



AGPT Registrar Training Handbook



RACGP AGPT

AGPT Registrar Training Handbook**Disclaimer**

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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.

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Training program contacts

RACGP National

T: 1800 472 247

E: education@racgp.org.au

W: www.racgp.org.au

RACGP offices

W: www.racgp.org.au/find-an-office

RACGP Rural

T: 1800 636 764

E: rg@racgp.org.au

GP training contacts

W: www.racgp.org.au/education/gp-training/gp-training/key-contacts

Acronyms

ACEM	Australasian College for Emergency Medicine
ACRRM	Australian College of Rural and Remote Medicine
ADF	Australian Defence Force
AGPT	Australian General Practice Training program
AHPRA	Australian Health Practitioner Regulation Agency
AIDA	Australian Indigenous Doctors Association
AJGP	Australian Journal of General Practice
AKT	Applied Knowledge Test
ALS	advanced life support
AMA	Australian Medical Association
AMC	Australian Medical Council
AMG	Australian medical graduate
ARST	additional rural skills training
BLS	basic life support
CBD	case-based discussion
CCA	clinical case analysis
CCE	Clinical Competency Exam
CPD	continuing professional development
EASL	early assessment for safety and learning
ECTV	external clinical teaching visit
EMT	emergency medicine training
FACRRM	Fellowship of the Australian College of Rural and Remote Medicine
FAQ	frequently asked question
FARGP	Fellowship in Advanced Rural General Practice
FGAMS	foreign graduate of an accredited medical school
FLI	focused learning intervention
FRACGP	Fellowship of the Royal Australian College of General Practitioners
FRACGP-RG	RACGP Rural Generalist Fellowship
FSP	Fellowship Support Program
FTE	full-time equivalent

GP	general practitioner
GPRA	General Practice Registrars Australia
GPSA	General Practice Supervision Australia
GPT1, GPT2, GPT3	general practice terms
IGPRN	Indigenous General Practice Registrars Network
JMO	junior medical officer
KFP	Key Feature Problem exam
MDO	medical defence organisation
ME	medical educator
MEMQ	modified extended matching question
Mini-CEX	mini-clinical evaluation exercise
MMM	Modified Monash Model
MSF	multi-source feedback
NTCER	National Terms and Conditions for the Employment of Registrars
PGY	postgraduate year
PRC	progression review committee
RACGP	Royal Australian College of General Practitioners
RCA	random case analysis
RDOT	regional director of training
RLO	registrar liaison officer
ROM	regional operations manager
RPLE	recognition of prior learning and experience
RVTS	Remote Vocational Training Scheme
SBA	single best answer
STE	special training environment
TC	training coordinator
TLC	training location commitment
TMS	training management system

Our Fellowships

Fellowship of the Royal Australian College of General Practitioners (RACGP) denotes a practitioner who provides safe, specialised and high-quality general practice care. It demonstrates to governments, the general practice profession and the community that a doctor is competent to practise safely and unsupervised in any Australian general practice setting – metropolitan, rural, remote and very remote communities. It allows access to specialist medical registration and A1 Medicare rebates.

The RACGP offers two Fellowships:

- Fellowship of the RACGP (FRACGP) is what all registrars are training towards on the Australian General Practice Training (AGPT) program.
- RACGP Rural Generalist Fellowship (FRACGP-RG) is awarded in addition to FRACGP to registrars who successfully complete rural generalist training.

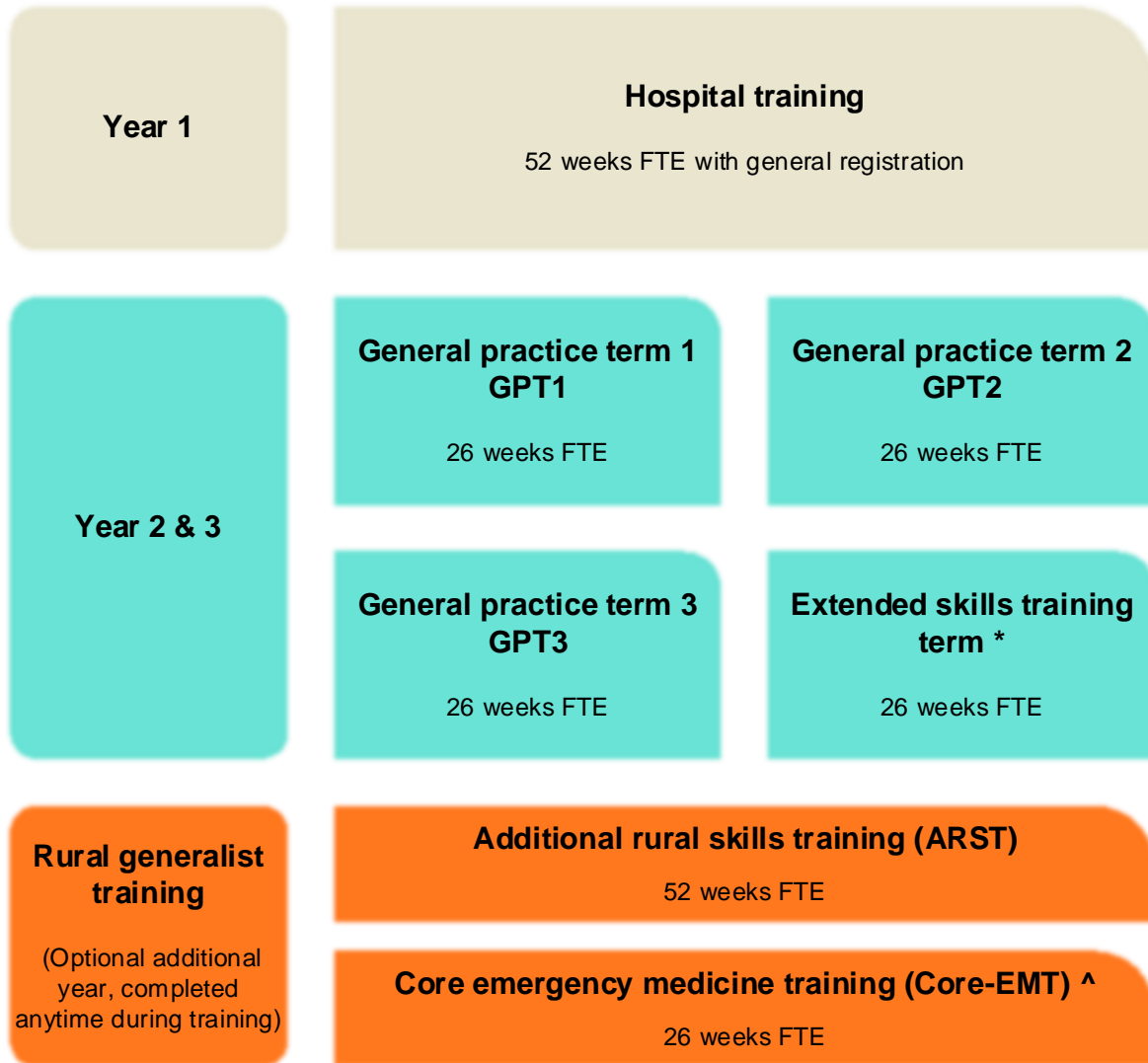
The RACGP Rural Generalist Fellowship aims to develop additional rural skills and increase the availability of safe, accessible and comprehensive care for Australia's rural, remote and very remote communities. It replaces the Fellowship in Advanced Rural General Practice (FARGP) and aligns with the [National Rural Generalist Pathway](#). It is awarded in addition to the Fellowship of the RACGP (FRACGP).

Rural Generalist Fellowship recognises rural generalist medicine as a specialised field within the specialty of general practice. Rural generalists deliver primary care services, emergency medicine and additional skills such as obstetrics, anaesthetics and mental health services to provide access to a broader range of specialist medical care in their communities.

