

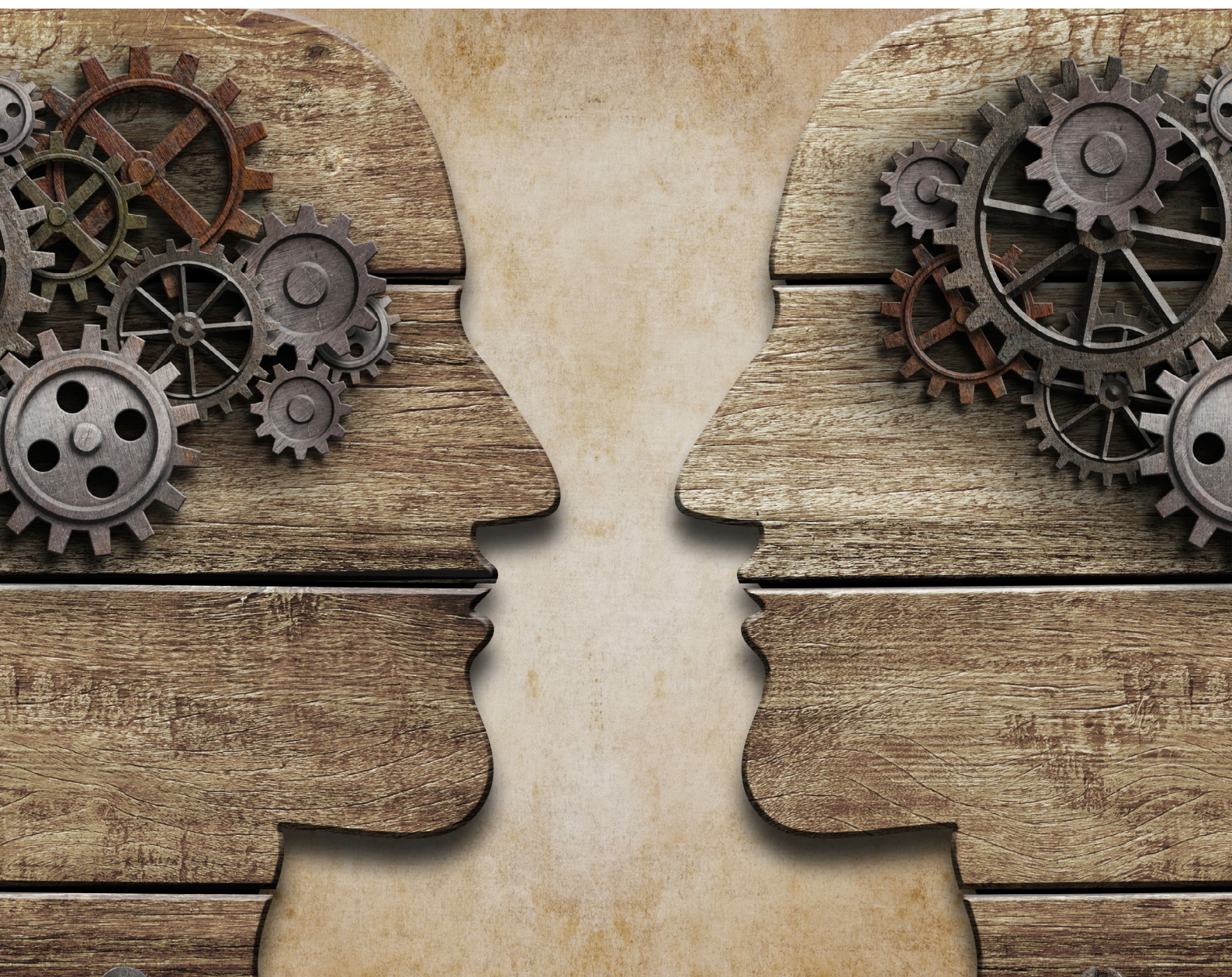


RACGP

Rural

# *The Fellowship in Advanced Rural General Practice (FARGP)*

**Advanced Rural Skills Training – Curriculum for Mental Health Practising GP logbook**





## **The Fellowship in Advanced Rural General Practice – Advanced Rural Skills Training – Curriculum for Mental Health: Practising GP logbook**

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## Guidelines for use

This clinical experiences logbook must be maintained by all Advanced Rural Skills Training (ARST) candidates for the full six months of training in order to demonstrate completion of all assessment items for the ARST mental health curriculum.

The logbook must record all of the activities outlined in the *Assessment* section of the *Advanced Rural Skills Training – Curriculum for Mental Health* (refer to [http://www.racgp.org.au/download/Documents/ARSTCurriculum/arst-curriculum-for-mental-health\\_2016.pdf](http://www.racgp.org.au/download/Documents/ARSTCurriculum/arst-curriculum-for-mental-health_2016.pdf)). Please note the requirements for practising GPs and registrars vary slightly.

## Logbook requirements for practising GPs

**Section A:** A number of activities which must be completed and signed off by the clinical supervisor are outlined in the curriculum.

**Section B:** The logbook requires a record of all patients seen during training, which allows trainees to reflect on the learning attained from experiencing those cases. Each case does not require sign off, however, the logbook must be available for review by the medical educator and supervising psychiatrist during the ARST attachment.

**Section C:** Candidates are required to submit a statement of completion that has been signed by the supervising psychiatrist and an essay on ethics to complete this ARST.

