RACGP

Healthy Profession.
Healthy Australia.

Mandatory Hospital Term Requirements - Guidance document

This document is relevant for doctors who commenced the AGPT program in 2025 or prior.

Please note this document is intended to be used as guidance only. It is essential for registrars to consult with their local training team for individual advice. The electronic version of this document is the approved and most current. Any printed version is uncontrolled and may not be current.

1. Introduction

This document provides details of the hospital disciplines and competencies a doctor must achieve during their time in hospital training prior to commencing general practice terms in the Australian General Practice Training (AGPT) program.

2. Context

2.1 General practice training involves a combination of hospital training and training in general practice and other community settings under supervision. Hospital training provides the foundation in a range of clinical disciplines relevant to general practice. This enables registrars to have a full understanding of the integration of primary and secondary levels of care.

2.2 Prior to entering into general practice terms registrars must satisfactorily complete a minimum of 104 weeks of hospital work in an accredited Australian or New Zealand hospital of which 52 weeks must be worked at a level above an intern level, generally that means it will be post general registration.

A maximum of 5 weeks of annual leave (and up to a maximum of 10 days total of all other types of leave such as professional development leave, sick leave, carer's leaver, parental leave, leave without pay) can be included in each of the 52 weeks that make up the 104 weeks.

Diverse hospital-based training is advised in the post intern/post general registration year as generally speaking, no more than 26 weeks in the same discipline during a 52-week period can count towards training.

If you have not met these requirements, you may not be eligible to start GP terms and you may not be eligible for Recognition of Prior Learning and Experience (RPLE). Please contact your RACGP training team to discuss.

2.3 Registrars must be able to demonstrate adequate exposure and safe practice in some core hospital areas relevant to general practice, including medicine, surgery, emergency medicine and paediatrics. The requirements to demonstrate safe practice are provided in the guidance below.

3. Guidance

3.1 The registrar must undertake a range of clinical rotations relevant to general practice in accredited hospital posts in accord with the RACGP Standards for General Practice Training.

3.2 These rotations can be undertaken in an accredited hospital in Australia or New Zealand.

3.3 The registrar must be able to provide their hospital statement of service containing evidence of a satisfactory level of performance for their supervisor to deem them competent in each rotation. Where the statement of service does not confirm satisfactory completion of the rotation, the registrar must provide an end-of-term assessment form for the rotation.

3.4 The registrar must have adequate exposure in a hospital environment to demonstrate safe practice in the disciplines of:

i. Medicine,

ii. Surgery,

iii. Emergency medicine, and

iv. Paediatrics (patient age range 0 – 17 years inclusive).

3.5 Safe practice includes the recognition and management of the seriously ill patient.

3.6 Competency in these four areas, as well as completion of 2 years of appropriate hospital terms within 5 years of commencing community GP training ensures a registrar is safe to enter a GP term. For each of the minimum required 2 years in hospital, the registrar must not take more than 7 weeks leave.

3.7 In exceptional circumstances where a registrar has not achieved adequate recent hospital training in a specific discipline, the RACGP may be able to apply alternative models to ensure adequate experience is obtained and to assess their competency.

4. Requirements specific to each discipline

The following requirements should be read in conjunction with the RACGP curriculum and syllabus for pre-general practice. Registrars should keep in mind the overall learning objectives of the curriculum as they progress through training.

Medicine

i. To demonstrate safe practice in the discipline of medicine, a registrar must provide documentary evidence of the completion of a full term (10–12 weeks) in general medicine, or equivalent, resulting in a satisfactory level of performance confirmed by the supervisor.

   a. Equivalent terms must include broad medical experience.

   b. Rotations may include, but are not limited to, cardiology, respiratory, gastroenterology, endocrinology, geriatrics, rheumatology and neurology.

ii. Work-based opportunities specific to clinical experience in medical terms, should include managing inpatients with a range of medical conditions, including acute problems and chronic conditions, screening patients for common diseases and discussing healthcare behaviours with patients.

iii. Equivalent competencies of the Medicine term training include, but are not limited to:

   a. Patient-centred communication,
   b. Informed and shared decision making,
   c. Identifying and managing sick patients,
   d. Effective interactions with other health professionals to provide high quality care for patients,
   e. Effective communication in teams,
   f. Working with emergency and critical care teams, and
   g. Critical thinking and incident prevention.