Rural generalist registrars complete an extra year of training to develop additional rural skills.

Figure 1 shows the pathway to RACGP Fellowship for registrars on the AGPT program.

The AGPT Program



* May be completed at any time during years 2 and 3

^ May be undertaken as the extended skills training term

To be admitted to Fellowship of the RACGP (FRACGP) or RACGP Rural Generalist Fellowship (FRACGP-RG), you'll need to complete all requirements of the AGPT program. This means satisfactorily completing your program time, placements, educational components and assessments, including the RACGP Fellowship exams. You'll also need to show appropriate professional conduct throughout your training. If all requirements are successfully met, you'll be eligible to access specialist medical registration and A1 Medicare rebate rates.

Figure 1. RACGP journey to Fellowship

Introduction to general practice

The AGPT is funded by the Australian Government and offers an apprenticeship model of training over three to four years.

The RACGP AGPT is a comprehensive education program grounded in the [RACGP educational framework](#) and its three guiding educational instruments:

- The RACGP [Curriculum and syllabus for Australian general practice](#) provides the scope of educational content (42 individual units) to be learnt throughout the AGPT program and details the educational competencies and learning outcomes. It's an indispensable tool for registrars and their training program team.
- The [Progressive capability profile of the general practitioner](#) is a public statement of the RACGP's view of the capabilities of an Australian GP from entry to general practice training through to post-Fellowship. By defining the capabilities and competencies required at four milestones of general practice training, it is a benchmark for professional practice.
- Our [education policies](#) and [standards](#) aim to ensure high-quality, effective education and safe clinical practice in workplace training.

The RACGP has a national approach to training that includes a local training team supported by regional and national teams. The AGPT program comprises hospital training, general practice placements (GPT1, 2 and 3) and extended or additional skills training.

As a registrar, you'll experience working in a variety of settings, including hospitals, general practice and other accredited facilities. The RACGP is responsible for setting the standards and accrediting these sites for delivery of training.

There are two training streams available, subject to your eligibility. You may train:

- mainly in or near a city with the general stream, or
- mainly in rural or regional areas with the rural stream.

Refer to [Training terms](#) for more information about the components of training.

General and rural training streams

General training stream

As a registrar with the general stream, you'll gain experience by working in a range of locations. You'll train mainly in metropolitan areas, but you're also required to work in at least one other location:

- outer metropolitan or non-capital city MMM 1 location
- regional, rural or remote location
- Aboriginal and Torres Strait Islander health training post.

You can meet this requirement by working for 12 months in one of these three locations, or by working in two of the locations for six months each.

Your preference for a particular training location is taken into account along with the local practice placement policy and the availability of an accredited training facility in that location.

Rural training stream

The rural stream offers training in a variety of locations outside metropolitan regions – regional, rural and remote areas which are classified as Modified Monash Model (MMM) 2–7. If you've chosen the rural stream, you're expected to live in the rural community where you work.

The [Modified Monash Model \(MMM\)](#) defines whether a location is a city, rural, remote or very remote. MMM 1 is a major city and MMM 7 is very remote. Overseas doctors (international medical graduates and foreign graduates of an accredited medical school) who are subject to section 19AB of the *Health Insurance Act 1973* (Cwlth) must train on the rural stream in MMM 2–7 areas and are not eligible for the general stream.

Rural generalist training

You can opt into training towards the Rural Generalist Fellowship at any point in your AGPT program training. You'll spend at least 52 weeks (FTE) of your community general practice training in an MMM 3–7 location, either in one continuous block or in two six-month terms. You're expected to live in the rural community where you work.

You can complete rural generalist training within the AGPT program over four years, which will allow you to develop the additional skills required to meet the diverse health needs of rural or remote communities.

Refer to [General training stream](#), [Rural training stream](#) or [Rural generalist training](#) for further information about these training streams.

Training regions

The map in Figure 2 shows the AGPT program training regions. You can refer to the [AGPT Training regions page](#) for more detail about each training region and sub-region.

While you're expected to stay in the training region that you nominated in your AGPT application for the duration of your training, there are circumstances where you may be approved to transfer between training regions. Refer to [Transferring](#) for more information.

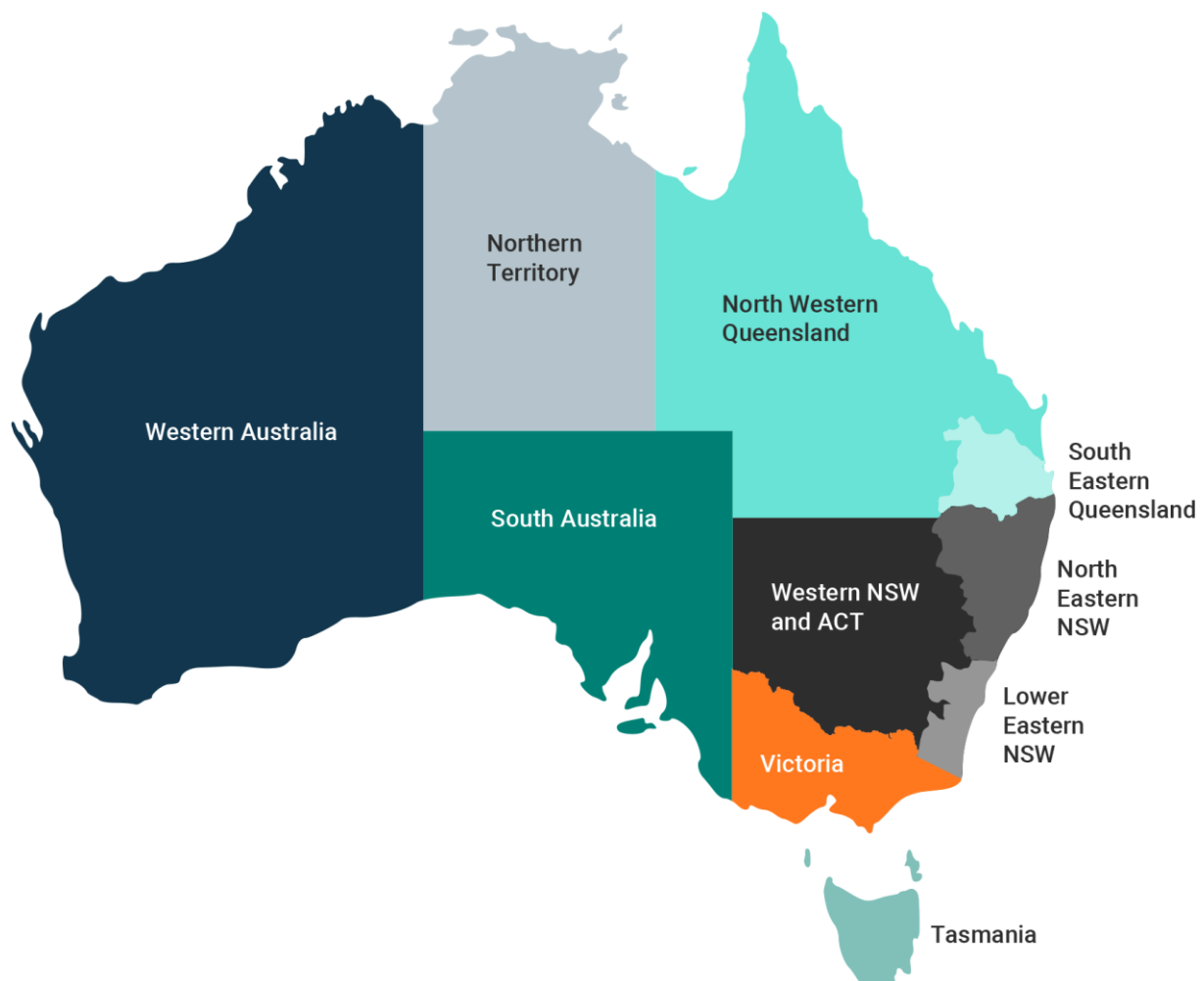


Figure 2. AGPT training regions

Who's who in training

Local team

As a new registrar, you'll be supported from the time you enter the AGPT program through to Fellowship.