Practising GPs also need to apply for recognition of prior learning (RPL) for the learning outcomes specified in the *Duration, setting and supervision* section of the mental health curriculum.

Further details and forms are available on the Fellowship in Advanced Rural General Practice (FARGP) website (refer to [www.racgp.org.au/education/fellowship/ruraladvantage/essential-fargp-information](http://www.racgp.org.au/education/fellowship/ruraladvantage/essential-fargp-information)).

## Training requirements

An ARST in mental health requires practising GPs to complete six months (full-time equivalent) in an accredited training post. A part-time attachment would be acceptable for GPs working in rural or remote practice full-time.

The post must be in an accredited mental health facility (usually attached to a hospital) in a metropolitan, regional or rural setting.

## Supervision

The training post must be under the supervision of a:

- clinical psychiatrist (must be a Fellow of the Royal Australian New Zealand College of Psychiatrists [RANZCP])
- rural GP supervisor/mentor
- medical educator.

## Personal information and contact details

Name:	RACGP no:
Address (used to return logbook):	
Phone (H):	Mobile:
Email:	

## Details of GP qualification, training and experience

Qualifications:
Training:
Experience:

# Training details

## Plan for ARST posts

Describe the details of the training posts undertaken as part of your ARST. Please note the minimum requirement for practising GP undertaking this training is six months full-time equivalent (or part time if working in rural or remote practice full-time).

### Training post 1

Name of hospital/practice:	
Who accredited the training post?:	
Start and finish dates:	
Training time (eg 20 hours per week for 26 weeks):	
<b>Psychiatrist supervisor name:</b>	
Phone:	Email:
RAZNCP no:	
<b>Rural GP mentor/supervisor name:</b>	
Phone:	Email:
RACGP no:	
<b>Medical educator name:</b>	
Phone:	Email:
Regional training organisation (RTO):	

## Training post 2

If the details of other training posts are not yet available, candidates can submit an ARST notification form at a later date.

Name of hospital/practice:	
Who accredited the training post?:	
Start and finish dates:	
Training time (eg 20 hours per week for 26 weeks):	
<b>Psychiatrist supervisor name:</b>	
Phone:	Email:
RAZNCP no:	
<b>Rural GP mentor/supervisor name:</b>	
Phone:	Email:
RACGP no:	
<b>Medical educator name:</b>	
Phone:	Email:
RTO:	

### Contact details

RACGP Rural Email [rural@racgp.org.au](mailto:rural@racgp.org.au) | Freecall 1800 636 764 | Level 1 100 Wellington Parade East Melbourne 3002

# Section A

## 1. Observation of five psychiatric interviews by a psychiatrist

Observed interview		Trainee observed psychiatrist conduct a psychiatric interview, followed by discussion	
1	Date:	Name of supervisor:	Feedback on discussion:
		Signature:	
2	Date:	Name of supervisor:	Feedback on discussion:
		Signature:	
3	Date:	Name of supervisor:	Feedback on discussion:
		Signature:	
4	Date:	Name of supervisor:	Feedback on discussion:
		Signature:	
5	Date:	Name of supervisor:	Feedback on discussion:
		Signature:	

## 2. Performance of five psychiatric interviews with mental state examination and formulation in the presence of a psychiatrist

Observed interview		Trainee performed a psychiatric interview in the presence of a psychiatrist, followed by discussion	
1	Date:	Name of supervisor:	Supervisor feedback:
		Signature:	
2	Date:	Name of supervisor:	Supervisor feedback:
		Signature:	
3	Date:	Name of supervisor:	Supervisor feedback:
		Signature:	
4	Date:	Name of supervisor:	Supervisor feedback:
		Signature:	
5	Date:	Name of supervisor:	Supervisor feedback:
		Signature:	



### 3. Participation in a recognised cognitive behavioural therapy (CBT) course

Please provide evidence of completion (eg a certificate):	Supervisor signature:
Details of course:	

### 4. Undertaking CBT of appropriate patients under the supervision of a cognitive behavioural therapist

Please provide details of your experience in providing CBT with appropriate patients:	Supervisor signature:
Cognitive behavioural therapist feedback:	

### 5. Supervision of meetings with a psychiatrist (frequency dependent on the nature of the attachment)

Please provide details of how and when you met with your supervising psychiatrist:	Psychiatrist supervisor signature:
Psychiatrist feedback:	

## Section B

### Case record

Please record all patients seen during training.

Patient number	Date	Medical records ID (last 3 digits)	Gender	Age	Diagnosis	Psychiatric management	Management of comorbid conditions	Use of multidisciplinary team

Patient number	Date	Medical records ID (last 3 digits)	Gender	Age	Diagnosis	Psychiatric management	Management of comorbid conditions	Use of multidisciplinary team

## Section C

### Statement of completion

I confirm I have completed all clinical and assessment requirements of the FARGP–ARST Curriculum for Mental Health, and have attached all relevant evidence required by the rural censor.

I understand that I need to submit an essay on ethics to complete the assessment requirements of this ARST.

Candidate name

Signed

Date

### Supervisor approval

I confirm the candidate has successfully completed all clinical and assessment requirements, and provided feedback in an ongoing manner, for the FARGP–ARST Curriculum for Mental Health.

Supervisor name

Signed

Date

**Contact details:** RACGP Rural

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