

Completion of training worksheet for Vocational Training Pathway

Registrar name RACGP number

Regional Training Organisation (RTO)

Date joined AGPT

Date sent to RACGP Date received by RACGP Date sent to Censor Fellowship date Date returned to RTO

	RTO	RACGI
Education requirements		
Evidence of competence to perform and maintenance of skills in, Advanced Life Support:	Date completed (each)	
• ALS		
BLS prior to GPT1 (2016 cohort onwards)		
BLS prior to Fellowship		
Evidence of completion of Aboriginal Health Curriculum	Date completed	
All required mandatory education activities completed	Date completed	
Attendance at a minimum of 125 hours of educational events provided by the RTO	List total number of education hours	
At least 2 meetings per year with a Medical Educator	Date completed	
Experience requirements		
Minimum one year of Hospital terms during training (or equivalent RPL) completed		
Mandatory paediatric experience requirement met		
Adequate hospital-based exposure to the disciplines of medicine, surgery and emergency medicine		
 Minimum 18 months experience in an RACGP accredited general practice training posts under the guidance of an RACGP accredited supervisor completed 	Please attach supporting documentation	
6 months outended skills training completed		
6 months extended skills training completedPractice diversity requirements met		

	RTO	RACGP
Assessment requirements		
Pass RACGP examinations within 3 years of first pass	Exam cycle completed	
Applied Knowledge Test		
Key Feature Problems		
Objective Structured Clinical Exam		
Professional and ethical requirements		
Do you have any concerns about the ethics and/or professionalism of this registrar?	If yes, please attach documentation	
Yes No		
Administrative requirements		
Australian medical registration		
Date of first general registration		
Any restrictions on practice		
Current medical registration		
Financial RACGP member		
Apply for Fellowship within 3 years of completion of the 3 examinations, or within 1 year of completion of all pathway requirements, whichever is the lesser	If yes, please attach documentation	
Other requirements		
Recognition of Prior Learning Yes No	If yes, please provide details and attach documentation	
• Type		
Approval date		
Amount of RPL approved		
Evidence of an 'end of training' interview with a Medical Educator	Date completed	

RTO (please select)

Signature

Signature

Name (printed)

Date

RACGP Censor

Signature

Signature

Date

Documents attached

AGPT registrar profile report

ALS certificate

CPR certificate prior to GPT1 (2016 cohort onwards)

CPR certificate prior to Fellowship

Current medical registration

RPL approval letter (if applicable)

Hospital terms documentation (if applicable)

Documentation related to training requirement variation eg copy of request approval, alternative learning plan, inter-practice visit report (if applicable)

CV including all clinical work since graduation and an explanation for any gaps in clinical practice

Other

Please complete this form and send it with any supporting documentation to your state faculty.