

# Extended skills training site re-accreditation application form



## RACGP Professional Led Training

Please note - This application form is for use by training sites and supervisors wishing to become recredited for AGPT registrar extended skills (ES) placements. This form is only needed for Extended Skills in hospital and specialty clinics and not for ES in general practices.

Extended Skills placements must fulfil the scope of general practice, standards and [educational framework](#), ensuring that it meets the [RACGP curriculum and syllabus](#).

Reaccreditation is based on dynamic monitoring, reporting, feedback and registrar needs. Specific relevant reporting requirements and ongoing monitoring will be undertaken by the RACGP regional team, including:

- Provision of required reporting on registrar performance
- Assessment of registrar learning outcomes against planned expectations
- Review of feedback from registrar about the extended skills training site
- Review of supervisor recommendations for quality improvement activities

Name of training site e.g. Hospital/clinic

Is a Medicare Provider Number needed for this site?      Yes      No

Discipline of extended skill placement

Address

Town/Suburbs

Postcode

State

Contact Name

Role

Telephone

Email of the contact person who manages the placement/rosters

Are there any additional sites linked to this facility?      Yes      No

If yes, please request to complete a 'Branch Accreditation Application' form.

Does the training site have current practice accreditation or hospital accreditation?

Yes      No      N/A      NHQSH accreditation

Yes      No      N/A      RACGP Practice Accreditation (e.g. AGPAL, QPA)

Is the placement accredited by another specialist medical college e.g: RANZCOG or PMC?

Yes      No      N/A      Postgraduate medical council (e.g. HETI)

Yes      No      N/A      Other organisation (e.g. other specialist colleges)

If 'other' please specify

**Please provide a copy of the accreditation certificate with this application.**

Where equivalent accreditation is not available and accreditation was based on additional information provided (as per the [RACGP Practice-based extended skills accreditation checklist](#)), please provide an update on systems. Please complete the checklist and submit with this application form.

**Intended registrar completion of the placement: Either Full time or Part time (registrar preference)**

**Practice consulting days and hours (for clinic-based sites or hospital-based sites)**

We would like to know what the expected weekly work hours for a registrar are, including after hours.

Practice or Hospital hours		Proposed registrar working hours	
Days	Hours	Days	Hours
Monday		Monday	
Tuesday		Tuesday	
Wednesday		Wednesday	
Thursday		Thursday	
Friday		Friday	
Saturday		Saturday	
Sunday		Sunday	
Public Holidays		Public Holidays	
Shift and On-call		Shift and On-call	

**Supervisor information and availability**

<b>Supervisor Name</b>	
<b>AHPRA number</b>	
<b>Email</b>	
<b>Phone</b>	

**Please detail Supervisor’s working hours**

Days	Hours
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	
Sunday	
Public Holidays	
Shift and On-call	

Do you supervise other trainees i.e; ACRRM, RACGP Fellowship Support Program (FSP), MDRAP, RVTS

Yes      No

If yes, how many and in what training programs?

How do you manage the challenges of supervising multiple learners in the learning environment?

Please detail each Supervisor’s working hours. \*Note: Only complete the below if there is more than one Supervisor at the Extended Skills site:

<b>Supervisor Name</b>	
<b>AHPRA number</b>	
<b>Email</b>	
<b>Phone</b>	
<b>Working Days</b>	<b>Working Hours</b>
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	
Sunday	
Public Holidays	
Shift and On-call – how often and estimated duration.	

Does the site wish to add any New Supervisors for the discipline of extended skills placement noted on page 1?

Yes      No

If yes, please complete details below:

<b>Supervisor Name</b>	
<b>AHPRA number</b>	
<b>Email</b>	
<b>Phone</b>	
<b>Working Days</b>	<b>Working Hours</b>
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	
Sunday	
Public Holidays	
Shift and On-call – how often and estimated duration.	

## Further information about the placement

Please broadly describe the placement including

- the type of work the registrar will be undertaking.
- how experiences gained completing the placement will be relevant to General Practice
- the patient population, treatment and management provided.
- A description of the post.

