ADF Overseas and other deployments extended skills training placement application and guide



GP Training

Section A: Introduction and instructions

The aim of the extended skills training placement in an overseas setting or other deployment within Australia is to allow the registrar to further their knowledge and skills in an area of interest or in need of development. Extended skills training placement applications for an overseas setting will only be considered for Australian Defence Force (ADF) registrars after completion of their first year of general practice-based training in Australia and will be assessed on an individual basis.

This form outlines the requirements for registrars in an extended skills training placement in an overseas setting, in accordance with the RACGP Standards for general practice training (3rd edition). Please also see RACGP - ADF guide.

Requirements for an ADF overseas or Australian deployment extended skills training placement

- The nominated training site is able to take registrars
- There is appropriate onsite supervision
- The supervisor's current resume and declaration is required
- The training site has relevant opportunities for learning, appropriate patient demographics, a commitment to teaching and review of the registrar's learning plan
- The training site is safe for the registrar. The registrar's living arrangements and health service infrastructure will be assessed.

Applications submission instructions

PLEASE NOTE: Applications should be provided to the RACGP for approval prospectively. However, if the registrar is deployed prior to the application being submitted, please provide a detailed explanation below to receive an exemption for a retrospective application.

- 1. The application form must be completed by the ADF registrar wishing to undertake an extended skills placement in an overseas setting or other deployment within Australia.
- 2. The prospective training site supervisor completes relevant sections of the application form as requested by the registrar.
- 3. The registrar completes (Appendix A) Learning plan in consultation with their local medical educator and/or the supervisor.
- 4. Once complete, the ADF registrar signs the application form, to indicate that they agree to the mandatory requirements and submits the form and all associated documentation to their training coordinator.
- 5. The training coordinator will review the application to ensure the documentation is complete and then forward the application to the regional medical educator (ME) with ADF portfolio or as appropriate.
- 6. The regional ME will liaise with the registrar concerning the application and learning plan and complete **section C** of the document.

The regional team or Censor may include the National Lead Medical Educator – ADF at any time to clarify eligibility and placement requirements.

7. **For deployments within Australia**, the ME will return the signed documentation to the training coordinator who will advise the registrar of approval and the date the Summary report is required and update the TMS.

- 8. **For overseas placements**, the ME will forward the completed application form and associated documentation to the National Accreditation Unit via adf@racgp.org.au.
- 9. The National Accreditation Unit will forward the completed application and associated documents to the RACGP censor and update the national oversight log.
- 10. The relevant censor will review the overseas extended skills placement application and associated documents and communicate with the ME and training coordinator regarding any queries, complete section D and return the completed form to the National Accreditation Unit via adf@racgp.org.au.
- 11. The National Accreditation Unit will communicate the outcome of an overseas extended skills placement application to the registrar (cc to the training coordinator) and liaise regarding the Summary of Learning outcomes following the placement.
- 12. The National Accreditation Unit will forward a copy of the approved form to the National Lead Medical Educator ADF to ensure national oversight of all ADF overseas placements.
- 13. The National Accreditation Unit maintain a log of all approved overseas extended skills applications and summaries

Learning plan and final approvals

A detailed learning plan must be developed by the registrar and submitted with the application. Please see Appendix A.

Within three months of completion of the placement the registrar must reflect on the placement with their medical educator and prepare a <u>Summary Report</u> on the template provided.

For Overseas placements, the National Accreditation Unit will prompt this report via email to the registrar.

For deployments within Australia, the training coordinator will follow up with the registrar where the report has not been received by the due date.

The same learning plan updated to reflect learning outcomes achieved throughout the placement must be submitted with the Summary report. The report is to be signed by the registrar, the training supervisors and forwarded to the regional medical educator (with ADF portfolio as appropriate) with CC to the training coordinator.

The regional medical educator completes Section C.

For deployments within Australia, the regional ME with ADF portfolio liaises with the training coordinator to confirm final approval of the placement and update the TMS.

For overseas placements, the ME forwards the summary report and associated documentation to the National Accreditation Unit via adf@racgp.org.au. The National Accreditation Unit will forward the completed summary report and associated documents to the RACGP censor to review, complete relevant section and return signed report to adf@racgp.org.au.

The National Accreditation Unit will provide written confirmation of completion to the registrar for overseas extended skills placements, with cc to the training coordinator.

The Accreditation Unit will forward the report and liaise with the National Lead Medical Educator – ADF for oversight.

For all queries on the overseas extended skills placements or ADF deployments within Australia please discuss with your medical educator.

Section B: ADF registrar and supervisor section

Registrar details Registrar name Registrar RACGP ID Mobile **Email** Current RACGP training location Please note - The registrar must have completed the first 12 months of GP training before undertaking any training overseas. A report from the training management system (TMS) must be included for the censor showing the registrar's level of training. **RACGP Examination History AKT** Attempted: Yes __ / No __ Passed: Yes / No If yes year -KFP Attempted: Yes \(\Boxed{\omega} \) / No \(\Boxed{\omega} \) Passed: Yes \(\Backslash \) No \(\Backslash If yes year -CCE Attempted: Yes __ / No __ Passed: Yes / No

Please specify – I am seeking approval of training time in an ADF Extended skills placement -
☐ Overseas Deployment
☐ ADF Deployment within Australia

If yes year -

Contact details of proposed training site Name of training site Address of training site State Postcode Telephone Relevant contact name and title Email Details of proposed placement The information to be provided under each question is expected to be detailed: Title of the placement Dates of proposed training term to If this rotation has already commenced, please provide reason why the application wasn't submitted prospectively Placement description / background

