to address areas of performance that need improving. If you need intensive assistance, a remediation term will be discussed. During a remediation term, program time is stopped to allow focus on a particular area of competency improvement. If a remediation term is proposed, completion is mandatory and self-funded.

Exit interview

As you approach the end of your FSP education component, you'll have an exit interview with your ME. This will take place during your final training term when you've completed most program requirements. The exit interview may cover a range of topics, including requirements for exam eligibility and Fellowship, your feedback on the training and your program team, and any interest you have in becoming a supervisor or medical educator after you complete Fellowship requirements.

Other training opportunities

Rural Generalist Fellowship

Additional rural skills training

If you're working towards the [Rural Generalist Fellowship](#), you'll complete a minimum of 12 months (FTE) [additional rural skills training](#) (ARST) in an accredited training post.

This training is designed for you to develop additional skills and expertise in a particular area (Table 3) and enhance your capability to provide secondary care to your community.

While you can apply and enrol in the Rural Generalist Fellowship program while being in the FSP, you need to undertake these programs separately. We strongly recommend that you finish your training under the FSP before commencing the Rural Generalist Fellowship program.

Table 3. Approved disciplines for ARST

Aboriginal and Torres Strait Islander Health	Academic Post
Adult Internal Medicine	Anaesthesia
Child Health	Emergency Medicine
Mental Health	Obstetrics
Palliative Care	Small Town Rural General Practice
Surgery	

Core emergency medicine training

If you're training towards the Rural Generalist Fellowship, you must complete a minimum of six months (FTE) of **core emergency medicine training** (core EMT). This training gives you the skills and confidence to manage emergency situations in rural and remote environments. It can be completed at any time during the FSP post-education component.

Core EMT generally requires a minimum of six months (FTE) in an accredited emergency medicine facility. You'll need to demonstrate satisfactory achievement of the **core EMT curriculum** outcomes.

You must complete a minimum of one accredited emergency skills and/or simulation training course within the 24 months before or during the emergency medicine training. Examples of accredited courses can be found in the **core EMT curriculum**.

You should work closely with your program officer and ME to develop the most appropriate training plan for your individual circumstances.

Extension of program time

An extension of program time may be granted in specific circumstances if you can't fulfill Fellowship requirements within the training time cap.

An extension of 26 weeks will be granted if there are extenuating and unforeseen circumstances. Further extension may be granted at the RACGP's discretion.

Extension for training and assessment purposes

In some situations, you may need an extension of program time to satisfactorily complete a stage of training, sit or re-sit Fellowship exams or to regain competence after an extended period of leave. If your program team decides you need an extension, they'll discuss this with you.

If you're completing the Rural Generalist Fellowship training, you have access to an additional 52 calendar weeks that can be used for extensions for training and assessment purposes and Category 2 leave.

If you apply for an extension to satisfactorily complete a stage of training, your program team will advise you of the education and training requirements for satisfactory completion during this extension.

Further extension of program time

If you require additional program time extension you may apply to your program team.

A further extension of program time may be granted at the RACGP's discretion for:

- cultural needs, considerations and commitments for Aboriginal and Torres Strait Islander registrars
- special circumstances for international medical graduates
- extenuating and unforeseen circumstances experienced by you or a significant family member
- an approved remediation term to ensure all education and training requirements are met (as per the [Registrar support and remediation policy](#)).

Extension of program time - Relevant policies and guidance

- [Training program requirements - Relevant policies and guidance](#)
- [Leave policy](#)
- [Extensions of program time policy](#)
- [Registrar support and remediation policy](#)

Registrar support and safety

Training and educational support

The RACGP is committed to supporting registrars to achieve their training outcomes and satisfy the requirements of Fellowship. Throughout the training program you can access a variety of support for your education and training.

Support for particular groups of registrars

Rural registrars

If you're working in an MM 3–7 area, we recommend you live where you work to connect with your rural community.

Aboriginal and Torres Strait Islander registrars

Individualised support mentorship, cultural support, exam preparation support, tailored supervision and practice support is available for Aboriginal and Torres Strait Islander registrars. Your program officer can help you access this support.

Culturally and linguistically diverse registrars

Training in communication skills, orientation to AHPRA's *Good medical practice: a code of conduct for doctors in Australia* and individualised support as needed is available for culturally and linguistically diverse registrars. Your program officer can help you access this support.

Educational support

If your program team have concerns about your performance and progress, they'll work with you to identify and implement the most appropriate, targeted educational support or intervention for your circumstances.

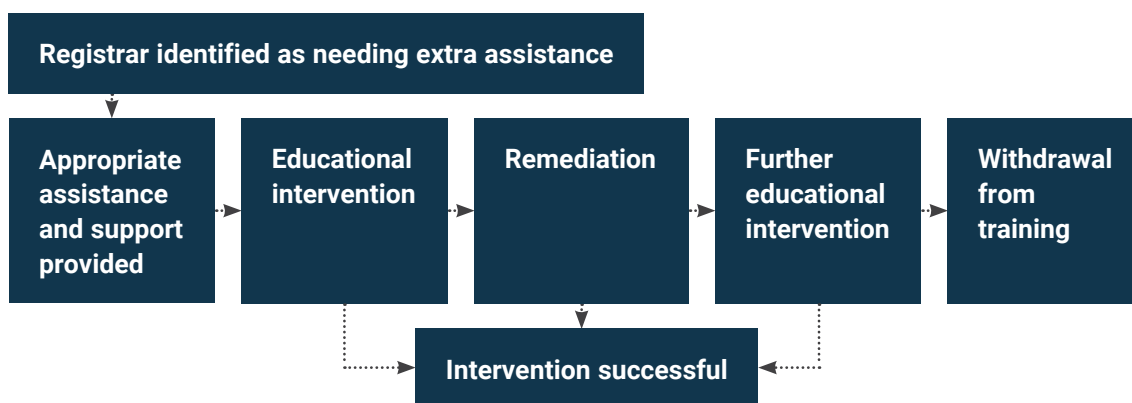
Performance issues that require support may be minor and transient or more significant and persistent; there may be a single issue or multiple issues.

Concerns about performance and progress might involve:

- communication skills
- clinical skills
- cognitive skills
- organisational, integrative and collaborative skills
- professional behaviour
- other serious issues that might be reportable, including:
 - health and personal issues
 - work environment and systems issues.

Our educational support has a stepped approach (Figure 1):

1. early identification of registrars who need extra assistance
2. provide appropriate assistance and support
3. implement an educational intervention (eg learners individualised focused training strategy)
4. implement remediation.



Approach to educational support when there is a concern about performance and progress

Learners individualised focused training strategy

Your ME, supervisor or external assessor may identify learning needs that require a learners individualised focused training (LIFT) strategy.

You'll work with your program team, training site staff and supervisor to develop a LIFT strategy specific to your needs. This collaborative approach is an important part of the process to ensure your particular needs are addressed.

Everyone involved in developing the LIFT strategy must agree on the timeframe for completion.

Unfortunately, not all registrars who complete a LIFT strategy will demonstrate sufficient improvement. If this is the case, you may be required to:

- undertake another LIFT strategy
- undertake remediation
- withdraw from training.

Remediation

At the end of a LIFT strategy, if you haven't demonstrated sufficient improvement, and if we believe that you may benefit from additional program time to address the performance concerns, we may decide that remediation is required. Remediation is a critical educational intervention to help address concerns about performance and ultimately help you progress towards Fellowship. We'll work with you to develop a remediation plan.

The regional team will apply to the National Remediation Unit to commence remediation. You'll be notified of the outcome within 25 business days of the completed application being received.

