

# *Pre-approved alternative model: Mandatory Hospital Term Requirements*

## **RACGP Education Services | Quality and Compliance**



See also: *Pre-approved alternative model – Paediatric experience*

### 1. Introduction

The objective of this document is to outline the structure and requirements of the pre-approved Mandatory Hospital Term Requirements alternative model of training. The model can be used by training organisations to extend general practitioner in training (GPiT) experience to meet Mandatory Hospital Term Requirements through appropriate learning opportunities and assessment in non-hospital settings.

This model fits within the framework for alternative models for training that sits alongside the '[RACGP Standards for general practice training](#) (3rd edition)'. This alternative model has been evaluated and pre-approved for use by training organisations. Within this framework, training organisations can implement this model in consultation with their state sensors without having to undergo the full approval process each time.

The purpose of the model is to provide opportunities for GPiTs to gain additional knowledge and experience in medicine and surgery, under supervision, within the general practice setting.

### 2. Scope

This model of alternative training outlines processes to supplement medical and surgical hospital experience to meet the requirements of the RACGP Mandatory Hospital Terms as per the 'Mandatory Hospital Term Requirements guidance document'.

### 3. Situations where the 'Pre-approved alternative model of training – Mandatory Hospital Terms Requirements' might be applied

This model aims to support all GPiTs to achieve competency in the management of medical and surgical presentations. The model may be applied to:

- update medical and surgical training for a GPiT with broad clinical experience and who may have been working outside of the hospital system for some time

- supplement medical and surgical training for a GPiT who has inadequate experience in medical and surgical terms within Australia.

Satisfactory completion of Mandatory Hospital Term Requirements is a prerequisite for GPiTs to commence general practice training. This relates to both the length of training terms in specific disciplines and recency of training. Eligibility for application of this model may be considered as an alternative to seeking additional hospital training time. This is at the discretion of the training organisation.

## 4. Eligibility

GPiTs must have broad and comprehensive clinical experience in the hospital system, including successful completion of two years of suitably accredited clinical terms in Australia (or New Zealand) as per RACGP policies.

Hospital experience must include at least one term of emergency medicine, completed in the last five years.

GPiTs must discuss their suitability for the 'Pre-approved alternative model – Mandatory Hospital Term Requirements' with their training organisation and be approved prospectively.

GPiT must agree in writing to complete all mandatory components of the model as required by the training organisation.

The supervisor must be informed of the application of the model and agree to support the additional supervisory requirements.

## 5. The 'Pre-approved alternative model – Mandatory Hospital Term Requirements'

Alternative models developed to help satisfy the mandatory hospital term requirements should take into consideration the 'Australian Curriculum Framework for Junior Doctors' as well as the 'RACGP 2016 curriculum core skills (CS-16 pre-general practice)'.

The model aims to ensure GPiTs demonstrate the required knowledge and skills in the recognition, diagnosis and management of a range of medical and surgical conditions.

*Note: The following model details a range of components already implemented and evaluated by training organisations. Training organisations with RACGP-approved models in place can continue to use their existing processes.*

GPiTs are required to complete the following components designed to provide the necessary clinical experience to ensure safe practice in community terms. The program activities incorporate GPiT learning activities with reflection, supervisor sign-off and medical educator oversight.

GPiTs must provide documentary evidence of satisfactory completion of each component to the training organisation by the due date.

### Components of the 'Pre-approved alternative model – Mandatory Hospital Term Requirements'

#### 5.1 Satisfactory completion of relevant online training modules prior to commencement of general practice term 1 (GPT1)

##### Royal Australasian College of Surgeons modules on JDocs

- Human factors: Patient-centred communication
- Managing the sick patient
- Interaction with critical care
- Managing perioperative risk
- Introduction to communicating in teams
- Operating with respect

#### 5.2 NPS MedicineWise modules

- [Antimicrobials: Bacteraemia](#)
- [Antimicrobials: Catheter-associated UTIs](#)
- [Type 2 diabetes](#) (four parts)
- [Antimicrobials: Community-acquired pneumonia](#)
- [Antimicrobials for surgical prophylaxis](#)

#### 5.3 Heart Foundation: My Health, my life e-learning

- Six modules for completion certificate, plus
- Heart failure e-learning module

#### 5.4 RACGP glearning

- check* – Volume 4, Unit 565: Aged care

#### 5.5 START: Algorithm COVID-19

- Systematic training in acute illness recognition and treatment

#### 5.6 BloodSafe

- Perioperative

#### 5.7 National Health and Medical Research Council

- Australian guidelines for the prevention and control of infections in healthcare (2019)

## 5.8 GPiT reflections/case studies for medical educator review (submitted by the end of the third month of GPT1)

- a. Completion of three medical case reviews/reflective activities, each covering a different common medical presentation (minimum 500 words per review and including patient presentation details, management and follow-up). The reflection should include details of the GPiT's role, learning outcomes from the clinical management and reflections on what could have been managed differently.
- b. Completion of three acute surgical case reviews/reflective activities, each covering a different common surgical presentation (minimum 500 words per review and including patient presentation details, management and follow-up). The reflection should include details of the GPiT's role, learning outcomes from the clinical management and reflections on what could have been managed differently.
- c. When hospital surgical experience is insufficient or not recent, the GPiT must provide evidence that the following clinical tasks have been performed satisfactorily under supervision:
  - Sterile technique
  - Urological catheter insertion
  - Superficial wound closure
  - Removal of sutures
  - Wound debridement and dressing

*Note: These clinical tasks can be observed during simple excisions and wound management in the general practice setting.*

## 5.9 Additional supervision and supervisor review of cases (within the first three months of GPT1)

Increased supervision is required as documented in the training plan, targeting identified learning needs related to medical and surgical presentations. This higher level of supervision includes supervisor review of cases seen by the GPiT at least daily or at the time of the consultation. Once the supervisor is happy that the GPiT has demonstrated the level of competence expected of GPiTs at this stage of training, the supervisor certifies that the GPiT may move to a lower level of supervision, with supervisor review at the GPiT's discretion.

## 6. Applying the model

- The training organisation must determine and record appropriate documentary evidence of GPiT completion of components.
- Training organisations can determine which GPiTs are eligible to complete the program based on individual hospital experience assessments.
- Training organisations may choose to apply aspects of the process to all GPiTs within a cohort.
- For GPiTs who completed their mandatory terms between five and 10 years ago, training organisations may choose to apply aspects of the program based on training needs.
- Training organisations may choose to apply the program to all GPiTs who completed their mandatory terms of medicine and surgery more than 10 years ago.
- If the training organisation does not have an RACGP-approved alternative model for Mandatory Hospital Term Requirements in place, the training organisation is required to notify the RACGP the first time the model is applied.

## 7. Associated documents and forms

- Guidelines for use of pre-approved alternative models of training
- Notification for use of a pre-approved alternative model of training

## 8. References

[RACGP Standards for general practice training \(3rd edition\)](#)  
[RACGP 2016 curriculum](#)

---

### Disclaimer

The information set out in this publication is current at the date of first publication and is intended for use as a guide of a general nature only and may or may not be relevant to particular patients or circumstances. The RACGP and its employees and agents have no liability (including for negligence) to any users of the information contained in this publication.

© The Royal Australian College of General Practitioners 2021

This resource is provided under licence by the RACGP. Full terms are available at [www.racgp.org.au/usage/licence](http://www.racgp.org.au/usage/licence)

*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.*