Your training program team includes a training coordinator and a medical educator (ME). Other people in your local team include a cultural mentor and an administrator, and for each general practice placement, a supervisor.

Your local team is supported by regional and national RACGP services and teams.

Training coordinator

You'll be allocated a training coordinator when you begin training. They're a key contact and the first port of call for training-related queries, such as administrative tasks and requirements for training progression. Training coordinators work closely with the local medical education team.

Medical educator

MEs are experienced GPs with educational and practical knowledge in the general practice environment. They may also be external clinical teaching visitors or supervisors within a practice.

At the beginning of training, you'll be allocated an ME who will mentor, guide and support you in your education and learning. Be aware though, that MEs usually work part time as they also work in general practice. If you need urgent assistance from an ME and yours isn't available, please contact your training coordinator who will put you in touch with an available ME.

Supervisor

Supervisors are integral to GP training. As part of an apprenticeship model, a GP supervisor, as an experienced GP, is a professional role model, helping to lay the foundation for a registrar's lifelong learning, professionalism and high-quality patient care.

Supervisors provide advice and support, one-on-one teaching, supervision, feedback and assessment. In rural areas, a supervisor provides local information and support to the registrar and their family. Supervisors contribute to team-based learning in the practice setting, which will include other GPs and practice staff.

Cultural mentor

A cultural mentor is a member of the local Aboriginal and Torres Strait Islander community, and together with a cultural educator, supports registrars to develop cultural competency by providing Aboriginal and Torres Strait Islander cultural and health education, including cultural safety training.

A cultural mentor is a valuable resource for all registrars training in a particular area, helping them connect with the local community.

You can go to your cultural mentor for information and advice on local Aboriginal and Torres Strait Islander history, cultural beliefs, values and practices. They can help you learn about appropriate communication and body language to use in general practice with patients who identify as Aboriginal and/or Torres Strait Islander.

If you're placed in an Aboriginal and Torres Strait Islander health training site, the cultural mentor will likely be involved in your in-practice orientation and will be available to assist you in your clinical practice.

Cultural mentors may provide additional and individualised cultural support to Aboriginal and Torres Strait Islander registrars who are navigating living and working on country that's either their own or that of another Aboriginal or Torres Strait Islander group.

Regional team

Regional director of training

A regional director of training (RDOT) provides high-level medical education leadership, including managing the regional and local medical educator teams, to ensure that the training program is delivered effectively in their region.

Registrar liaison officer

Registrar liaison officers (RLOs) provide confidential advice, information and support to registrars in their region. RLOs understand the issues facing registrars because they're GP registrars themselves. They meet regularly with the training team and advocate for registrars.

Your RLO is available to listen to you and may:

- provide advice
- suggest where to find further support
- help you submit enquiries or complaints
- facilitate social or group events as a way of helping registrars debrief and support each other.

Cultural educator

A cultural educator is a member of the local Aboriginal and Torres Strait Islander community. In some instances, a cultural educator will also work as a cultural mentor.

Cultural educators are responsible for the delivery of the [Aboriginal and Torres Strait Islander health unit](#) of the RACGP [Curriculum and syllabus](#), in particular, cultural orientation, cultural awareness training, and supporting registrars to provide culturally appropriate, responsive and sensitive healthcare to Aboriginal and Torres Strait Islander people. They work closely with MEs to support quality and holistic Aboriginal and Torres Strait Islander health and clinical practice training. They also work with cultural mentors to support registrars to develop cultural competency by providing Aboriginal and Torres Strait Islander cultural and health education, including cultural safety training.

If you're placed in an Aboriginal and Torres Strait Islander health training site, the cultural educator will also be available to offer any additional support and education that you may require throughout your placement.

Cultural educators may provide additional and individualised cultural support to Aboriginal and Torres Strait Islander registrars who are navigating living and working on country that's either their own or that of another Aboriginal or Torres Strait Islander group.

Censors

Censors work at both the regional and national levels. They are an important part of general practice training. They work closely with MEs, providing advice and guidance on training and policy; they approve variations to training and applications for recognition of prior learning and experience and completion of training; they are involved in the review of critical incidents; and they ratify exam results.

RACGP ADF team

Registrars in the Australian Defence Force (ADF) are mobile and require flexibility in their training. The RACGP ADF team will help you meet the RACGP's requirements for Fellowship and will provide support such as ADF-specific orientation, mentorship, training planning, transfer management, and getting recognition of overseas extended skills training posts.

TIP! If you are an ADF registrar, check out our companion guide for information tailored to your circumstances: [Australian Defence Force guide](#).

National team

The RACGP national team has oversight of the overall AGPT program, providing high-level educational leadership. They may provide guidance and decision-making in particular circumstances, such as educational support and remediation, application for extended leave and managing critical incidents.

Relevant policies and guides

[Requirements of Fellowship Policy](#)

[Training Program Requirements Policy](#)

Let's get you started

How we'll communicate with you

We'll communicate with you mainly via email. Please check your email regularly and respond to requests as soon as possible. It's your responsibility to make sure we have your current email address; please let us know promptly if it changes.

TIP! Emails from the RACGP will end with the domain @racgp.org.au

When you receive an email from us, add it to your safe senders list. From time to time, you should also check your spam/junk folder to make sure our emails aren't being filtered out of your inbox.

Your program team

You'll be allocated a training coordinator (TC) and medical educator (ME). These key members of your program team will be with you throughout your training journey and will help you with any queries you may have.

Your training coordinator will be able to help you with training-related queries, such as administrative tasks and requirements for training progression, but not clinical matters.

Your ME is an experienced GP with educational and practical knowledge in the general practice environment. They will mentor, guide and support you in your education and learning. Your ME will be able to help you with training advice and guidance as well as more clinically-focused queries, such as details of the RACGP [Curriculum and syllabus](#), and experience working as a GP.

Most MEs work part time as they also work in general practice. If you need urgent assistance from an ME and yours isn't available, please contact your training coordinator who will put you in touch with an available ME.

Your program team may change if you transfer regions or practices.

Your local training coordinator and medical educator should now be listed in your profile in the Training Management System (TMS).

RACGP membership

Once you've accepted your training offer, you'll need to become a financial member of the RACGP before your first day of training, even if you're still in hospital training.

You must be a financial member throughout the program, including while you're sitting Fellowship exams and being admitted to Fellowship.

TIP! Once accepted into the AGPT program you'll receive a membership renewal invoice; you won't need to complete a membership application form, as we'll set up your profile using your application information. We expect you to pay this invoice before your first day of training. If we don't receive payment, you may be suspended or withdrawn from the program. The [RACGP Constitution](#) details your rights as an RACGP member.

Maintain financial membership during the AGPT program

We expect you to pay your membership renewal fee within three months of the due date. If we don't receive payment, you may be suspended or withdrawn from your training program.

It's important to know that any training you do without a valid RACGP membership won't count towards your education and training requirements.

You'll need to be a Registrar Associate member; your program time won't be recognised under other membership types.

Recognition of training completed during a lapse in membership

On occasions when extenuating and unforeseen circumstances can be demonstrated, the RACGP may consider recognising training activities undertaken while you were not a financial member.

If you believe you're affected by extenuating and unforeseen circumstances, you may apply for recognition of training completed during a lapse in membership. Send us an email detailing the reasons for not holding membership while on the program.