iv. The diagnosis and management of a range of common acute and chronic diseases and presentations including, but not limited to:

   a. Bacterial infections -urinary tract infections, pneumonia, bacteraemia, sinusitis
   b. Viral infections – upper respiratory tract infections, pneumonia
   c. Cardiovascular disease – ischaemic heart disease, acute coronary syndrome, heart failure
   d. Diabetes – type 2 diabetes, type 1 diabetes
   e. Aged care

Surgery

i. To demonstrate safe practice in the discipline of surgery, a registrar must provide documentary evidence of the completion of a full term (10–12 weeks) in a surgical discipline resulting in a satisfactory level of performance confirmed by the supervisors.
   a. Relevant rotations must include broad surgical experience.
   b. Rotations may include but are not limited to general surgery, orthopaedic, otolaryngology (ENT), and urology.

ii. Work-based opportunities specific to clinical experience in surgical terms should include sterile techniques, management of intravenous fluids, perioperative care and exposure to common features of surgical illness including the metabolic response to trauma, shock, infection and neoplasia. This also includes experience in caring for patients with a broad range of acute and elective surgical conditions.

iii. Equivalent competencies of the Surgery term training include, but are not limited to:
   a. Patient-centred communication,
   b. Informed and shared decision making,
   c. Identifying and managing sick patients,
   d. Effective interactions with other health professionals to provide high quality care for patients,
   e. Effective communication in teams,
   f. Working with emergency and critical care teams
   g. Management of perioperative risks, and
   h. Critical thinking and incident prevention.

iv. The diagnosis and management of a range of common surgical conditions including, but not limited to:
   a. Post-surgical complications – infections, post-operative bleeding,
   b. Perioperative blood management,
   c. Surgical prophylaxis,
   d. Acute surgical illness recognition and management including the deteriorating patient, and
   e. Common and important surgical conditions at all stages of life.

Emergency Medicine

i. To demonstrate safe practice in the discipline of emergency medicine, a registrar must provide documentary evidence of the completion of a full term (8–12 weeks) in Emergency Medicine resulting in a satisfactory level of performance confirmed by the supervisor.

ii. Work-based opportunities specific to clinical experience in emergency medicine terms should include common and important emergency presentations at all stages of life, the ability to apply relevant treatment guidelines and protocols to emergency patient care, and participation in resuscitation and trauma management.

iii. The Emergency Department must be operating 24 hours per day with an onsite Emergency Physician available.

iv. Equivalent competencies of the Emergency Medicine term training include, but are not limited to:
   a. Identifying and managing sick patients including patients with acute undifferentiated illness,
   b. Performing a range of procedural skills in an emergency setting,
   c. Develop an understanding of effective teamwork in emergency situations, and
   d. The diagnosis and management of a range of common and important emergency presentations.

Paediatrics

i. Registrars require paediatric clinical experience to support the development of competence in the detection and management of serious or potentially serious illness through the full spectrum of the neonatal period, infancy, early and middle childhood and, where relevant, adolescence and young adulthood. (0 – 17 years of age inclusive)

ii. Clinical paediatric experience must include the recognition, diagnosis, and management of the seriously ill child, should include a high proportion of paediatric emergency attendances and be appropriately supervised by a paediatrician and/or appropriately experienced general practitioner and/or emergency medicine physician.

iii. During their paediatric clinical experience training, registrars must:

   a. see patients as the initial contact doctor,

   b. receive authentic, first point of contact clinical paediatric experience ('hands on' experience),

   c. follow up with patients where practical, during admission and following discharge in order to develop an appreciation of the complete natural history of acute illnesses,

   d. be exposed to a sufficient number and spectrum of acute paediatric presentations, and

   e. have direct supervision from accredited supervisors.

iv. Provided requirements i-iii (above) are met to demonstrate adequate experience and safe practice in the discipline of paediatrics, a registrar may provide documentary evidence of one of the following:

   a. the completion of a full (10–12 weeks) paediatric term in a post such as general paediatrics or paediatric-only Emergency Department

      Note - Completion of a full (10–12 week) paediatric subspeciality term may not fully meet the RACGP Paediatric requirements. This includes terms such as NICU, ENT, neurosurgery, surgery, cardiology, and many others. Please discuss this with your RACGP training team as you may need to complete some additional clinical experience and/or educational activities.

   b. a half paediatric term (5–6 weeks in length) with an approved full (10–12 week) **ACEM accredited Mixed (adult/paediatric) Emergency Department*** term (**see Glossary)*

   c. two approved ACEM accredited mixed emergency department terms (10–12 weeks). One of these terms may be completed during PGY1, and one must be completed during PGY2 or above.

   d. An approved ACEM accredited mixed emergency department term (10–12 weeks) and a general practice hospital allocated rotation with appropriate supervision and education components.

