



RACGP

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The Fellowship in Advanced Rural General Practice (FARGP)

**Advanced Rural Skills Training – Curriculum for Mental Health
Registrar logbook**



The Fellowship in Advanced Rural General Practice – Advanced Rural Skills Training – Curriculum for Mental Health: Registrar logbook

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Guidelines for use

This clinical experiences logbook must be maintained by all Advanced Rural Skills Training (ARST) trainees for the full 12 months of training in order to demonstrate completion of all assessment items of 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). Please note the requirements for practising GPs and registrars vary slightly.

Logbook requirements for registrars

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: Trainees 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.

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

Training requirements

An ARST in mental health requires registrars to complete 12 months full-time equivalent in an accredited training post. The post(s) 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 registrar 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 registrars undertaking this training is 12 months full-time equivalent.

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):	
Psychiatrist supervisor name:	
Phone:	Email:
RAZNCP no:	
Rural GP mentor/supervisor name:	
Phone:	Email:
RACGP no:	
Medical educator name:	
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):	
Psychiatrist supervisor name:	
Phone:	Email:
RAZNCP no:	
Rural GP mentor/supervisor name:	
Phone:	Email:
RACGP no:	
Medical educator name:	
Phone:	Email:
RTO:	

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. Weekly supervision meeting with a psychiatrist

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

6. Monthly supervision meeting with GP supervisor or medical educator

Candidates are required to regularly meet with their GP supervisor and medical educator, with the frequency of meetings to be determined by local need.

Please provide details about how and when you met with your GP supervisor:	GP supervisor signature:
GP supervisor feedback:	
Please provide details about how and when you met with your medical educator:	Medical educator signature:
Medical educator feedback:	

7. Attendance at a carer organisation meeting

Details of meeting:	Supervisor signature:
Contact details for meeting facilitator:	

8. Attendance at a mental health consumer organisation meeting

Details of meeting:	Supervisor signature:
Contact details for meeting facilitator:	

Section B

Case record

Please record all patients seen during training.

[illegible]

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 trainee 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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