While waiting for remediation term approval we may place you on a period of leave if we identify a potential safety risk to you or the community if you continue training without remediation in place. Your program team will work closely with you if this is the case.

If the remediation application is approved, your program time will be suspended for the period of remediation, and you'll be unable to enrol in or sit Fellowship exams, even if you are otherwise eligible. Your progress will be monitored throughout the period of remediation.

A remediation term is usually undertaken while continuing to work in community general practice. Following assessment of your learning requirements, an individualised plan will be developed in consultation with you. The plan may involve additional education, supervision, assessment and support to improve your areas of learning need. Any additional costs associated with a remediation term are self-funded.

Support for legal, ethical and professional issues

If you have a legal, ethical or professional issue during your training, you should discuss it with your program team or registrar liaison officer.

In some circumstances, you may need to speak to your medical defence organisation (MDO). MDOs are a valuable resource, they offer support services and resources, such as webinars and newsletters, on professionalism and legal and ethical issues.

General Practice Registrars Australia (GPRA) can support you with legal and professional issues, and the Australian Medical Association also provides assistance if you're a member.

Social media is increasingly being used by GPs for professional and business purposes. The RACGP provides guidance on safe and professional use of social media in the general practice setting. For more information, refer to the [Social media in general practice guide](#).

RACGP faculties

The RACGP faculties provide support and information to registrars and GPs. They also provide advice to the Board and represent the interests of members.

- National faculties:
 - RACGP GPs in Training – aims to represent GPs in training through internal advocacy work and discussions that directly shape national health policies. Throughout the year, the GPiT Faculty runs a variety of specialised activities and events to support professional development and networking.
 - RACGP Aboriginal and Torres Strait Islander Health – aims to raise awareness and support Aboriginal and Torres Strait Islander health and cultural needs, advocate for culturally appropriate health delivery systems and support GPs and GPs in training in their learning and professional development, including specific support for Aboriginal and Torres Strait Islander doctors.
 - RACGP Rural – supports and advocates for GPs and GPs in training working in our rural and remote communities.
 - RACGP Specific Interests – provides the opportunity to share information and knowledge about 33 specific interest subject areas.
- State/territory faculties – inform, educate and engage members, and advocate for the profession.

We encourage you to join our GPs in training faculty to connect with your peers across the country, as well as your local state/territory faculty and any other national faculty of interest. Visit the [faculties website](#) to learn more.

Your safety and wellbeing

Work health and safety

We recognise a responsibility to promote the safety and wellbeing of registrars and minimise risk factors as far as practicable throughout the training program. This is supported by our [GP in training safety and wellbeing policy](#).

As employers of registrars, training sites have work health and safety obligations that are governed by federal and state legislation. You should discuss work health and safety with your supervisor and/or training site manager during your orientation, including the management of hazards, adverse events, near misses and critical incidents, should they occur.

As a registrar working at a training site, you also have a duty to take reasonable care of your own and others' health and safety. This includes managing your risk of fatigue and ensuring your acts and omissions don't adversely affect others. Refer to [Safe Work Australia](#) for more information.

The health and safety of registrars is also addressed by the [National Terms and Conditions for the Employment of Registrars](#).

Stress and fatigue in general practice

We encourage you and your training site to be familiar with our policy position statement, [Stress and fatigue in General Practice](#). It covers important information about what stress and fatigue means in clinical general practice, and provides suggestions for effective discussions between registrars and supervisors on managing stress and fatigue.

Actively look for warning signs of fatigue and burnout in both yourself and your colleagues. Signs of burnout include exhaustion, desensitisation, a lack of meaning, preoccupation with work and making mistakes.

If you're travelling long distances, it's your responsibility to be safe while driving. Psychomotor and other functions can be affected by fatigue and cognitive impairment, reduced motor control and microsleeps increase in fatigued doctors, with obvious implications for road safety.

We strongly encourage you to be safe and avoid driving when fatigued.

Support for your wellbeing

Connect with your peers

Your peers can be a valuable source of support during training because they're be going through similar experiences and challenges. Out-of-practice workshops are a great place to meet other registrars, develop friendships and find a registrar study group. Having a support network is an important part of your self-care.

Tips for preventing and managing fatigue

- Practise good sleep hygiene, including having a restful sleep environment and avoiding using devices and other technology before bedtime.
- Get regular exercise.
- Eat a healthy diet, drink plenty of fluids and limit your intake of alcohol.
- Take regular breaks at work.

The GP Support Program

The RACGP is committed to fostering a culture of self-care amongst GPs. The **GP Support Program** is a free service available to all RACGP members.

You can access professional advice to help cope with personal and work-related issues that impact your wellbeing, workplace morale, performance and safety and psychological health

General Practice Registrars Australia GPRA is an independent organisation protecting the rights of general practice trainees and offering wellbeing advice. Membership is free. Visit the [GPRA website](#) for information about the support available.

Indigenous General Practice Registrars Network

Indigenous General Practice Registrars Network (IGPRN) is an advocacy network for Aboriginal and Torres Strait Islander GPs in training. IGPRN provides professional, educational, cultural and exam preparation support that is led by peers. Each year, in addition to offering online learning and networking opportunities, IGPRN runs two national workshops and all Indigenous GPs in training are invited to attend. The support of Indigenous peers during general practice training makes a significant and positive impact on the whole training experience.

For more information and to become a member, visit the [IGPRN website](#).

Australian Indigenous Doctors Association

The Australian Indigenous Doctors Association (AIDA) offers networking and professional development opportunities. It also provides mentoring which allows members to support and guide each other academically and culturally through their medical studies and careers as Indigenous doctors. For more information and to become a member, visit the [AIDA website](#).

DRS4DRS

Having your own GP is important to optimise your own health. DRS4DRS is an independent program providing confidential support and resources to doctors and medical students across Australia, including helping you find your own GP.

The DRS4DRS website provides coordinated access to mental health and wellbeing resources, training on becoming a doctor for doctors, community news and navigation to state and territory helpline and referral services. Confidential phone advice is available 24 hours a day for any doctor or medical student in Australia. More information about support available can be found on the [DRS4DRS website](#).

CRANApplus Bush Support Services

CRANApplus Bush Support Services provides a free and confidential telephone counselling service for rural and remote health practitioners and is available 24 hours a day, seven days a week. The service is staffed by psychologists, including two Aboriginal psychologists. CRANApplus membership is not required to access the service. More information about support available can be found on the [CRANApplus website](#) or phone 1800 805 391.

Other resources

You can find other self-care resources, including support services, on the RACGP [GP wellbeing page](#).

What can you do when things are not going to plan?

Your training may be affected by work or training-related factors, as well as personal, social, health, financial or cultural factors.

When you have a problem, it can be very helpful to talk to someone and get some advice. Depending on the issue, you might like to talk with someone in your program team, the registrar liaison officer or a trusted colleague.

If your training site manager or supervisor is concerned about your wellbeing or performance, they may communicate that to your program team.

Issues in the workplace

The RACGP expects all registrars, MEs, supervisors and training site staff to behave in a professional manner and to treat each other with dignity and respect. Unfortunately, bullying or harassment may occur while undertaking training activities. You may also feel unsupported by your supervisor either personally or educationally.

You should report any of these issues to others in the workplace without fear it may negatively affect your training and career. If you feel comfortable to do so, raise the issue with the person you believe to be responsible. This can often quickly and informally resolve the issue. If you feel uncomfortable doing so or the issue remains unresolved, you should report any occurrence as per your training site policies and procedures as soon as possible.

If the matter is not resolved through your training site, or you feel unable to report it to them, you can raise the issue with your supervisor, ME, program officer or registrar liaison officer, depending on who you feel comfortable speaking to. They'll guide you through the next steps, which may include submitting a formal complaint.