Send your email to educationpolicy@racgp.org.au with the following information in the subject line:

Application for Recognition of Training – Dr [last name] – RACGP ID number.

Note that any decision is at the RACGP's discretion.

AHPRA medical registration

You must hold general medical registration from the start of training and throughout the training program.

Changes to your medical registration

If your medical registration changes at any time during your training, you must advise us immediately by sending an email to criticalincidents@racgp.org.au and to your training coordinator. If you don't notify us you may be reported for academic misconduct (refer to the [Academic Misconduct Policy](#)). A change to your medical registration might include a restriction, condition, limitation, reprimand, supervision requirement, tribunal outcome, suspension, undertaking and/or other remark or change.

Changes to your medical registration may affect your ability to progress through training or your ability to progress towards Fellowship, therefore it's important you notify us as soon as a concern is raised with AHPRA to allow us to provide you with the appropriate support and options.

Refer to the [AHPRA website](#) for more information about possible outcomes when a concern is raised about you.

Induction to the AGPT program

Onboarding module

You'll participate in an induction to the AGPT program, including an online onboarding module. This module will give you information about the training program. You can access the onboarding module on the [RACGP website](#).

TIP! Complete the onboarding module before you meet with your ME so that you can make the most of your time together by focusing on specific training advice for your circumstances.

Induction meeting

You'll have an induction session with your program team to discuss your individual training program. It's a chance to get to know each other and talk about your background, experience and readiness to start in general practice training.

Together, you'll develop a training plan to guide your training journey and discuss if recognition of prior learning and experience (RPLE) might apply to you. You'll cover topics such as:

- the requirements of training
- your training plans, any particular requirements you may have and any potential barriers to your training
- your readiness for general practice terms
- your eligibility for RPLE

- your career aspirations
- any questions you may have and any other information you need to know for your training.

Your program team and other local supports will arrange your induction meeting at a mutually convenient time.

Assessment of readiness for general practice

Overview

If you enter AGPT directly after your internship, the program will typically comprise one year (FTE) of clinical hospital experience as part of your hospital training term, followed by two years (FTE) of core vocational training. The two years of core vocational training include three general practice terms (GPT1, 2 and 3) and one extended skills training term, with each term lasting 26 weeks (FTE).

The RACGP will check that you have achieved an adequate level of competency before you are allowed to start in core vocational training. To do so, we will seek evidence that you have successfully completed the following requirements:

- Four mandatory hospital rotations in the five years before starting GPT1,
- 52 weeks (FTE) of clinical hospital experience at a level above intern in the ten years before starting GPT1, and
- A basic life support (BLS) course in the 12 months prior to starting GPT1.

Important: Clinical hospital experience gained as a locum will not be considered when assessing your readiness for core vocational training.

Let's look at each requirement in more detail.

Four mandatory hospital rotations

You must have successfully completed the four mandatory hospital rotations below in the five years prior to starting in core vocational training:

- general medicine,
- surgery,
- emergency medicine, and
- paediatrics.

These rotations are generally between 8 and 12 weeks (FTE) each in duration, can be completed at intern or post-intern level and must be undertaken in accredited Australian or New Zealand hospitals.

For each rotation, you will be required to provide a statement of service from the Junior Medical Officer Manager (or equivalent) confirming:

- the dates of the rotation,
- any period of leave during the rotation, and
- satisfactory completion of the rotation.

Where the statement of service does not confirm satisfactory completion of the rotation, you must provide an end-of-term assessment form for the rotation. Where this is not possible, please speak to your training coordinator for advice.

If you completed any hospital rotation more than five years prior to starting GPT1, you will have to provide a reflective case-based essay demonstrating how you have maintained competency in that specific discipline. Contact your training coordinator for more information.

Further specific information about each rotation can be found in the [Mandatory Hospital Term Requirements guide](#).

Important: You cannot start in GPT1 until you have successfully completed all four hospital rotations.

There are different ways in which you can meet the mandatory rotation requirement, eg:

- If you completed none or only some of the required rotations before you were accepted into AGPT, you will need to complete any missing rotation as part of your hospital training term (Year 1 of the program).
- If you have already successfully completed all the mandatory rotations at intern or post-intern level before you were accepted into AGPT, you may be able to start in GPT1 directly upon entry into AGPT provided you meet all other readiness requirements (such as being eligible for RPLE).
- If you have satisfactorily completed UK hospital-based term/s in the mandatory discipline/s of medicine and/or surgery within the 5 years prior to starting community based general practice in GPT1, this may be accepted by the RACGP as meeting the mandatory term requirement in that discipline. Please contact your training coordinator for more information.

If you believe you will be unable to meet the mandatory rotation requirements, please contact your training coordinator to discuss your specific circumstances and to identify alternative ways the mandatory rotation requirements can be met.

52 weeks (FTE) of clinical hospital experience at a level above internship

Before you can start your core vocational training, you are expected to have worked at least 52 weeks (FTE) at a level above intern in accredited Australian or New Zealand hospitals.

For Australian registrars, this typically includes clinical experience completed post general medical registration / post intern level. For international registrars, clinical experience completed pre general medical registration may be considered provided it was undertaken at a level above intern.

There are various ways in which you can meet the hospital time requirement, eg:

- If you entered AGPT directly after your internship, you will need to complete the full 52 weeks (FTE) of clinical hospital experience as part of your hospital training term (i.e. Year 1 of the program).
- If you gained broad hospital experience after your intern year and before you entered AGPT, you may be able to get some of that experience counted towards the hospital time requirement. This is done by applying for Recognition of Prior Learning and Experience (RPLE).

There are strict rules applicable to RPLE and we understand that each registrar has unique circumstances, so make sure you speak to your training coordinator or medical educator for tailored advice. For more information on RPLE and how to apply, go to [Recognition of prior learning and experience](#).

If you are eligible for RPLE, you may be able to reduce your time in hospital training (ie Year 1 of the program) or even to start in GPT1 directly upon entry into AGPT, provided you meet all other readiness requirements.

Important: Demonstrating successful completion of the mandatory hospital rotations and applying for RPLE are two separate processes that must be completed sequentially:

1. You must show satisfactory completion of the mandatory hospital rotations before you can start in GPT1.
2. You must identify if you are eligible for RPLE before you start GPT1 and submit your RPLE application during GPT1. Go to [Recognition of prior learning and experience](#) for more information.

Basic life support course (BLS)

You must complete a basic life support (BLS) course in the 12 months before you start GPT1. The course must meet [RACGP criteria](#). To find out more, go to [Basic life support training](#).

Summary

Below is a quick checklist summarising the requirements you must meet before you are allowed to start GPT1.

- Completed 4 mandatory hospital rotations in the 5 years before start of GPT1, via one of these routes:**
- a. during hospital training term (ie Year 1 of AGPT program), or
 - b. prior to entry into AGPT program, or
 - c. via a combination of a. and b.
- Completed 52 weeks (FTE) of hospital experience at post-intern level in the 10 years before start of GPT1, via one of these routes:**
- a. 52 weeks (FTE) of hospital training term (ie Year 1 of AGPT program), or
 - b. eligible for RPLE for full 52 weeks, or
 - c. via a combination of a. and b. (ie some time granted as RPLE and the rest completed during hospital training).
- Completed a BLS course in the 12 months before start of GPT1**

If you have ticked all three requirements and the evidence you have supplied has been approved, you are ready to start GPT1. If you couldn't tick all three requirements, get in touch with your training coordinator or medical educator and they will be able to advise on the steps you should take to get ready for GPT1.

Orientation to general practice

Orientation modules

Before you begin your training in GPT1, you'll have to complete some online modules as part of your orientation. These modules will introduce you to general practice, with a particularly focus on how working in general practice differs from working in a hospital environment.

