



RACGP | Rural

The Fellowship in Advanced Rural General Practice

Advanced Rural Skills Training – Curriculum for Emergency Medicine



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We recognise the traditional custodians of the land and sea on which we work and live.

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Introduction

The Fellowship in Advanced Rural General Practice (FARGP) is a qualification awarded by The Royal Australian College of General Practitioners (RACGP) in addition to the vocational Fellowship (FRACGP).

The FARGP requirements are:

- completion of the FARGP learning plan and reflection activity
- 12 months in a rural general practice setting
- 12 months of advanced rural skills training (ARST) in an accredited training post
- completion of a six-month 'working in rural general practice' community-focused project
- completion of the FARGP emergency medicine activities, including satisfactory completion of two advanced emergency skills courses.

The RACGP asserts that the full range of advanced procedural and non-procedural skills must be supported to ensure the right skill mix for rural and remote communities. A core component of the FARGP is the completion of 12 months of ARST in an accredited training post. This is designed to augment core general practice training by providing an opportunity for general practitioners (GPs) looking to build, refresh or develop more specialised and/or a broader range of skills and knowledge to meet the needs of their rural or remote community.

For more information on the FARGP or ARST:

- visit the website at www.racgp.org.au/fargp
- email fargp@racgp.org.au
- call RACGP Rural on 1800 636 764.

Aim

This curriculum is designed to provide GPs and general practice registrars with the skills, knowledge and confidence to provide quality emergency medicine in rural and remote communities.

Rationale

Skill requirements fluctuate throughout the career of GPs as they respond to changing community needs, address specific disease or population burdens, ensure practice viability and/or adapt to changes in government policy and environment (such as rural hospital closures).¹ GPs may identify a particular area of interest or a specific service gap in their community, or they may seek to broaden their generalist skill set through the acquisition of advanced skills. Undertaking ARST enables GPs to extend their expertise in a particular area and/or expand their generalist skill set, and enhance their capability to provide secondary-level care to their community.

The provision of emergency medicine in rural and remote areas of Australia is often undertaken by GPs due to the limited staff and resources available and the logistical and geographical difficulties of evacuating the seriously ill. The completion of an ARST in emergency medicine will provide GPs with the skills and confidence to manage emergency situations in the relative isolation in which they may operate. It also ensures that communities have access to appropriate skills and services through their GP.

Prerequisites

To provide general practice registrars with a rural general practice context to the learning and provide a better understanding of where the emergency medicine will be practised, it is suggested (but not essential) that they have completed at least 12 months full-time equivalent (FTE) of community rural general practice terms prior to starting the ARST.

The FARGP ARST in emergency medicine candidate must hold FRACGP or be working towards FRACGP on the Australian General Practice Training (AGPT) program with a regional training organisation (RTO) or the Remote Vocational Training Scheme (RVTS).

Duration, setting and supervision

The RACGP Rural Education Committee has a preference that FARGP candidates complete the Emergency Medicine Certificate (EMC) offered by the Australasian College for Emergency Medicine (ACEM) in order to meet all requirements of the FARGP ARST in emergency medicine.

Six-month and 12-month ARST

The EMC is a six-month competency-based training program conducted in the workplace under the supervision of an approved EMC supervisor.

The accreditation of six-months' ARST in emergency medicine will be awarded when the candidate completes the EMC in six months (FTE). In order to fulfil the requirements of the FARGP, a further six months of ARST will need to be completed.

To gain full benefit from the experience and achieve the full range of competencies described in the curriculum, it is recommended that the EMC is completed over a period of 12 months (FTE). The accreditation of 12-months' ARST in emergency medicine will be awarded when the candidate completes the EMC in 12 months (FTE).

A list of hospitals with approved EMC supervisors can be found on the [ACEM website](#) under the 'Approved hospitals' tab.

An approved EMC supervisor is either a Fellow of the Australasian College for Emergency Medicine (FACEM) or a currently certified Diplomat of the Australasian College for Emergency Medicine (Dip EM [ACEM]) who has satisfactorily completed the ACEM Clinical Teaching Course.