If a report is made to the RACGP of bullying, harassment or other issues in the workplace, it will be taken seriously and acted on promptly. Confidentiality will be maintained, and support will be offered to all parties. A fair and unbiased investigation will be conducted, and the process and outcomes will be communicated to all involved promptly.

Refer to [Disputes and complaints](#) for more information.

Critical incidents and adverse events

Your training site must have processes to manage critical incidents and adverse events, whether they involve registrars, supervisors and/or the training site itself. It's important that you understand your training site's processes.

Under Australian Medical Council requirements, the RACGP is responsible for ensuring the safety of registrars and patients. A critical incident or adverse event must be reported to us if it involves a registrar or impacts their training. Reporting helps us have national oversight of issues affecting registrars, address any adverse outcomes, prevent harm and improve quality.

The RACGP supports training sites, supervisors, and registrars by providing timely assistance to remedy situations and promote a safe, positive clinical learning environment.

An **adverse event** is any disruptive event that causes, or risks causing, significant harm to patients, registrars, GP supervisors, training site staff, training program staff or the associated organisations involved in program delivery.

A **critical incident** is any adverse event that results in a serious negative outcome for patients, registrars, GP supervisors, training site staff, training program staff, the RACGP and/or its staff or the reputation of the FSP.

Reporting an incident or event

It's your responsibility to report incidents and events as soon as possible. The privacy of your report will be protected and it will only be accessible by essential RACGP staff.

The RACGP's [Adverse event and critical incident management and reporting guideline](#) provides direction for managing events involving registrars and reporting. As a registrar, if you are involved in any type of critical incident or adverse event, you must follow the guideline and report the event.

For further information about reporting a critical incident or adverse event, speak to your program officer or contact the RACGP at criticalincidents@racgp.org.au

Registrar support and safety - policies and guides

- [Social media in general practice guide](#)
- [GP in Training safety and wellbeing policy](#)
- [Stress and fatigue in general practice](#)
- [Adverse event and Critical incident management and reporting guidance](#)

Leave

Entitlements

You're entitled to different types of leave from your training program.

In each six-month training term, you can take the following leave without advising your program team (but you'll need to advise and/or negotiate with your training site):

- two weeks of annual leave
- one week of sick or carers leave.

If you want to take more, or other types of leave, you should submit a Change in circumstance form to the RACGP (with supporting evidence) for approval before taking leave.

Discuss your plans for leave with your program officer and ME as early as possible, because there may be implications for your training plan, sitting Fellowship exams and your completion of training.

If your leave extends beyond a reasonable timeframe (for the particular category of leave), your program and education team may consider withdrawing you from the training program as per the [Withdrawal policy](#).

TIP! We manage your training program leave. You'll need to speak to your employer about leave you can take from your training site. The leave you're entitled to may differ between workplaces and between Australian states and territories. Ensure you check what your allowances are on the relevant government website.

Categories of leave

There are five categories of leave that you can apply for.

Category 1 – Leave from the program

Category 1 leave includes leave entitled by law, such as sick leave and carer's leave (over the limits listed above), parental leave and other types of leave, for example, Aboriginal and Torres Strait Islander additional cultural leave.

When applying for Category 1 leave, you'll need to provide valid certificates, where appropriate. Applications are considered by the program team. If you need to apply for more than 12 months of leave, a return-to-work process will be put in place to help you settle back into the training program and your training site.

We'll also apply this leave if you're unable to find an appropriate training site or supervision arrangement and alternative options have been exhausted.

As you're entitled to this leave by law, it won't affect your training time cap. You can also start your training program on Category 1 leave.

TIP! You cannot continue to work in general practice and use your FSP Medicare provider number while on leave.

Category 2 – Additional leave from the program

Category 2 leave is available when you need to take additional leave for personal reasons or if you need to take leave for reasons not included under Category 1.

Category 2 leave can only be accessed after the commencement of training and is capped at a maximum of 26 weeks. In extenuating and unforeseen circumstances, you can request an additional 26 weeks for consideration, however these requests are considered on a case-by-case basis and it is not an entitlement. You can't start your training program on Category 2 leave.

Applications are considered by the program team and reviewed by the education team as required.

It's important to note that Category 2 leave is included in your training time cap. This means that any Category 2 leave will impact your post-education period and time to sit exams.

It's also important to consider how taking this leave may impact earning time for your GPE.

A reminder that you require 1 year FTE equivalent of GPE, in the past four years, to be eligible to sit the exams.

Category 3 – Australian Defence Force (ADF) service leave

Category 3 leave is unlikely to apply to FSP registrars, however, if FSP registrars are also training with the ADF and are required to take leave from, or defer their commencement, to meet ADF service requirements this leave is available. Supporting documentation must be provided when applying for this leave. And it will not count towards the registrars' program time.

Category 4 – Deferral of commencement of training

Category 4 leave relates to deferral of commencement of the FSP, due to extenuating and unforeseen circumstances, or if a Medicare provider number is not issued in time for your commencement of training. You may apply to defer commencement of training for up to 26 calendar weeks initially, and then apply for a further 26 calendar weeks in the case of extenuating and unforeseen circumstances.

Category 5 – Special emergency leave

Special emergency leave is at the discretion of the RACGP. We'll contact you if eligible.

Suspending your RACGP membership during leave

You can put your membership on hold during periods of approved leave of three calendar months or more. You'll need to apply for a suspension of your membership by sending an email to membership@racgp.org.au with the following information in the subject line:

Suspension of Membership – Dr [LAST NAME] – RACGP ID number.

Your application must be submitted within 10 business days of your leave starting for the suspension of membership to apply for the full period of leave. If your application is submitted later than this, your membership will be suspended from the date your application is received by us.

If we approve a suspension of membership, any membership fees already paid by you for the period of approved leave will either be refunded after your leave or credited pro-rata towards your future membership fees.

Returning from leave

You're required to notify your program team by completing a Change in circumstance form, available on the FSP portal, at least 30 business days before returning from leave so that any necessary arrangements can be made.

When returning to training after an extended period of leave, make sure you meet the [Medical Board of Australia's registration standards](#), particularly with regard to recency of practice.

Leave - policies and guides

- [Withdrawal policy](#)

Withdrawal and re-entry

There may be circumstances where you need to withdraw from the program, or where we determine you need to be withdrawn from the program. In either situation, we'll offer case management support throughout the process.

There are two types of withdrawal, voluntary and involuntary.

Voluntary withdrawal

You may decide to voluntarily withdraw from the training program. We strongly encourage you to tell your program team before starting any formal withdrawal process, so that we can discuss alternative options and support you in your pursuit of Fellowship.

If you believe voluntary withdrawal is the best option given your circumstances, you must inform the regional team in writing of your intention to withdraw from the program.

It's also possible to withdraw from the Rural Generalist Fellowship training but stay with the training program by notifying the relevant teams in writing. If you withdraw from the Rural Generalist Fellowship, you can remain on the FSP. Voluntary withdrawals are not subject to the [Dispute, reconsideration and appeals policy](#) because the decision to withdraw is yours alone.

Cooling-off period

We recognise that withdrawing from the program is a significant decision to make and it's possible you may change your mind.

If you withdraw after the commencement of training, your decision is subject to a 20-business day cooling-off period. You'll need to advise the regional team in writing by the end of the cooling-off period if you wish to cancel your voluntary withdrawal. After the cooling-off period, the withdrawal will be processed.

This cooling-off period doesn't apply to a voluntary withdrawal before the commencement of training. That means, if you withdraw before the training program begins and then change your mind, you'll need to re-apply to join the FSP in the following intake.