Orientation workshop

At the beginning of your first training term in general practice there'll be an orientation workshop in your local area where you'll meet your training coordinator, medical educator, other local RACGP team members and other registrars. This will be an opportunity to learn more about the AGPT program. Participating in the orientation workshop is critical to your training and a mandatory part of your out-of-practice training program.

We will let you know when the orientation is scheduled and any other details relevant to your orientation.

Recognition of prior learning and experience

What is RPLE?

We appreciate that you may start on the AGPT program with many years of hospital experience behind you. Recognition of prior learning and experience (RPLE) is the process of determining whether your prior hospital training and experience meets some of the education and training requirements of the AGPT program. Where RPLE is granted, it can reduce your time on the program.

RPLE is available as credit towards the following components of the AGPT program:

- Hospital training term, and
- Extended skills training term.

RPLE can't be used as credit towards general practice terms (ie GPT1, 2 and 3).

Important: Even if you are eligible for RPLE, it doesn't mean you have to apply for RPLE. You still have the option to start AGPT in the Hospital Training Term if you wish, to gain more hospital experience prior to commencing in GPT1.

When assessing applications for RPLE, the RACGP will consider whether your hospital training and experience was relevant to general practice, showed variety and breadth across components of the [RACGP Curriculum and syllabus](#), and was completed successfully.

Am I eligible to apply for RPLE?

To be eligible for RPLE, you must have fulfilled the experience requirements below by the date you start on the AGPT program:

- **if you're an Australian medical graduate:** you have completed at least 52 weeks (FTE) of clinical work in accredited Australian or New Zealand hospitals within the past 10 years, at a level above intern (post general registration).
- **if you're an international medical graduate:** you have completed at least 104 weeks (FTE) of clinical work in accredited Australian or New Zealand hospitals within the past 10 years, including 52 weeks (FTE) at a level above intern (pre or post general registration).

Important: We recommend that your hospital experience be as diverse as possible. We won't count more than 26 weeks in a 52-week period if it has been spent in one discipline, with the exception of emergency medicine. Go to [How much RPLE can I apply for?](#) for more information.

How much RPLE can I apply for?

You can apply for RPLE for up to 52 weeks (FTE) of hospital experience, taking into consideration the limits below.

- For clinical hospital terms completed after your intern year, you can apply for credit of between 12 and 52 weeks (FTE). You may apply for a maximum credit of 26 weeks in any one discipline of medicine, except for emergency medicine. For more information, go to [RPLE for emergency medicine experience](#).
 - ▶ If granted, this credit will reduce your time in the hospital training term.
- For extensive hospital experience that is of adequate breadth, variety and recency, you can apply for credit of up to 26 weeks (FTE).
 - ▶ If granted, this credit will reduce your time in the extended skills training term.
- You may also use a combination of the two options above, up to a combined limit of 52 weeks (FTE).

Your RPLE application may include up to seven weeks of approved leave per 52-week period pro rata (e.g. an application for 52 weeks of RPLE can include 7 weeks of leave / an application for 26 weeks of RPLE can include 3.5 weeks of leave). Your leave may include a combination of recreational/annual leave, personal leave, sick or carers leave and educational leave. If your application includes more than 5 weeks of documented leave it is important to consider other leave you may have taken that is not clearly noted in your supporting documentation.

To be considered for RPLE, clinical hospital terms must be at least four weeks (FTE) in duration.

Important: RPLE can contribute to a maximum of 52 calendar weeks FTE to the two calendar years of training required for Fellowship exam eligibility. Please refer to [Overview of Fellowship exams](#) for more information.

When and how do I apply for RPLE?

You must submit your RPLE application during GPT1. Your training coordinator will provide an RPLE application kit for you to complete as part of your onboarding.

Once submitted, your application will be assessed for approval by the State/Territory censor. If you are applying for RPLE as part of rural generalist training, your application will also be reviewed by the rural censor.

Applying for RPLE can be complex and lengthy, so we recommend you start the process as early as possible. You will receive helpful guidance from the RACGP along the way.

1. Firstly, we'll help you identify whether you are eligible for RPLE: during your induction into the program, you will be asked to provide evidence of prior hospital experience. Your medical educator or training coordinator will then schedule an Induction Training Advice meeting with you during which they'll review your evidence and determine if you are eligible for RPLE.
2. If you are eligible for RPLE, we will let you know which supplementary information and evidence you need to provide in your RPLE application. Go to [What do I need to include in my application](#) for more information.
3. As you complete your application, it will be reviewed twice: by the training team first, and then by a lead medical educator. You will receive feedback during these reviews and will be able to make changes to your application if necessary. We strongly recommend that you submit your application to your program team within the first 17 weeks of starting GPT1 so you have enough time to act on any feedback received.
4. Once your application is complete, it will be formally submitted to the State/Territory censor for approval and you will not be able to change it after that point.

When will I hear if my application is successful?

Once your application has been submitted to the censor, it will be assessed within eight weeks unless advised otherwise. Your program team will notify you directly of the outcome of your application.

In some cases, the censor may only partially approve your application, ie you will be granted less RPLE time than what you had applied for. If this happens, your program team will support you to identify the best time to make up the remaining time in hospital during your training program. The censor may grant you the option to complete a maximum of 12 weeks (FTE) of this remaining time in comprehensive general practice.

What do I need to include in my application?

You'll need to gather evidence to demonstrate that you have met the learning outcomes of the hospital training term or extended skills training term for which you are seeking recognition. Your evidence must be comprehensive and address all the disciplines in which you have prior training or experience, even if these were undertaken in the same hospital.

Completing your application and gathering the necessary evidence takes time. Statements of service and other documentation from hospitals can take up to six weeks to obtain, so we recommend you request these as early as possible.

An RPLE portfolio must include:

- evidence of the date that you were first granted general registration by AHPRA,
- a current curriculum vitae,
- for each post included in your RPLE application:
 - a statement of service,
 - an end-of-term assessment form,
 - a summary of educational activities undertaken during the post,
 - detail of how supervision was provided,
 - a reflective description of the learning outcomes achieved during the post and their relevance to Comprehensive Australian General Practice,
 - a description of the assessment processes and feedback received during the term,
 - the names and contact details of three past supervisors who can act as referees to discuss your knowledge and skills, particularly in relation to training for general practice.

If you are applying for RPLE for the extended skills training term, you'll also need to show how the activities you completed extended your skills and experience in a specific area relevant to general practice, to ensure it is equivalent to undertaking an extended skills training term during the training program.

Important: If your hospital experience was gained between 5 and 10 years prior to starting GPT1, you will need to submit additional evidence in your RPLE application to demonstrate that you've maintained the skills and knowledge acquired during the posts.

In exceptional circumstances where it isn't possible to provide the evidence listed above, you may be able to submit alternative evidence to support your application. Please speak to your training coordinator or medical educator for advice.

RPLE for emergency medicine experience

If you have diverse clinical experience in a range of emergency medicine settings, you may be eligible to apply for credit of more than 26 weeks provided the experience was gained in any of the four ACEM-classified emergency medicine subgroups, as per pre-2022 delineation - see Table 1.

You may apply for RPLE up to a maximum of 26 weeks (FTE) per subgroup.

Table 1. Changes to ACEM delineation

<u>ACEM delineation pre-2022</u>	<u>ACEM delineation from 2022</u>
Major referral	Major referral (MR)
Urban district emergency department	Non-major referral (non-MR)
Major regional/rural base emergency department	
Specialist paediatrics emergency department	Specialist children's

If your experience in emergency medicine was gained in posts that were not accredited by ACEM (see ACEM's [Where can I do my training?](#)), you may still be eligible for RPLE if the position provided appropriate clinical experience, supervision and teaching. Your training coordinator can help you determine the classification of a non-ACEM accredited post.