(Please note – this information will be provided to registrars seeking Extended Skill placements.)

Considering your experiences with a GP registrar at your training site, please describe any benefits and disadvantages of the placement and any quality improvements made to the learning environment.

Please describe processes to assess the registrar's level of competence, including when the registrar will practice independent of the supervisor and how clinical supervision will be provided.

Please outline measures in place to ensure the safety and well-being of the registrar. For example, regular breaks, management of fatigue, dealing with an increased workload as a result of a colleague being unexpectedly absent, etc.

Based on your experiences with a GP registrar placement at your training site, do you believe the trainee had the appropriate level of prerequisite experience? Is the level of pre-requisite experience still appropriate?

## Learning plan for extended skills placement

Please reflect on the learning plan and outcomes provided previously. Are they still relevant? Please confirm and / or provide modified goals as appropriate.

- 1.
- 2.
- 3.

What learning activities will be undertaken during the placement? How have these changed since the previous accreditation?

## Declarations

### Supervisor declaration

Name of supervisor

Qualifications

Telephone

Email

AHPRA number

### Please provide a copy of the Supervisors Fellowship certificate as appropriate.

- |     |    |   |
|-----|----|---|
| Yes | No | Do you hold unrestricted medical registration?  |
| Yes | No | Have you been removed from the register for misconduct, health or performance reasons under any jurisdictions at any time in your career? |
| Yes | No | Are you currently under investigation or the subject of disciplinary proceedings under any jurisdiction?                                  |
| Yes | No | Do you agree to complete a formative assessment of the registrar during the term?   |

Comments

Signature

Date

## Supervisor declaration

**\*Note: Only complete below if there is more than one Supervisor at the Extended Skills site:**

Name of supervisor

Qualifications

Telephone

Email

AHPRA number

**Please provide a copy of the Supervisors Fellowship certificate as appropriate.**

- |     |    |   |
|-----|----|---|
| Yes | No | Do you hold unrestricted medical registration?  |
| Yes | No | Have you been removed from the register for misconduct, health or performance reasons under any jurisdictions at any time in your career? |
| Yes | No | Are you currently under investigation or the subject of disciplinary proceedings under any jurisdiction?                                  |
| Yes | No | Do you agree to complete a formative assessment of the registrar during the term?   |

Comments

Signature

Date

## Extended skill training site declaration

This declaration can be completed by the Practice Manager of clinical staff at specialty clinics.

Name

Role

- |     |    |   |
|-----|----|---|
| Yes | No | I / We understand and agree to comply with all requirements of the RACGP Standards for General Practice Training 3rd edition as they apply to Extended skills placements.   |
| Yes | No | I / We agree to inform the RACGP of any changes in circumstance within the training site including changes in supervisor availability.  |
| Yes | No | I / We agree to provide a safe employment environment for the registrar and to promptly notify the RACGP of any event that is likely to adversely affect the standing of the training site, its supervisor(s), practice manager, the training program or the RACGP in any way. Please refer to the RACGP <a href="#">Critical Incident and adverse event management and reporting guidance document</a> |
| Yes | No | I / We will ensure appropriate employment contracts are in place for all registrar placements. Ie compliant with the Fair work act and relevant award – <a href="#">National Terms and Conditions for the Employment of registrars (NTCER)</a> or equivalent.   |
| Yes | No | I / We agree to comply with Work Health and Safety legislation and discuss our WHS policies with the registrar as a part of their orientation.  |

Signature

Date

Please submit this application and additional documents requested to your Regional Accreditation Coordinator.

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**Office use only**

Site visit completed by

Date

Discussion with proposed supervisor undertaken by

Date

Regional Accreditation Coordinator findings and comments

Reviewed by Regional Accreditation Panel (RAP) Date

Approved (Yes or No)      Yes      No

Stage of training approved by RAP – pre GPT1 / after GPT2