You can waive the cooling-off period if you wish to reapply for entry.

Involuntary withdrawal

In some circumstances, we may decide that you should be withdrawn from the training program. If we intend to withdraw you, we'll advise you in writing before you're withdrawn.

We may withdraw you for the following reasons, as per the [Withdrawal policy](#):

- Clinical competence – You have not met and maintained an appropriate level of clinical competence at each milestone of training, as assessed by the progress review committee.
- Capacity – You are unable to continue your training program because:
 - you're unable to maintain appropriate AHPRA general registration throughout the program
 - addenda is added to your medical registration which restricts your ability to continue in the program.

- Compliance – You need to comply with the of the training program. If you don't comply, you may be withdrawn from the program. For example:
 - if you don't comply with and complete the requirements of an approved remediation term
 - if you don't respond to correspondence from RACGP staff members about your program enrolment
 - if you can't meet your program time requirements
 - if you can't meet the required standards to enable you to be admitted to Fellowship and obtain registration as a specialist GP
 - if you defer commencement of training for more than 52 calendar weeks
 - if you don't maintain financial membership of the RACGP throughout training
 - if you don't pay your program fees.

A decision to withdraw you from the program can be disputed as per the [Dispute, reconsideration and appeals policy](#). You must lodge a dispute within 20 business days from the date of withdrawal or the date receiving the notification of withdrawal. If no dispute is raised, we'll proceed with the withdrawal process.

Re-entry

If you're involuntarily withdrawn from the training program, we may set conditions about re-applying to the FSP. These conditions will be outlined to you as part of the withdrawal process.

If we determine you can re-apply to the program, you may need to satisfactorily complete remedial activities relating to the reason for your withdrawal.

There may also be some circumstances where you can't reapply to the FSP, for example, if the reason for withdrawal can't be resolved through remedial activities.

After withdrawal

After withdrawal, you'll be invited to participate in an exit activity. We'll give you information about career counselling, wellbeing support and other support specific to your needs.

We'll notify Services Australia of your withdrawal. Services Australia will provide 14 days notice of the intention to withdraw your name from the Register of Approved Placements. Once the notice period has passed, you'll be removed from the register and your Medicare provider number will be cancelled.

Withdrawal and re-entry - Relevant policies

- [Dispute, Reconsideration and Appeals Policy](#)
- [Withdrawal Policy](#)

Disputes and complaints

Dispute of a decision

Throughout your training, the RACGP will make decisions about your training program. These decisions are governed by the *Dispute, reconsideration and appeals policy*. The policy ensures decisions are made with due process and comply with RACGP policies.

If you're unhappy with the decision, work with your program team to find an agreed outcome. You may also like to speak with your registrar liaison officer. Generally, issues are able to be resolved in this informal mediation process.

However, you may decide you need to raise a formal dispute if you're unable to reach an agreed outcome with your program team.

Important things to note if you wish to raise a dispute:

- Disputes are managed under the *Dispute, reconsideration and appeals policy*. You should review the policy before applying to dispute a decision.
- The program team will only consider your dispute if you have attempted informal mediation and been unable to reach an agreed outcome.
- A dispute can only be raised about decisions the RACGP has made in relation to your training program. If you have a dispute with an employer that isn't related to your general practice training or your dispute relates to a decision made by another organisation, we can't deal with these under RACGP's policy.
- You have 10 business days after we notify you of the original decision to raise a dispute.

Reconsideration of a decision

The RACGP may make decisions about matters other than your training program. For example:

- your entry into a training program
- rejection of Change in circumstance request, for example, for a change of location due to extenuating and unforeseen circumstances
- exam eligibility
- your exam results.

If you're unhappy with the outcome of a decision that isn't related to your training program, you may apply for a reconsideration of the decision.

Important things to note if you wish to apply for a reconsideration:

- Reconsiderations are managed under the *Dispute, reconsideration and appeals policy*. You should review the policy before applying for reconsideration of a decision.
- The RACGP will only consider an application for reconsideration of a decision that isn't related to your training program. If you want to dispute a decision relating to your training program, refer to Dispute of a decision.
- You have 10 business days after we notify you of the original decision to apply for a reconsideration, or two business days if it is related to entry to a training program.

Reconsideration applications attract a fee as they're not related to your training program.

Appeal a decision

You can appeal the outcome of a dispute or reconsideration.

If you'd like to make an appeal, please note:

- Appeals are managed under the [Dispute, reconsideration and appeals policy](#). You should review the policy before applying to appeal the decision.
- You have 20 business days after we notify you of the outcome of your dispute or reconsideration to make an appeal.
 - If you are appealing the outcome of a reconsideration, you'll be required to pay a fee. You'll need to pay this fee before the reconsideration decision can be appealed.

Complaints

You can raise a complaint about a matter that isn't related to a decision made by the RACGP. For more information, including how to lodge a complaint, please refer to the [Complaints policy](#).

Disputes and complaints – Relevant policies

- [Complaints Policy](#)
- [Dispute, Reconsideration and Appeals Policy](#)

Post-Education

The post-education component is the period where you're eligible to sit Fellowship exams. You can only progress into the post-education phase once you have satisfactorily completed FSP training requirements.

The post-education component ends either when you're admitted to Fellowship or your exam candidacy period ends. It is variable in length, depending on how quickly you progress through exams, if you have any suspensions to your candidacy and if you meet other Fellowship requirements.

Fees

FSP participants in the post-education phase are required to pay an annual fee.

The post-education fee covers:

- Program administration and IT infrastructure
- Management of Medicare provider numbers
- Monitoring exam eligibility and progress.

The post-education fee doesn't cover:

- attendance at optional paid exam preparation courses and workshops
- travel, accommodation and additional expenses that you may incur in the course of training
- GPE assessments
- enrolment in Fellowship exams
- application for RACGP Fellowship
- remediation, if required.

Supervision during your post-education component

The level of supervision you receive during your FSP post-education component will depend on your existing skills and competency, and the structures at your training site. Your supervisor should attend in person as required and will monitor your training site until you are awarded Fellowship. If you need to change supervisor in the post-education phase of the FSP, you're required to submit a Change in circumstance form via the FSP portal. The supervisor needs to meet the same accreditation requirements as while you were completing the education program.

Change in training site during post-education component

If you need to change training site in the post-education phase of the FSP, you're still required to submit a Change in circumstance form via the FSP portal. The new training site you are requesting to move to needs to comply with the [General practice fellowship program placement guidelines](#), and depending on any medical registration addenda, may need to be approved by AHPRA.

There's a \$200 fee to change training site to cover the administration costs of this process.

Continuing professional development

When you're in post-education of the FSP, you are expected to comply with the [Medical Board of Australia's registration standard: continuing professional development](#), which requires 50 CPD hours per year. As part of your RACGP and FSP membership, you have access to a range of courses and other resources to help you meet your post-education CPD requirements.

Leave during your post-education component

Information to be added soon.

ME Support

Information to be added soon.

Fellowship exams

Overview

The RACGP Fellowship exams assess your competency for unsupervised comprehensive general practice anywhere in Australia.

There are three summative assessments you need to complete as part of the RACGP's requirements for Fellowship. Each has a unique and targeted approach to assessing knowledge and ability. The exams are developed by GPs for GPs and are based on clinical presentations typically seen in an Australian general practice setting.

We deliver the written Fellowship exams in locations across Australia, and the clinical exam remotely via Zoom, and work in a continuous improvement model to ensure they stay relevant to the changing context of general practice.

The Applied Knowledge Test

The Applied Knowledge Test (AKT) tests your application of knowledge in the clinical context of Australian general practice.