Registrar's role and responsibilities to be undertaken			
Training site environment (including services)	1		
Room Type	Number available		
Consulting / examination room			
Theatre / procedure room			
Other, please specify			
Are the rooms adequate for the registrar's needs? Yes or No (Standard 1.3 applies: The practice environment is safe and supports training).	☐ Y ☐ N Comments:		
Supervisors			
Are GPs involved in this placement?			
Accommodation			
Patient population / demographics			
Patient population demographics (Age range and percentages of presentations)			
Number of patients seen per day			
Range of health presentations seen at the training site			
Number of patients registrar would be expected to see per day			
Teaching and learning opportunities			

Onsite supervision details and availability Nominated primary supervisor name Ahpra number RACGP / ACRRM membership no. Mobile Qualifications Telephone Email address ■ Military ☐ Civilian Special areas of interest Onsite rostered hours Hours **Days** Monday Tuesday Wednesday Thursday Friday Saturday Sunday

If there are other proposed secondary supervisors available for the placement, please add their details:		
Supervisor name		
Aphra number		
Qualifications including RACGP number if applicable		
Telephone		
Email address		
☐ Military ☐ Civilian		
What percentage of the registrar's rostered time will onsite supervision be available?		
At times, when the allocated onsite supervisor is not available, how will supervision be provided?		
Education and assessment		
To be completed by the supervisor		
What education topics do you plan to guide the registrar through?		
What strategies are planted to suide training for the registran?		
What strategies are planned to guide training for the registrar?		
How will registrar education be assessed?		

Supervisor declaration Yes or No ΠΥ \square N 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. \square N I declare that I am NOT currently under investigation or the subject of disciplinary proceedings under any jurisdiction. $\prod Y$ \square N I declare that I am NOT currently subject to any conditions, limitations or restrictions from any jurisdiction. $\prod Y$ \square N I will ensure that registrars have adequate insurance coverage and are registered with the local medical council for the clinical work to be undertaken. $\prod Y$ \square N I agree to meet all RACGP requirements for extended skills placements (available at: https://www.racgp.org.au/education/education-providers/regional-training/standards-for-genera practice/standards-3rd-edition) and to assist the registrar to meet their learning plan for this term (in the appendix). □ Y \square N I will provide onsite supervision for the registrar. □ Y \square N I have reviewed the registrar learning plan and agree to provide the requisite educational activities to the registrar in the placement. Supervisors - please provide current documents confirming qualifications and experience eg. CV Primary Supervisor Name Date Signature of Supervisor Relevant site contact declaration The training site agrees to develop (as required) and implement policies and procedures, which ensure that service requirements are compatible with the training requirements of the registrar. Name and title of site contact

Name and title of site contact	Date
Signature of site contact	

Registrar document checklist and signature

Please ensure the following documents are included with the completed and signed application

- Detailed learning plan (Appendix A)
- TMS report outlining registrar training
- Documentation confirming supervisor qualifications and experience

Registrar name		Date
Signature of Re	gistrar	
_	abmit this application and associated documents to application to ensure the documentation is complete and	
viii roviovi aro e	pproductive crossing and accommondation to comprete air	
Section (C: Regional Medical Educator v	vith ADF portfolio
Application	and document review / additional comme	nts / review of training
progression		-
Date application	received	
Placement date	S	Number of weeks
	to	
Dogistror will be	we completed CDT4 and CDT2 priors V N	J.L
	ave completed GPT1 and GPT2 prior: Y N	
Civilian practice	time	
Confirmation of		
∐Y ∐N	AKT – Attempted	
□ Y □ N	AKT – Passed	
Y N	KFP – Attempted	
□ Y □ N	KFP – Passed	
□ Y □ N	Clinical Exam – Attempted	
□ Y □ N	Clinical Exam – Passed	

Attachments received
Registrar learning plan (Appendix A)
☐ TMS report outlining registrar training
☐ Supervisor qualifications and experience eg. CV / Review of Ahpra status
Comments following review of application and documents, including learning plan
Declaration
Declaration
I support the application for:
Name of registrar
ADF extended skills placement location (training site)
Anticipated due date for Summary Report submission and Learning Plan review
Regional Medical Educator name Date
Signature of Medical Educator
For deployments within Australia, the ME will return the signed documentation to the training coordinator who will advise
the registrar of approval and the date the Summary report is required and update the TMS.
For overseas placements, the ME will forward the completed application form and associated documentation to the National Accreditation Unit via adf@racgp.org.au . The National Accreditation Unit will forward the completed application
and associated documents to the RACGP censor and update the national oversight log.

Section D: Censor Completion Checklist

Assessment of Applications (Censor only) – The Censor reviews the application form, all associated documentation, learning plan and Medical Educator comments.

Time in GP training (must have completed 12 months of GP training (Yes or No)			
 Y □ N 12 months GP training completed □ Y □ N Civilian practice (time, commentary) □ Y □ N ADF Health Facilities (time, commentary) 			
Supervisor is appropriately qualified			
Supervision arrangements are appropriate and include onsite supervision			
Learning opportunities			
Does the registrar learning plan have the potential to extend the registrar skills? \square Y \square N			
Comments and considerations			
Including - registrar safety and wellbeing, working environment, living arrangements, access to personal and professional support, supervisory arrangements			
Further information to be requested			
Application complete?			
If no, what information is required?			

Approval and messages to the registrar			
(To be included in the formal outcome letter)			
This placement is approved			
Please add further comments if required for the approval letter or if not approved, what needs to happen to enable the placement to be approved?			
State Censor name	Date		
Signature of State Censor	1		
Please return this completed report and any attachments to adf@ra	acgp.org.au		