

Application for approval of an overseas extended skills training post

Registrar name

Name of post

Country

Dates of proposed training term

Regional Training Organisation

Introduction

This application form must be completed by ADF GP Registrars seeking to undertake extended skills posts overseas.

The first year of general practice based training must take place in Australia. For further information on the requirements of extended and advanced skills post please access the following documents at www.racgp.org.au/vocationaltraining/standards

- RACGP Standards for general practice training (second edition)

All overseas extended skills posts must be prospectively approved by the RACGP ADF Censor in addition to the other requirements stated www.racgp.org.au/education/rto/accreditation/

Within three months of completion of the post, the registrar must provide a report on the experience and learning opportunities undertaken. To be accepted as part of training, all documentation must be submitted to the RACGP ADF Censor for consideration and approval.

The instructions for completing this form are detailed on page 3.

Contact details

RACGP National office

Overseas post accreditation – Education Unit

RACGP College House

100 Wellington Parade

East Melbourne VIC 3002

Tel **03 8699 0577**

Email ospost@racgp.org.au

Privacy statement

The details you have supplied will be used in the following manner:

- By The Royal Australian College of General Practitioners (RACGP) to assess your application, and in monitoring and evaluating the RACGP's processes and its outcomes.
- Your details will be sent to the Regional Training Organisation (RTO) responsible for the registrar's training when appropriate.
- At the discretion of the RACGP information may be accessed by researchers as part of the college evaluation processes.

The College's privacy policy may be accessed at its website racgp.org.au

Your mailing address may be used by the College for the dissemination of circulars and promotional material incidental to its further education programs. If you do not wish to receive such material please tick here.

Completing the application for an ADF overseas extended skills post

To complete this application form for extended skills posts please complete the post details, the details of the **supervisor** who will be onsite with the registrar and other supervisors' details, and provide the registrar's learning plan.

The completed application should be forwarded to the RACGP (see contact details page 2)

Application details for extended skills post

Registrar details

Name

Address

State

Postcode

Mobile

Email

Currently what have you completed in your general practice training?

The registrar must have completed the first 12 months of GP training before undertaking any training overseas. An overseas extended skills post is typically undertaken as GPT4.

- | | | |
|---|-----|----|
| • Hospital year | Yes | No |
| • First 12 months of general practice placement | Yes | No |
| • First 6 months of the second year of the general practice placement | Yes | No |
| • Extended skills post | Yes | No |

Please attach a copy of the registrar profile report which details the training units undertaken.

Details of proposed post

Contact details

Name of post

Address of post

State

Postcode

Telephone

Email

Post details

The information to be provided under each question is expected to be detailed.

1. Title

2. Dates of proposed training term

3. Post description / background

3.1 Roles and responsibilities to be undertaken

3.2 Facilities (including services)

- What number of rooms are available?

Consulting

Examination

Theatre

Specified purpose

Other

Are the rooms adequate for the registrar's needs?

Yes

No

(Standard 1.3 applies: The practice environment is safe and supports training).

3.3 Medical role, eg. Military or other

- Are GPs involved in this hospital/post? Yes No

3.4 Working hours

3.5 Accommodation

3.6 Specific interest areas

3.7 Patient population demographics

Please provide patient details by either completing this section or attaching a deidentified practice patient profile or (if appropriate) attaching item number data which clearly demonstrates the medical specialty.

If exact figures are not available, please give as accurate an estimate as possible. Please do not leave blanks.

- What number of patients are seen per day?

- What are the typical health concerns of patients attending the post?

- Please provide a percentage breakdown of patient composition.

3.8 Teaching and learning opportunities

3.9 Besides the onsite supervision provided by your nominated supervisor, what other supervision opportunities will be available for you, if any?

Onsite supervisor details

Name of supervisor

Qualifications

Postal address

State

Postcode

Telephone

Email

What are your special areas of interest?

I enclose a copy of my current medical registration certificate.	Yes	No	AND
I enclose a copy of my curriculum vitae.	Yes	No	AND
I declare that I have NOT been removed from the local medical jurisdiction for conduct, health or performance reasons under any jurisdiction at any time in my career.	Yes	No	AND
I declare that I am NOT currently under investigation or the subject of disciplinary proceedings under any jurisdiction.	Yes	No	AND
I declare that I am NOT currently subject to any conditions, limitations or restrictions from any jurisdiction.	Yes	No	
I will ensure that registrars have adequate insurance coverage and are registered with the local medical council for the clinical work to be undertaken.	Yes	No	
I agree to meet all RACGP requirements for overseas extended skills posts (available at: www.racgp.org.au/download/Documents/Standards/18549-Standards-for-General-Practice-Training-Second-Edition-V2.pdf and to assist the registrar to meet their learning plan for this term (attached).	Yes	No	
I will provide onsite supervision for the registrar (On-site supervision is required for overseas extended skills posts.)	Yes	No	

Comments

Signed

Date

Agreement to provide educational requirements

The supervisor(s) agree to provide the requisite educational activities to the registrar in the post.

Name of post

Hospital / post

Signed

Date

Signed

Date

The hospital/post agrees to develop (as required) and implement policies and procedures, which ensure that service requirements are compatible with the training requirements of the registrar.

Signature of responsible officer

Date

Name

Position

Registrar education and assessment

To be completed by the principal supervisor (this is the supervisor who deals with the registrar on a daily basis in the training post)

Supervisor name

Term name

Topics of education I plan to guide the registrar through

What strategies I plan to implement to guide registrar training

How I plan to assess the registrar's education

Signed

Date

Approval of registrar's training by the regional training organisation (RTO)

The medical educator, regional training organisation, confirms approval for the learning plan and completion of this post by
(name of registrar)

RTO details

Name

Address

State

Postcode

Telephone

Fax

Email

Name of Medical Educator

Contact details (if different from above)

Telephone

Fax

Email

Signed

Date

encl: Registrar Profile detailing the training units undertaken by the registrar.

Registrar's detailed learning plan

For overseas extended skills posts a detailed learning plan covering each identified learning needs area (a minimum of four learning objectives should be included) from the registrar must be completed using the following template.

Name of registrar

Name of post

Post country

Dates of proposed training term

Learning objective	Priority	Medium	High
Need / goal			
How identified			
Aims and objectives			
Strategies for learning			
Evidence / evaluation			

Learning objective	Priority	Medium	High
Need / goal			
How identified			
Aims and objectives			
Strategies for learning			
Evidence / evaluation			

Learning objective	Priority	Medium	High
Need / goal			
How identified			
Aims and objectives			
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Evidence / evaluation			

Learning objective	Priority	Medium	High
Need / goal			
How identified			
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Learning objective	Priority	Medium	High
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