Questions in the AKT are based on clinical presentations typically seen in general practice. There are two types of multiple-choice questions: single best answer (SBA) and modified extended matching (MEMQ). Both consist of a stem, a lead-in statement, and a set of answer options. There are 150 questions of equal value, and no negative marks are given for incorrect answers.

For more information about the AKT and to see example questions, refer to the [AKT and KFP examination guide](#).

The Key Feature Problem exam

The Key Feature Problem (KFP) exam assesses clinical reasoning and clinical decision-making. It looks at how you assess a patient in the context of a given scenario and consider the key features/critical steps that are needed to resolve the clinical problem.

The exam consists of 26 cases, each with several questions. Each case contributes equally to the overall score.

You must analyse each case, considering the initial information and additional information as the case progresses, and answer questions about the context of the clinical scenario. Some questions require a written response (a few words or a sentence) and others require a choice from a list of possible answers.

The format of the KFP exam may seem unfamiliar. It's not a simple short-answer paper; the answers need to consider the context of the case, including elements such as the age, gender and location of the patient (the question will specify if the case is in a rural, regional or urban location).

For more information about the KFP and to see example questions, refer to the [AKT and KFP examination guide](#).

The Clinical Competency Exam

The Clinical Competency Exam (CCE) assesses your clinical competence and readiness for independent practice. The exam assesses how you apply knowledge and clinical reasoning skills to a range of clinical scenarios and allows you to demonstrate your abilities in a range of competencies mapped to the [RACGP curriculum and syllabus](#).

You need to demonstrate the application of clinical skills and communication skills, including inter-professional and patient-centred communication and professional attitudes in the context of each case.

The exam consists of nine clinical cases. Each case takes 15 minutes plus reading time. Four cases are in the format of a case discussion with an examiner and five are clinical encounters where candidates interact with a role player while the examiner observes.

It is a prerequisite for sitting the CCE that you have received a pass in both the AKT and KFP. You can, however, enrol in the CCE with a pending AKT and/or KFP result.

For more information about the CCE, including study resources and practice cases visit the [CCE webpage](#).

Exam eligibility

When you have successfully completed the education component of the FSP, you may already be eligible to commence exams. Formal confirmation of having met education and training requirements will be issued. Some FSP registrars will have a general practice time requirement that needs to be met before being eligible, even if their education program requirements have been met. This requirement will be determined by a GPE assessment, read more below.

You're eligible to sit the Fellowship exams when we determine you meet all the following requirements as per the [Fellowship exams policy](#):

- Satisfactory completion of education and training requirements of the FSP education component, including:
 - workplace-based assessment
 - education activities
 - any other sources of feedback and assessment we use to determine if you're eligible to sit exams.
- Satisfactory completion of two calendar years (or 18 months with RPLE) of the education component of the FSP by the date of the AKT.
 - Where the AKT or KFP is scheduled up to 31 calendar days prior to the training term end date, the RACGP will allow registrars from affected states or territories to sit the examination.
- A valid GPE assessment of one year (FTE) of comprehensive Australian general practice experience in the last four years.
- You have held appropriate Australian medical registration throughout the training program
- You have been a financial member of the RACGP throughout the training program. You must maintain membership until you're admitted to Fellowship, or your candidacy is exhausted (refer to [Candidacy](#) for more information)
- You have notified us of any changes to your medical registration during training, including a restriction, condition, limitation, reprimand, supervision requirement, tribunal outcome, suspension, undertaking and/or other remark or change.

TIP! Part time general practice experience is calculated pro-rata against the definition of full time general practice experience. If you work part time, this will impact your assessable experience and therefore the time it takes to meet the exam eligibility requirement of one year FTE of general practice experience.

General practice experience assessment

You need a valid GPE assessment outcome to be eligible to enrol in RACGP exams. A GPE assessment can take up to 10 weeks to assess, and if you don't have a valid GPE assessment outcome by the close of enrolments for the relevant exam period, you'll be unable to enrol in the exam.

TIP! For step-by-step instructions on how to complete your GPE application, please read both the [Applying for a general practice experience assessment guidance document](#) and the [Assessment of general practice experience policy](#).

Candidacy

Candidacy is a three-year period, separate from your training program time, in which you can attempt Fellowship exams. Your candidacy starts in the first semester after 2019 in which you enrol in and sit a Fellowship exam.

An **exam semester** is a period of time during which all three Fellowship exams are delivered.

Your candidacy is made up of six exam semesters and not by the number of times you sit an exam. During your candidacy you may enrol in exams over a maximum of six exam semesters. This means you have six exam semesters to attempt and pass all Fellowship exams. You don't have six attempts at each Fellowship exam. Exam passes obtained from the 2019.1 semester onwards remain valid until the end of your candidacy. Keep in mind it's a prerequisite to pass both the AKT and KFP before sitting the CCE. You can, however, enrol in the CCE with a pending AKT and/or KFP result.

Candidacy commences when you enrol and sit your first exam. Once your candidacy starts, each subsequent exam semester counts towards your candidacy. If you don't sit an exam in a particular exam semester, your candidacy *will not be extended*, unless you are granted a suspension of candidacy.

If you've **commenced your candidacy** period (attempted or passed any exam/s), the RACGP will suspend your candidacy upon entry to the FSP (the start of your first term). Upon satisfactory completion of the FSP, your candidacy will recommence, and you should resume sitting exams as soon as your education term ends. We'll confirm you have satisfactorily completed the FSP via email, six weeks after your final term end-date. If you don't already hold a valid GPE assessment, you should apply for one as soon as you have met the requirements. You don't have to wait until completing the FSP to apply for a GPE assessment.

If you do not feel ready to commence your exams immediately in the post-education phase, you may apply for a suspension of candidacy, which if approved, will extend your candidacy beyond three years. Keep in mind though, you are expected to complete all components of the FSP within 5 calendar years. Refer to [Suspension of candidacy](#) in this handbook.

TIP! We recommend you apply for your GPE assessment in the final term of the educational component of the FSP.

If you reach the end of your candidacy and have not passed all Fellowship exams, you'll be ineligible for Fellowship and withdrawn from the FSP.

The exams you pass from the 2019.1 semester onward are valid for the duration of your candidacy, including any periods of extension. See the [Fellowship exams policy](#) for more information.

An example of how the **candidacy period** works.

If the first Fellowship exam you attempt is the 2023.2 KFP, your candidacy commences in the 2023.2 exam semester and expires at the end of the 2026.1 exam semester if no suspensions are applied.

If you decide not to enrol in any Fellowship exams in the 2024.1 exam semester, the semester still counts towards your candidacy (because candidacy is made up of semesters in which you're eligible to enrol and sit, not exam attempts). Your candidacy will still expire in 2026.1.

Suspension of candidacy

A suspension of candidacy is a period in which you're not required nor permitted to attempt Fellowship exams.

There are two types of suspension, standard and non-standard.

TIP! You'll find details of your candidacy in the **My candidacy portal**. You'll get access to this portal when you enrol in your first exam.

Standard suspension

You're eligible for one standard suspension during your candidacy. This suspension may be undertaken at any time during your Candidacy.

You may use your standard suspension because of:

- financial reasons
- personal reasons
- unsuccessful exam attempts (so you can dedicate time to improving your exam technique or knowledge).

You can apply for a standard suspension through **My candidacy portal** and you don't need to submit supporting documentation. If you need to apply for a standard suspension retrospectively, send an email to examinations@racgp.org.au.

A standard suspension applies to the entire exam semester and not to any one exam type; therefore, if you have sat any exam in the semester, a suspension can't be applied.