RPLE for rural generalist training

If you're working towards the Rural Generalist Fellowship, you may apply for RPLE to meet the specific outcomes of the Fellowship in addition to making a standard RPLE application. You can apply for additional RPLE for:

- additional rural skills training (ARST),
- rural general practice experience in an MMM3-7 location,
- core emergency medicine training,
- community project.

For information about the rules and process applicable to RPLE for rural generalist training, you can contact your training coordinator. There is also useful information on the [Rural Generalist Fellowship's RPLE page](#).

TIP! If you join rural generalist training after you commence the AGPT program, we encourage you to submit your additional RPLE application as soon as possible so that we can assess your application and help you plan your outstanding training requirements.

Relevant policies and guides

[Academic Misconduct Policy](#)

[Recognition of Prior Learning and Experience Policy](#)

[Training Programs Entry Policy](#)

[Comprehensive Australian general practice guide](#)

Training program requirements

Education and training

Training terms

The AGPT program is comprised of hospital training, general practice placements (GPT1, 2 and 3) and extended skills or additional rural skills training (Table 1). You'll experience working in a variety of settings, including hospitals, general practice and other accredited facilities. All registrars must complete 52 weeks (FTE) of training in a hospital.

Core vocational training consists of the mandatory components of the AGPT program that all registrars, regardless of the Fellowship they are working towards, must complete. It includes three terms of general practice placements and an extended skills training term (an opportunity to further develop skills in a particular area).

Additional training options include additional rural skills training (ARST) and core emergency medicine training (both for registrars undertaking rural generalist training) and approved academic posts (within a university).

Table 1. Compulsory training terms and time requirements

	Training term	FTE weeks
Hospital training	Hospital term	52 weeks
Core vocational training	GPT1	26 weeks
	GPT2	26 weeks
	GPT3	26 weeks
	Extended skills training	26 weeks
Rural generalist training (if applicable)	Additional rural skills training	52 weeks
	Core emergency medicine training*	26 weeks

* Rural generalist registrars may undertake core emergency medicine training as their extended skills training term.

To successfully complete each training term, you must:

1. satisfactorily complete the required number of weeks of FTE training (specified in Table 1). This time cannot be reduced to accelerate training (except in the case of RPLE being granted).
2. satisfactorily meet all education and training requirements
3. be assessed as successfully completing the training term.

If you don't successfully complete a training term, you may need to apply for an extension for assessment purposes. Refer to [For training and assessment purposes](#) for more information about extension of training.

Hospital training

Generally, the first year (12 months FTE) of the AGPT program is spent working in a hospital gaining valuable experience in a range of clinical disciplines relevant to general practice. This will give you a foundation for general practice training and an understanding of the integration of primary and secondary levels of care.

Hospital training can be done at any accredited hospital in Australia or New Zealand (not necessarily in your allocated training region). Although you won't yet be working in general practice, this is an important part of your journey to Fellowship. We will run educational workshops and recommend online modules to complete during your hospital training. These will help you stay in touch with general practice. Your program team will also be available to support you throughout this stage of your training.

Planning your hospital training

It is your responsibility to make placement arrangements for the hospital year and notify your program team of the hospital term(s) you plan to complete.

When planning your rotations, it's important to ensure they provide you with exposure to a variety of clinical disciplines relevant to general practice.

You also need to consider the four mandatory hospital rotations – medicine, surgery, paediatrics and emergency – that you must complete before you start your first general practice term. You will most likely have already completed some of these prior to starting the AGPT program, or you may need to complete all four in your hospital training. Speak to your program team if you're unsure whether your experience meets the requirements or if you're unable to find a suitable clinical term. For more information, refer to [Eligibility to start in general practice](#).

If you're an ADF registrar, we strongly recommend you focus on paediatric and geriatric disciplines in your hospital training, as these clinical experiences are often limited during training due to your ADF commitments.

TIP! We understand that some registrars may find it difficult to obtain the necessary mandatory terms experience before starting general practice placements. If you need to make alternative arrangements to help you meet the hospital training requirements, speak with your program team and they'll help you find alternative training options in your region.

If you already have more than one year of hospital training experience (after completing your intern year – PGY1) and have completed the mandatory hospital rotations, you may be eligible to reduce your program time and begin your community general practice training straight away. Refer to [Am I eligible to apply?](#) for more information on how to apply for RPLE.

General practice training

General practice placements begin in the second year of training (GPT1). You must complete three general practice training terms (18 months FTE) as part of your core vocational training requirements. Generally, placement is for at least one term, and up to two terms (26–52 calendar weeks).

While undertaking GPT1, 2, 3 and your extended skills training term, you must have exposure to a diverse range of patient populations and presentations. We also expect you to have exposure to at least two different supervisors and two different business models. This will prepare you for working across the breadth of Australian general practice. You should consider this when planning for your general practice training terms.

In most cases, these requirements for diversity of practice can be achieved by training in more than one practice. Your program team can give you more information and support for your specific circumstances and region.

Full-time training is defined as at least 38 hours over a minimum of four days per week. A minimum of 27 hours must be in face-to-face, rostered, patient consultation time undertaking general practice activities. Work periods of less than three consecutive hours, or of less than 4 calendar weeks in any one practice will not be considered. Hours worked beyond this fulltime definition will not be considered.

Part-time training is defined as at least 14.5 hours over a minimum of two days per week, of which at least 10.5 hours is face-to-face, rostered, patient consultation time, undertaking general practice activities. Work periods of less than three consecutive hours, or of less than 4 calendar weeks in any one practice will not be considered.

For more information about the general practice training term placement process and what to expect while you're on placement in a community general practice, refer to [General practice training terms](#).

ADF registrars' general practice training

We recognise that ADF registrars have a unique training experience. They must adhere to two training schedules, standards and policies amidst deployments and transfers by the ADF while meeting the requirements of the AGPT program and for Fellowship.

We've made the following allowances during general practice training to ensure you, as an ADF registrar, can complete your training program and requirements for Fellowship.

TIP! If you are an ADF registrar, check out our companion guide for information tailored to your circumstances: [Australian Defence Force guide](#).

Working in community general practice

ADF registrars must undertake GPT1 and GPT2 (12 months sequentially in total) in community (or civilian) general practice. This will ensure you gain experience in the full depth and breadth of general practice.

During these two terms, you may take up to a maximum of four weeks to attend accredited clinical military courses. To limit interruptions to your practice and training, we recommend you undertake no more than one accredited clinical military course of up to two weeks per six-month term.

Working on ADF bases

As an ADF registrar, you will often practice in an ADF base, otherwise known as a special training environment (STE). STEs don't meet accreditation standards for [comprehensive general practice training](#). Therefore, you can only undertake GPT3 and your extended skills training in an STE. You can choose to do both of these or just one in an STE.

Each STE must be approved by the relevant censor before you start training there.

Deployments during general practice training

From time to time, an ADF registrar may be deployed and removed from their usual training site for a period of their general practice training term. When this occurs, only deployments or exercises within Australia that meet the requirements for accreditation as a training post (refer to the RACGP [Standards for general practice training](#)) will be recognised as general practice training time.

You should apply to the relevant censor for approval of a deployment before the deployment begins. If seeking approval prior to deployment isn't possible, you can discuss retrospective approval with the censor. However, please note that, once the training term is completed, retrospective approval cannot be given. Refer to the [GP Registrars in the ADF webpage](#) for more information.

If you wish to use deployment as extended skills training, please refer to [Extended skills training for ADF registrars](#).

Extended skills training

You're required to complete one term (six months FTE) of extended skills training. This training term gives you an opportunity to either extend your skills in community general practice or pursue an area of interest relevant to general practice, for example, accident & emergency, paediatrics, drug & alcohol, mental health, palliative care, sports medicine, sexual health or skin cancer medicine. You can also consolidate your advanced rural skills if you're on the rural pathway or undertake an approved academic post in this term.