In addition to the supervised training, the following components need to be completed:

- EMC online learning units
 - Undertake initial assessment and management
 - Manage common emergency presentations
 - Participate in clinical support activities and administration
- Workplace-based assessments
 - 5 x Mini-Clinical Evaluation Exercises (mini-CEXs)
 - 6 x Direct Observations of Procedural Skills (DOPS)
 - 2 x Case-based Discussions (CbDs)
 - Procedural checklist
- Advanced life support (ALS) and basic life support (BLS)
- 10 x written emergency department (ED) case reflections
- Statement of attainment submitted by the supervisor
- Online EMC multiple-choice question (MCQ) examination

Please note that successful completion of the ACEM EMC as an ARST will also provide an exemption from the FARGP core emergency medicine module. Please refer to the FARGP *Guidelines for general practice registrars and practising GPs 2016* for further details.²

Recognition of prior learning

The RACGP recognises that doctors who have spent significant time in rural general practice will already have achieved some of the requirements of both the ARST in emergency medicine and the FARGP and should therefore be eligible for recognition of prior learning (RPL).

The FARGP application for RPL should detail how the candidate has achieved the requirements with supporting evidence of the knowledge, skills and experience provided. Appropriate documentation could include copies of de-identified clinical notes demonstrating involvement in the patient's emergency medicine care, statements from consultant supervisors or colleagues confirming experience, and evidence of employment in emergency medicine facilities, etc. The outcomes must have been achieved in the past 10 years.

The [FARGP website](#) includes more details on the RPL process including instructions and application forms for both the FARGP and ARST.

Learning outcomes

The FRACGP core curriculum is structured around five domains. The FARGP ARST augments this core training with further specialised training in procedural disciplines or other disciplines that are important in meeting the needs of rural communities.

This FARGP ARST in emergency medicine will build upon the emergency medicine learning outcomes of the *Curriculum for Australian general practice 2016 – CS16 Core skills unit*.³

The ACEM EMC has three focused learning areas:

- Undertake initial assessment and management
- Manage common emergency presentations
- Participate in clinical support activities and administration

Full details of the ACEM EMC curriculum and the specific learning outcomes can be found on the [ACEM EMC website](#). Click on the tab 'Assessments' and then follow the link to the current curriculum document.

Assessment

Throughout the ACEM EMC, candidates will be required to complete the EMC procedural checklist criteria which includes a number of DOPS. Full details of the skills checklist are included in the ACEM EMC curriculum.

The following summarises the assessment requirements of the ACEM EMC. More information can be found on the 'Assessments' tab on the [ACEM EMC website](#).

1. Mini-CEX

Candidates will need to complete five mini-CEXs, each lasting 15–20 minutes and observed by the supervisor. The mini-CEX will assess history taking, examination, diagnosis and management.

2. DOPS

The DOPS assesses the candidate's ability to safely and appropriately carry out procedures. Each candidate will need to complete six DOPS for highlighted procedures.

3. ePortfolio

Ten written ED case reflections will be used throughout the training program as evidence of achievement of learning outcomes and to enable candidates to reflect on their clinical practice.

4. CbD

Each candidate will undertake two CbDs with their supervisor and include a written report of no more than 1200 words.

5. Statement of attainment

On completion of the attachment, the primary EMC supervisor must confirm the candidate has met overall competence in the clinical setting and is ready to undertake the MCQ examination.

6. MCQ examination

This one-hour supervised online examination will assess the candidate's knowledge of key topic areas.

Recommended resources

1. Bersten AD, Soni N. Oh's intensive care manual. 7th edn. Edinburgh: Butterworth-Heinemann, 2013.
2. BMJ Advanced Life Support Group. Advanced paediatric life support – The practical approach. 6th edn. London: BMJ Books, 2016.
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2. The Royal Australian College of General Practitioners. The Fellowship in Advanced Rural General Practice (FARGP) – Guidelines for general practice registrars and practising GPs 2016. East Melbourne, Vic: RACGP, 2016. Available at www.racgp.org.au/download/Documents/FARGP/guidelines-for-general-practice-registrars-and-practising-gps-2016-.pdf [Accessed 4 July 2017].
3. The Royal Australian College of General Practitioners. Curriculum for Australian general practice 2016 – CS16 Core skills unit. East Melbourne, Vic: RACGP, 2016. Available at www.racgp.org.au/education/curriculum [Accessed 4 July 2017].