Non-standard suspension

We recognise that extenuating and unforeseen circumstances may affect your ability to complete Fellowship exams within your candidacy and you may need to apply for a non-standard suspension.

In an application for non-standard suspension, we'll consider the following reasons:

- ill health (other than minor illnesses)
- carer's leave
- bereavement
- acute adverse life circumstances
- hospitalisation
- Australian Defence Force deployment leave
- other significant changes to your circumstances.

All applications for non-standard suspension of candidacy must be accompanied by appropriate supporting documentation. We may ask for additional supporting documentation if insufficient evidence is submitted with your application.

Making an application doesn't mean it will automatically be approved. Non-standard suspensions will be granted on a case-by-case basis and approval is at the discretion of the RACGP.

If you believe you need extra time off from sitting exams because of your circumstances and you wish to apply for a non-standard suspension of candidacy, send an email to examinations@racgp.org.au.

Financial membership

You must maintain current financial RACGP membership throughout your candidacy until you are admitted to Fellowship or exhaust your candidacy.

Exam support

Exam preparation in the work setting

Training for general practice largely takes place in the practice setting, which is where you should also prepare for exams. Fellowship exams don't just assess knowledge from books; they aim to assess how knowledge is applied to everyday situations in Australian general practice. The actual processes of patient care and a doctor's attitudes are also important.

You might find it helpful to invite a trusted colleague to observe you consulting, either in the practice or by video (both require informed patient consent), and then give you constructive feedback. This will help you to review and analyse your clinical performance and make changes where appropriate. Performing well in actual practice will help you demonstrate these behaviours in the exam environment.

Exam preparation activities

Your RACGP program team has dedicated exam preparation activities that you can access. Exam preparation is included as part of your FSP education activities and will be embedded across the program.

Exam Support

A range of support is available for candidates, including Exam Support Online (via [gplearning](#)), [reports from past exams](#) (pass marks, performance, psychometrics), preparation courses through the RACGP state faculties, clinical guidelines and more. To access the resources, visit [Exam Support Program resources](#).

Exam support for Aboriginal and Torres Strait Islander registrars

Yagila Wadamba Program

RACGP Aboriginal and Torres Strait Islander Health has developed the Yagila Wadamba Program (meaning 'learn to heal'), an annual support program for Aboriginal and Torres Strait Islander registrars.

The program concentrates on exam preparation and other key areas of general practice training. Participants can network with peers and hear from MEs and Aboriginal and Torres Strait Islander GP Fellows. For more information, visit the [Yagila Wadamba Program](#) website, email aboriginalhealth@racgp.org.au or phone (03) 8699 0528.

Support from the Aboriginal and Torres Strait Islander Health Censor

The RACGP Aboriginal and Torres Strait Islander Health Censor is available to support you when enrolling in and during the Fellowship exams, if you consider it appropriate and safe. If a conflict of interest arises or you feel uncomfortable working with the censor, then the Aboriginal and Torres Strait Islander Health faculty will find an alternative support person for you.

How the censor can support you

The censor will offer holistic support tailored to your needs. You may communicate and meet with the censor face-to-face or by phone, email, video conference or a combination of these, depending on your preferences and where you're both located.

All support provided by the censor is confidential, they won't keep records for any reason. You may take notes for your own use.

The censor may offer support such as case-based discussions, helping you prepare for an exam or helping you in the case of an unsuccessful exam attempt.

Checking your exam results

Each exam cycle, the censor checks the enrolments and results of Aboriginal and Torres Strait Islander registrars. They'll reach out and support you to check your results if you haven't already (they won't disclose your results if you haven't checked them).

After an unsuccessful exam attempt

If you sat an exam but didn't pass, the censor can give you general and targeted advice to increase your chances of success in future exam attempts. They're not able to give feedback on the questions, cases or the answers you gave in your specific exam.

If you were unsuccessful in your AKT and are waiting for your KFP results, the censor will provide support after the KFP results are released, so that you can discuss both exams.

The censor will reach out to you to offer support within four weeks of your exam results being released. However, you can also contact your program team, the Aboriginal and Torres Strait Islander Health faculty, or the censor themselves if you wish to access this support at any time from when you enrol in Fellowship exams and throughout your candidacy.

We advise you to accept support within five weeks of exam results being released to allow enough time for the censor to review your circumstances before the next exam cycle.

If you don't accept the support offered by the censor, we'll close offers of support eight weeks after results are released.

Enrolment in exams

It's your responsibility to monitor when Fellowship exams are scheduled and enrol in any you wish to sit. You won't be automatically enrolled in an exam based on your eligibility. If you're coming to the end of your FSP education component and your eligibility is pending completion of education and training activities, you'll be able to enrol in the meantime. Your program team will confirm with the assessment team if your program requirements are met.

For more information about exam enrolment and upcoming exam dates, visit the [exam enrolment](#) webpage.

Unsatisfactory progress and readiness to sit exams

If you've completed the program time requirements for exam eligibility but we consider that your education and training requirements haven't been satisfactorily completed, we may deem you ineligible to sit the relevant RACGP exam. Your program team will discuss this with you and how you can work towards being eligible to sit the exam.

Sitting exams while on approved leave

If you're on a period of leave approved under the [Leave policy](#), you're not eligible to sit Fellowship exams unless you're granted an exemption (this excludes registrars on parental leave who are eligible to sit exams and their request to sit is supported by the program team). Speak with your program officer if there are extenuating circumstances where you believe you need to sit a Fellowship exam while on leave.

Sitting exams while on remediation

If you're on a remediation term, you're not eligible to sit Fellowship exams. You can provisionally enrol in an exam scheduled after your remediation term is due to finish, however, your ability to sit the exam is subject to your remediation term being satisfactorily completed.

If you don't satisfactorily complete your remediation term, we'll withdraw you from any exams you have enrolled in for the following term.

For more information about withdrawal from a Fellowship exam, refer to the [Assessment and examinations candidate handbook](#).

Becoming ineligible after enrolling in an exam

You must maintain your exam eligibility from the time of enrolment through to the exam day.

You may become ineligible if:

- there is a change in your medical registration (addition of addenda, loss of registration or change to type of registration held)
- you commence a remediation term
- your GPE assessment expires prior to exam day or does not meet the required criteria
- you are on an approved period of leave and don't have an exemption to sit the Fellowship exam while on leave.

We conduct exam eligibility audits up to the day of the exam to ensure enrolled candidates are eligible to sit that exam. If at any stage after enrolling in an exam you become ineligible, you're required to withdraw from that exam. Sitting any Fellowship exams while ineligible is a breach of the [Academic misconduct policy](#).

Withdrawing from an exam

We understand there may be times when you have enrolled in an exam and need to withdraw.

If you notify us that you need to withdraw more than 20 business days prior to the scheduled exam time, we'll refund your full fee minus \$100. If you let us know less than 20 business days in advance, we won't refund any of the exam fee.

A withdrawal that is approved in writing by the RACGP is known as a sanctioned withdrawal. You may apply for a standard suspension of your candidacy for the exam semester in which the sanctioned withdrawal applies, providing you haven't sat any other Fellowship exams in that semester.

Any withdrawal from an exam that isn't approved by the RACGP in writing is considered an unsanctioned withdrawal. If you enrol in an exam but fail to sit, this may be recorded as an unsanctioned withdrawal. In this case, you can't suspend the exam semester using your standard suspension.

For information about withdrawal from a Fellowship exam, refer to the [Assessment and examinations candidate handbook](#).