It's your responsibility to make arrangements with an RACGP-accredited training site to undertake your extended skills training. Your program team will provide information about accredited extended skills training posts in your areas of interest.

This training requirement can be met in several different ways:

- In a hospital setting.
- In non-general practice settings (eg sexual health clinic). Depending on the post, you may be granted approval after successfully completing at least GPT1, and in some instances, GPT2 or 3.
- In general practice; an extended skills training post can only be undertaken once you have successfully completed GPT1, 2 and 3.

Examples of where extended skills training take place include:

- Hospital based setting - Obstetrics and gynaecology, geriatrics, accident & emergency, paediatrics, drug & alcohol, mental health, surgical terms, endocrinology, gastroenterology, respiratory medicine, oncology, radiation oncology, dermatology or palliative care.
- Community general practice-based setting - Dermatology, aged care, women's health, sexual health, drug and alcohol, clinical teaching, undergraduate medical education, men's health, population health, multi-cultural health, refugee health, sports medicine, travel medicine, minor surgery, skin clinic, diabetes management or preventive health.
- Community non-general practice-based setting - HIV medicine, sexual health, drug and alcohol health, skin clinics, evacuation medicine, alpine medicine, rehabilitation medicine, family planning, custodial medicine, medical education, youth mental health or forensic medicine
- Approved academic post and medical education settings (undertaken concurrently with part-time comprehensive general practice).

You can undertake your extended skills training at one training site or a number of different sites. If you choose to work in a combination of sites, you can do this either sequentially or concurrently. But each training site must be accredited by the RACGP and you must have prospective medical educator approval via the Extended skills placement approval form - registrar.

The total number of minimum weekly working hours for extended skills training is the same as for other general practice terms.

- If you are undertaking training full-time time you must undertake a full-time term over at least four days per week within a 38-hour working week, with a minimum of 27 hours in face-to-face, rostered, patient consultation time undertaking general practice activities. Work periods of less than 3 consecutive hours, or of less than 4 calendar weeks in any one practice will not be considered. Hours worked beyond this full-time definition will not be considered.
- If you are undertaking training part-time term, you must undertake a part-time term over a minimum of two days per week within a minimum 14.5-hour working week, of which at least 10.5 hours is face-to-face, rostered, patient consultation time, undertaking general practice activities. Work periods of less than three consecutive hours, or of less than 4 calendar weeks in any one practice will not be considered.

If you choose to extend your skills in a non-general practice setting (including non-clinical settings), you can work less than 14.5 hours per week (but at least 3.5 hours per week), provided it is done concurrently with another clinical post/s. Combined, these posts must include a minimum of 10.5 hours per week of clinical, rostered, face-to-face patient contact time.

If you choose to partially extend your skills in a non-clinical setting, at least 50 per cent of the total hours (FTE) you work must be extending your skills in another clinical setting. You cannot use a concurrent GPT1, 2 or 3 term to fulfill this 50 per cent requirement. Only undertaking non-clinical extended skills training in an academic post or Registrar Liaison Officer can be concurrent with GPT1, 2 or 3.

You may be eligible to apply for recognition of prior learning and experience (RPLE) for the extended skills training component of the program. For more information about eligibility, refer to [Am I eligible to apply?](#)

TIP! You should think about your extended skills training requirements early to ensure you have enough time to get the appropriate approval. Discuss this with your ME to help you plan and seek approval for your extended skills training term.

Extended skills training for ADF registrars

If you're an ADF registrar, you may undertake up to six months of extended skills training related to your military training, provided this is approved by the RACGP in accordance with the RACGP [Standards for general practice training](#).

TIP! If you are an ADF registrar, check out our companion guide for information tailored to your circumstances: [Australian Defence Force guide](#).

Overseas deployments

You can apply to do your extended skills training as an overseas deployment if you have completed GPT1 and GPT2 in Australia. Applications should be made in advance of an overseas deployment, where possible. The relevant censor will assess such applications on an individual basis.

Your application must provide the following evidence:

- the nominated post can take registrars
- there is appropriate onsite supervision
- the post has opportunities for relevant learning, appropriate patient demographics, and a commitment to teaching and to review your teaching plan
- the post is safe for you, determined by assessment of your living arrangements and health service infrastructure
- an adequate teaching plan
- your supervisor's current resume and onsite supervisor details and agreement, as required.

In-practice education

Work-based learning in community general practice under supervision is the core of general practice training. You'll learn what it is to be a GP and what a quality general practice looks like. During this learning journey you'll gain knowledge and skills through practice.

Your teaching plan

In the first four weeks of the term your supervisor will work with you to develop a teaching plan based on your learning needs, with details of learning activities to be carried out during your placement. We encourage you to take time to think about your own personal learning requirements and needs before meeting with your supervisor. The RACGP [Curriculum and syllabus](#) is also a valuable tool for developing the teaching plan.

The plan should include a schedule that shows when the activities will take place and who is responsible for each activity.

Throughout your placement, you and your supervisor should review and update the plan to ensure the in-practice teaching and learning activities are meeting your learning needs.

In-practice teaching activities

Most teaching activities will be with your supervisory team and related to your daily case load, such as one-on-one clinical case discussions and mentoring. These are important aspects of work-based learning.

Other teaching activities might include direct observation, case-based teaching, patient scenario discussions, joint consultations, formal teaching on specific topics, review of recorded consultations, demonstration of and participation in clinical procedures, random case analyses, small group discussions and cultural education. Your supervisor will tailor teaching activities to your learning needs and the context of your practice.

There will also be the opportunity for you to learn informally through quick conversations and discussions with your supervisor team throughout your workday.

In-practice teaching time

During GPT1, 2 and 3, your supervisory team will set aside time for in-practice teaching activities:

- GPT1 – minimum 3 hours (FTE) per week of which one hour must be scheduled and uninterrupted formal in-practice teaching.
- GPT2 – minimum 1.5 hours (FTE) per week of which one hour **per fortnight** must be scheduled and uninterrupted formal in-practice teaching.
- GPT3 - minimum 30 minutes per week scheduled and uninterrupted formal in-practice teaching.

If you are training part-time, these times will be proportional (pro rata) according to your training hours. In GPT1, the one hour of scheduled and uninterrupted formal in-practice teaching is preserved, regardless of the total teaching time.

Aboriginal and Torres Strait Islander health

All registrars are expected to develop competence in Aboriginal and Torres Strait Islander health, and it is a core unit of the RACGP [Curriculum and syllabus](#). Cultural safety training is included in mandatory workshops at the regional and local levels. You'll have access to a cultural mentor to support your learning in this area.

If you work in an Aboriginal Community Controlled Health Service or Aboriginal Medical Service, you'll also have additional supports dependent on your region and the service you're working in.

Out-of-practice education

In addition to your in-practice education, you'll participate in 125 hours of out-of-practice education to supplement your training in the workplace. These 125 hours will include Orientation days, larger workshops, and peer-led small group learning sessions. In addition, there are online modules and exam preparation sessions and although these are optional, they are an important adjunct to your learning and progression.

Regional workshops

Regional workshops bring registrars together from around your region for group learning. They are run by your regional team who will determine the format and topics based on the group's learning needs. There'll also be the opportunity to socialise and connect with your peers.

Some regional workshops are mandatory to attend, and others are optional. They will usually be run in a face-to-face format so you will be expected to travel to these. We recommend you make the most of these learning opportunities and attend as many as possible.

Peer learning groups

You'll also attend a local peer learning group run by a local ME. In these small groups you'll work with your peers and the ME(s) on topics from the RACGP [Curriculum and syllabus](#). These sessions will be semi-structured and tailored to the learning needs of the group.