      Note – A hospital allocated general practice rotation does not count as stand-alone paediatric requirement.

   e. completion of the coursework and assessments for the Sydney Child Health Program (2017-2023) or Graduate Certificate (awarded upon successful completion of the 1st four subjects of the Graduate Diploma) or Graduate Diploma in Child Health at the Sydney Children's Hospital Network (schp.org.au). Evidence of completion of coursework and assessments (eg online quizzes) must be provided prior to the commencement of GP terms. The registrar must also have had adequate clinical exposure to children, such as one of the following:

      - an approved ACEM accredited mixed emergency department term (10 – 12 weeks)
      - a half paediatric term (5 – 6 weeks)
      - general practice hospital allocated rotation (10 weeks)

      The SCHN Essentials Program is a CPD program and does not meet this requirement.

v. In addition to the evidence required as per 3.3 of this guidance document, for paediatric requirements met through approved ACEM accredited mixed emergency departments, registrars must demonstrate sufficient experience in assessing and managing paediatric cases to satisfy the RACGP assessor that the registrar has gained adequate skills.

vi. Registrars must also provide one of the following supporting documents that shows adequate evidence of meeting 4.4.i-iii:

a. A signed "RACGP Paediatric experience in a mixed (adult/paediatric) emergency department declaration"

b. A personal 2-week logbook for each 10-week rotation in a mixed emergency department. The logbook should include patient demographics, a brief summary and reflection and be signed off by a supervisor.

c. Evidence/de-identified data from the emergency department or hospital administration confirming that the registrar managed a significant paediatric caseload with a minimum of 20% paediatric presentations during the rotation.

5. Additional guidance regarding paediatric exposure

5.1 . In general practice most children can be managed at home. This means that considerable responsibility rests upon parents and General Practitioners to ensure children do not deteriorate to a point where significant morbidity or even mortality ensues. Some children will need hospital assessment and / or admission, and some children's care will be transferred back to general practice. This means that as well as specific skills to manage children's presentations, some key generic patient management skills need to be developed, including co-management with parents, carers, and ancillary medical staff.

5.2 For these reasons, the doctor must demonstrate exposure to, and an understanding of common and severe paediatric clinical situations, including:

i. Recognition and management of children with acute clinical presentations, including common undifferentiated acute health problems such as:

- the febrile child, the child with acute abdominal pain, the vomiting child, the child with breathing difficulties, and the dehydrated child.

ii. Recognition and initiation of and/or continuation of management of severe acute clinical presentations, including:

- the fitting child, the child with altered consciousness, the poisoned/ bitten child, the child presenting with trauma and/or burns, and the child at risk of abuse.

iii. Being able to:

- manage the sick child in conjunction with the family unit, carers, and the extended health care team,
- develop effective and appropriate safety nets with parents and carers to enable them to detect and manage a deteriorating situation in such a way as to prevent any adverse outcomes, and
- communicate with children, young people and their families, as well as providing support, advice, and follow-up.

5.3 In both hospital and general practice settings, all clinical scenarios listed in section 5.2 of this document can vary from mild to severe, with a diversity of symptom complexes and a highly variable threshold of recognition.

6. Glossary

* *Accredited Mixed (adult/paediatric) Emergency Department (Mixed ED): To be approved for RACGP vocational training clinical paediatric experience, mixed (adult/paediatric) emergency departments must have a significant paediatric component with a minimum of 20% paediatric presentations and appropriate supervision. It must be accredited for training purposes by the Australasian College for Emergency Medicine (ACEM) or the RACGP (such as for extended skills or advanced rural skills) or a postgraduate medical training authority in the relevant State or Territory.*

7. References

7.1 RACGP Standards for General Practice Training

7.2 RACGP curriculum and syllabus