Fellowship exams – Relevant policies and guides

- [Academic Misconduct Policy](#)
- [Assessment and examination candidate handbook](#)
- [Fellowship Exams Policy](#)
- [Leave Policy](#)
- [Applying for a General Practice Experience Assessment guidance document](#)
- [Assessment of General Practice Experience Policy](#)
- [Examination guide](#)

Fellowship

Before you transition from general practice registrar to Fellow, your training must be assessed as completed and you must meet the requirements to be admitted to Fellowship as per the [Requirements for Fellowship policy](#). You can then apply for Fellowship.

Fellowship of the RACGP (FRACGP)

Being awarded Fellowship of the RACGP means that you are deemed to be competent to deliver safe, specialised and high-quality general practice care anywhere in Australia.

Rural Generalist Fellowship (FRACGP-RG)

The [Rural Generalist \(RG\) Fellowship](#) is awarded in addition to the vocational Fellowship of the RACGP (FRACGP). RGs deliver primary care services, emergency medicine and additional skills like obstetrics, anaesthetics and mental health services in hospital and community settings to provide access to a broader range of specialist medical care in rural and remote areas.

Requirements for Fellowship

To be eligible to be admitted to Fellowship, you must meet the [Requirements for Fellowship policy](#) which outlines:

- education and training program requirements
- experience requirements (includes passing all Fellowship exams)
- administrative requirements
- professional and ethical requirements.

Preparing for Fellowship

Once you've satisfactorily completed all Fellowship requirements as per the [Requirements for Fellowship Policy](#), you'll be able to submit evidence for approval by the relevant censor.

Education requirements

- Completion of the Aboriginal and Torres Strait Islander health unit in the [RACGP Curriculum and syllabus](#)
- Completion of all mandatory education activities, including:
 - participation in mandatory education activities
 - completion of required self-directed online learning
- CPD compliance.
- Completion of the workplace-based assessment program at a satisfactory standard.
- Attendance at a minimum of two meetings per year with your ME.

Experience requirements

- Completion of the required period of program time. For all registrars this includes a minimum of two calendar years (FTE) of program time (with provision for up to 6 months RPLE), and
- A minimum of three years (FTE) general practice experience in the past 10 years (including overseas experience), of which at least two years (FTE) must be in comprehensive Australian general practice (all GPE must be determined by a valid GPE assessment outcome, assessed as per the [Assessment of General Practice Experience Policy](#)).
- Additional requirements for rural generalist registrars:
 - 52 weeks of additional rural skills training (ARST)
 - 26 weeks of core emergency medicine training (core EMT).

Examination requirements

You must have passed all Fellowship exams during your period of candidacy.

Basic life support and advanced life support training

- Completion of basic life support (BLS) training in the six months prior to program commencement.
- Completion of BLS training in the 12 months prior to applying for Fellowship.
- Completion of advanced life support (ALS) training within four years prior to applying for Fellowship. To ensure your ALS training is recognised it must:
 - meet the guidelines and protocols of the [Australian and New Zealand Committee on Resuscitation](#) or [Resuscitation Council UK](#). The training must assess competency using observation of clinical performance in simulated scenarios.
 - include management of adults and not only the management of paediatrics.

Administrative requirements

During your training you must:

- hold current Australian medical registration at all times and disclose any addenda or regulatory authority activity, whether in Australia or otherwise, that:
 - has led or may lead to an addendum on your AHPRA medical registration
 - has led to an adverse finding or forms part of an ongoing investigation
 - is considered notifiable conduct.

If you fail to disclose details of your medical registration as outlined above, the situation will be handled as per the [Academic Misconduct Policy](#).

- maintain financial membership of the RACGP from the time of joining the training program and throughout your candidature.

Additionally, if you had an AHPRA-appointed supervisor and/or an AHPRA-approved site upon applying to FSP, you must have appointed these for the purposes of FSP.

Professional and ethical requirements

GPs are expected to uphold standards of professional and ethical behaviour to protect the reputation of the profession as a whole. Admittance to Fellowship of the RACGP demonstrates that you are considered to meet these standards.

You may not be admitted to Fellowship if we reasonably consider that you:

- are unsuitable to be admitted to Fellowship in accordance with the [Fellowship Policy](#)
- have engaged in conduct which would attract sanctions under clause 27 of the RACGP Constitution
- have addenda on your current AHPRA medical registration that prevent you from undertaking unsupervised comprehensive Australian general practice.

Applying for Fellowship

When you have met all the requirements for Fellowship you may complete an application for Fellowship.

The Fellowship application form will become available on your assessment statement once you have passed the Fellowship exams. To access the application form, log into the [My candidacy portal](#) and navigate to the assessment statement.

You'll need to provide all documentation related to the requirements for Fellowship.

Extension while awaiting Fellowship

Once you've met the requirements of Fellowship, you'll automatically receive an extension of up to 12 calendar weeks in which to submit your Fellowship application.

If circumstances prevent you submitting your application for Fellowship for more than 12 calendar weeks, your program officer may apply for a further extension on your behalf. Additional extensions are considered on a case-by-case basis.

TIP! As the Fellowship process can take up to 12 weeks, it's important to provide all the requested documentation promptly to avoid delays.

Dual Fellowship

If you are undertaking dual Fellowship with both the RACGP and the Australian College of Rural and Remote Medicine (ACRRM), you don't need to wait to Fellow from the RACGP while continuing towards your ACRRM Fellowship.

However, you should not submit your application to Medicare for recognition as a general practitioner until you have been admitted to ACRRM Fellowship as well.

After you've been admitted to Fellowship

Apply for specialist registration with AHPRA

Apply to AHPRA for specialist registration to access Medicare rebates as a specialist GP. You should apply as soon as you're admitted to Fellowship. For more information and to apply, visit the [AHPRA website](#).

Apply for a new Medicare provider number

Your Medicare provider number issued under the FSP will be updated once you become a Fellow of the RACGP.

Maintain membership of the RACGP

As a member and Fellow of the RACGP, you are part of Australia's largest professional GP network with 48,000 members. We invite you to make the most of all that your membership offers, including access to the CPD program, *gplearning*, *AJGP*, John Murtagh library, business management tools, recruitGP and the national and state/territory faculties.

Fellowship – Relevant policies

- [Requirements for Fellowship Policy](#)

Supplementary material

Evaluation of the FSP

Ongoing evaluation of the FSP is critical to continue improving the training program. Our evaluations aim to:

- monitor and report on the achievement of the program's objectives and outcomes
- investigate the extent to which the outcomes are achieved, including improvements in participants' knowledge, skills, attitudes, intentions and behaviours
- inform quality assurance and improvements to the program.

We may ask you to participate in evaluation activities, such as short surveys, focus groups and interviews.

We hope that you'll support our evaluation activities by sharing your experience in the FSP.

Useful contacts

AHPRA

T: 1300 419 495

W: www.ahpra.gov.au

General Practice Registrars Australia (GPRA)

T: 03 9629 8878

E: enquiries@gpra.org.au

W: www.gpra.org.au

RACGP GPs in training faculty

T: 03 8699 0004

E: gpit@racgp.org.au

W: www.racgp.org.au/the-racgp/faculties/gp-in-training

Services Australia

Medicare provider number information and applications:

T: 13 21 50, Option #2

Section 19AB of the *Health Insurance Act 1973* (Cwlth):

E: 19AB@health.gov.au

Acronyms and initialisms

ACRRM	Australian College of Rural and Remote Medicine
ADF	Australian Defence Force
AGPT	Australian General Practice Training
AHPRA	Australian Health Practitioner Regulation Agency
AKT	Applied Knowledge Test
AMC	Australian Medical Council
ARST	additional rural skills training
BLS	basic life support
CBD	case-based discussion
CCE	Clinical Competency Exam
EASL	early assessment for safety and learning
EMT	emergency medicine training
FARGP	Fellowship in Advanced Rural General Practice
FRACGP	Fellowship of the Royal Australian College of General Practitioners
FRACGP-RG	RACGP's Rural Generalist Fellowship
FSP	Fellowship Support Program
FTE	full-time equivalent
GP	general practitioner
GPE	general practice experience
GPT1, GPT2, GPT3, GPT4	general practice terms
GPRA	General Practice Registrars Australia
KFP	Key Feature Problem exam
LIFT	Learners individualised focused training (strategy)
MDO	medical defence organisation
ME	medical educator
MEMQ	Modified Extended Matching Question
Mini-CEX	mini-clinical evaluation exercise
MM	Modified Monash (Model)
MSF	multi-source feedback
PRC	Progression Review Committee
RACGP	Royal Australian College of General Practitioners
RCA	random case analysis
RVTS	Remote Vocational Training Scheme
SBA	single best answer

Glossary

Term	Definition
Addenda	Addenda on a registrar's medical registration may include restrictions, conditions, limitations, reprimands, supervision requirements, tribunal outcomes, suspensions, undertakings and/or any other remarks or changes. Refer to the AHPRA website for more information.
Additional rural skills training (ARST)	A training term of 52 calendar weeks (FTE) in an accredited training post that provides the appropriate depth and breadth of experience necessary to meet the requirements of the particular ARST curriculum.
AHPRA medical registration	Registration with the Australian Health Practitioner Regulation Agency (AHPRA), which allows the registrant to practise medicine. Refer to the AHPRA website for more information.
Candidacy	The three-year period during which a registrar can attempt Fellowship exams.
Candidate	The medical practitioner eligible to sit RACGP Fellowship exams.
Clinical competence	Demonstrated ability to consistently perform relevant clinical tasks to the standard prescribed in the Progressive capability profile of the general practitioner .
Commencement of training	The day on which the registrar begins the FSP.
Comprehensive Australian general practice	As defined in the Comprehensive Australian general practice guidance document .
Conflict of interest	<p>A situation in which it is reasonable to conclude that an individual's or group of individuals' personal interests directly conflict with the best interests of the registrar or where individuals' actions may be influenced by their personal interests rather than education and training outcomes. A conflict of interest includes, but is not limited to, when:</p> <ol style="list-style-type: none">close personal friends or family members are involved,an individual or their close friends or family members may make financial gain or gain some other form of advantage, andan individual is bound by prior agreements or allegiances to other individuals or agencies that require them to act in the interests of that person or agency or to take a particular position on an issue. <p>Refer to the Conflict of Interest Policy for more information.</p>
Core emergency medicine training	A mandatory component (minimum of six months) of rural generalist training that is designed to strengthen rural general practice training by providing registrars with the skills and confidence to manage emergency situations in rural and remote environments.

Dual Fellowship	Fellowship with both the RACGP and the Australian College of Rural and Remote Medicine (ACRRM).
Education and training requirements	The mandatory components of the FSP.
Exam semester	A period of time during which all three Fellowship exams are delivered.
Extended skills training	A 26-calendar week (FTE) term that gives a registrar the opportunity to extend their skills in community general practice or pursue an area of interest relevant to general practice.
Extenuating and unforeseen circumstances	A circumstance that is outside of the registrar's control, can reasonably be considered to have been unforeseen, and can be shown to have a direct and significant impact on them. The RACGP considers extenuating and unforeseen circumstances on a case-by-case basis.
Fellowship	Admittance to either: 1. Fellowship of the RACGP (FRACGP), or 1. FRACGP and Rural Generalist Fellowship (FRACGP-RG).
Fellowship exams	The RACGP exams that assess competency for unsupervised general practice anywhere in Australia. They include: <ul style="list-style-type: none"> • Applied Knowledge Test (AKT) • Key Feature Problem (KFP) test • Clinical Competency Exam (CCE).
Financial RACGP member	An RACGP member who has: <ul style="list-style-type: none"> • met the membership category requirements • had their complete membership application form accepted • paid their current membership fee in full.
Full-time equivalent (FTE)	The RACGP determines FTE to mean 38 hours per week spent in training, which includes all practice time, and education and training program activities.
General practice training terms	Referred to as GPT1, GPT2, GPT3 and GPT4.
In-practice education	Education that takes place in community general practice under supervision.
Member	A Fellow, Member, Associate, GP in training, Affiliate, Honorary Fellow or Honorary Member of the RACGP. Refer to the RACGP Constitution for more information.
Modified Monash Model	The Modified Monash (MM) Model (2019) is a classification system that categorises metropolitan, regional, rural and remote areas according to both geographical remoteness and town size. The MM classification for any given area can be found by using the locator tool on the DoctorConnect website .
Notifiable conduct	Refer to the definition in the AHPRA Guidelines for mandatory notifications about registered health practitioners .

Original decision	A decision that is the subject of a dispute, reconsideration or appeal.
Out-of-practice education	Education that occurs outside of regular clinical practice, including workshops, self-directed learning, peer learning and exam preparation.
Program team	The program officer and medical educator assigned to a registrar. They provide support with specialised resources and expertise. Activities include larger group educational workshops requiring special resourcing, coordination of workplace-based assessment and small group learning activities, oversight of key stakeholder support and engagement and regional advocacy.
Program time	The length of time required to complete the FSP.
Provider number	A Medicare provider number is given to eligible health professionals who are recognised for Medicare services, and allows them to claim, bill, refer or request Medicare services, A registrar must apply for a unique provider number prior to starting in a training site.
Rural Generalist Fellowship	Admittance to RACGP Rural Generalist Fellowship.
Registrar	A medical practitioner enrolled in the FSP.
Registrar liaison officer (RLO)	A registrar who is available to other registrars in their region to provide confidential advice, information and support.
Remediation	The process by which a registrar receives additional support in order to address performance concerns.
Remediation term	An additional term of program time in which the registrar receives additional support in order to address performance concerns.
Safety	The condition of being protected from or unlikely to cause danger, risk or injury. Educational safety is defined as a learning environment that values support, respectful communication, bidirectional feedback, reflection and the acquisition of new skills. It meets the learner's current level of competency and learning needs and facilitates growth and learning.
Significant family relation	Anyone with whom the registrar has close familial relations, for example, a parent, sibling, spouse/partner/de facto/fiancé(e), child, grandparent, or community member.
Special circumstances for international medical graduates	These are circumstances determined on a case-by-case basis by the RACGP and may include providing additional learning support or the opportunity to develop communication skills.
Supervisor	An accredited GP who is a Fellow of the RACGP and/or ACRRM, works in an accredited training practice, and takes responsibility for the education and training needs of the registrar while in the practice.

Suspension of candidacy	<p>An exam semester during which the candidate is neither required nor permitted to attempt Fellowship exams. There are two types of suspension:</p> <ul style="list-style-type: none">• Standard – A single suspension granted automatically and available to any candidate once during their candidacy.• Non-standard – A suspension granted to the candidate on the provision of evidence of extenuating and unforeseen circumstances.
Training site	<p>A health service accredited by the RACGP where the registrar may undertake their general practice training.</p>
Unsanctioned withdrawal	<p>Withdrawal from an exam that isn't approved by the RACGP in writing.</p>
Wellbeing	<p>The state of being comfortable, healthy or happy. Educational wellbeing is ensured when the registrar feels engaged, safe and supported in the learning environment.</p>
Workplace-based assessments	<p>Observation and assessment of a registrar's practice to track progression through training. Types of assessment include:</p> <ul style="list-style-type: none">• early assessment for safety and learning (EASL)• case-based discussion• random case analysis• multi-source feedback• mini-clinical evaluation exercise• clinical audit.

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