Participation in your peer learning group is mandatory throughout your general practice training terms.

Self-directed learning

During the AGPT program you'll have access to a suite of online learning resources. This includes learning strategies, case consultation examples and the RACGP [Curriculum and syllabus](#). You'll also have access to the [gplearning](#) online modules.

Some online learning modules will be mandatory to complete and others optional. You'll need to supplement the mandatory modules and out-of-practice teaching with these optional modules to ensure you cover the RACGP [Curriculum and syllabus](#) and your training plan.

Exam preparation

We provide training and support for your Fellowship exams preparation, including regional workshops, webinars, tutorials, peer study groups and mock exams. Your program team will provide you with the options available in your area as you progress to the exams.

What do I need to attend?

Registrars will attend a combination of larger workshops and peer-led small group learning sessions throughout their GPT1, GPT2 and GPT3 terms. You will need to attend a minimum of 125 hours of education whilst in GP term placements.

Every regional team will deliver an out-of-practice registrar education program that is mandatory for you to attend. Please speak to your program team for information specific to your region.

Table 2 shows one example of how a region may deliver education to their GPT1, GPT2 and GPT3 registrars. Please note: this is one example only and there will be variations between regions regarding the combination of larger workshops and smaller sessions. However, as a guide, GPT1 registrars will attend approximately 54 hours of education, GPT2 registrars will attend 48 hours of education and GPT3 registrars will attend 24 hours of education in their regionally delivered out-of-practice program.

Table 2. An example of an out-of-practice education program

General Practice Term	Out-of-practice registrar education program		Educational hours registrars attend per term
	Larger workshops	Local peer small learning groups	
GPT1	Two to three full day workshops	Multiple small group sessions in half or full days	54 hours
GPT2	Two to three full day workshops	Multiple small group sessions in half or full days	48 hours
GPT3	One full-day workshop	Multiple small group sessions in half or full days	24 hours

These activities will cover a range of topics, such as:

- Orientation to the AGPT program for GPT1 registrars
- Aboriginal and Torres Strait Islander cultural and health education, including cultural safety training.
- Mental Health Skills Training – level 1 (MHST)
- general practice procedures.

For more detail about education that is delivered in your region, please go to the [Education calendar](#).

Your regional team will also determine some additional mandatory topics for your area. Your program team will give you more information on this during your orientation.

Full-time registrars are expected to attend all mandatory activities within the term. If you are a part-time registrar we encourage you, where possible, to complete your out-of-practice education, including attending activities, in a full-time capacity. If this is not possible for you, speak to your program team to discuss other arrangements.

Your training coordinator will let you know the dates of any mandatory out-of-practice learning activities for your region. It is your responsibility to communicate with your training site to ensure you can attend.

If you miss a compulsory educational activity, you'll need to discuss with your ME how you will make up for the missed learning opportunity.

Workplace-based assessment program

The workplace-based assessment program forms part of your AGPT program and involves observation and assessment of your practice in your own workplace via a range of formats. It allows us to track your progression through training, ensuring you receive the support that you need to gain the clinical competencies and skills relevant to your stage of training and to progress to Fellowship.

Several different people are involved in supporting your education and workplace-based assessment, including:

- your supervisor(s)
- your medical educator
- external clinical teaching visitors
- your training coordinator.

You'll receive feedback following each of your assessments to allow you to reflect on your progress and plan additional learning opportunities with the support of your supervisor, ME or training coordinator.

It's important that you schedule time for assessment, feedback and personal reflection.

The different assessment tools are outlined below.

Early assessment for safety and learning (EASL)

We understand that registrars enter their first general practice placement with varying levels of experience and clinical competency. Registrars come from diverse backgrounds, and some may be unfamiliar with working in Australian general practice.

An early assessment for safety and learning ensures that the supervision you receive is matched to your level of learning needs.

Information to guide your supervisor in making this assessment includes an online applied knowledge multiple-choice question assessment, regular case review and direct observations of your consultations. These assessments are generally done in the first few weeks of your first general practice placement (GPT1).

Clinical case analysis

Clinical case analysis (CCA) is a hybrid assessment format comprising review of clinical notes or case reports and oral questioning. CCA assessment tools include case-based discussions and random case analysis.

The CCA is designed to assess your clinical reasoning, management and decision-making skills using clinical cases that you've managed. Feedback is generally provided immediately after each session to support learning and reflection.

Your assessor will use a structured discussion format for the assessment. Targeted questions will allow you to demonstrate your competency across specified areas of the RACGP [Curriculum and syllabus](#). The assessor will explore in detail any issues relating to the case to identify if you have any clinical knowledge gaps. Clinical case analysis is excellent preparation for both the written and clinical exams.

Case-based discussion

For case-based discussions (CBD), you'll be asked to select a recent clinical case to present to the assessor, including providing clinical notes, relevant investigations or results, and details of referrals or preventive healthcare plans. You'll present cases that you've been primarily responsible for and that represent a medium level of complexity, where clinical reasoning may be complicated by uncertainty and/or where decision-making requires consideration of multiple issues.

You might highlight aspects of the case for discussion, depending on your self-identified learning needs. Sometimes an assessor may request a case with a specific area of focus, particularly if it's been identified that you need support in that area.

Random case analysis

In random case analysis (RCA), the assessor will randomly select a case from your consultation records to discuss. They'll ask you to think about the case from different perspectives and discuss these through the lens of the RACGP [Curriculum and syllabus](#), in particular, the five domains of general practice. The development of your clinical reasoning will be explored by considering how a case changes when one of four contextual influences changes – the doctor, the patient, the problem and the system.

RCA is helpful to ensure you explore cases you may not usually see in your day-to-day practice.

Multi-source feedback

Multi-source feedback (MSF) provides you with feedback from both patients and colleagues. When you receive your feedback report, you'll be asked to complete a self-reflective exercise and to discuss the results with your ME.

Patients are surveyed using an interpersonal skills questionnaire. Data is collected from a minimum of 30 patients following their consultations with you. The survey explores patient perceptions about your behaviours, such as listening skills, clarity of explanations, respect for the patient and involvement of the patient in decision-making, as well as the patient's confidence in your ability.

The colleague feedback evaluation focuses on your professionalism and workplace behaviours. Perceptions are collected about areas such as working relationships, competence and professional development.

You'll generally only complete one MSF assessment during your general practice training. This process is managed externally and directly by the survey provider [CFEP](#).

Mini-clinical evaluation exercise

A mini-CEX is an assessment that involves observation of you performing a consultation. This style of assessment can either focus on a particular competency area, such as professionalism, or specific clinical skills; it may be managed as a general observation. Once completed, your assessor can immediately discuss the consultation with you, providing feedback and ideas for further development, if necessary.

Clinical audit

A clinical audit is a systematic review of certain aspects of clinical performance. It is a valuable quality improvement activity designed to explore areas such as:

- rational ordering of investigations (radiology/pathology):
 - review the frequency of tests ordered, for example, thyroid function test in patients on long-term thyroxine replacement
 - imaging in acute knee and ankle injuries, for example, what the indications are and what modalities could be used
- management/prescribing:
 - how closely did you follow clinical guidelines in the management of (for example) lower back pain?
 - review your prescribing as compared to current best practice
- preventive medicine activities:
 - review patient records for recording of smoking status and smoking cessation advice given
 - review patient records for recording of current alcohol use and alcohol cessation and reduction advice given.

After completing an audit, you should analyse the results and discuss the findings with your supervisor, who will give you feedback and help you plan further skills development in areas identified by the audit.

A clinical audit can be completed at any stage of training, but it is recommended that it be done in GPT3.

External clinical teaching visit

An external clinical teaching visit (ECTV) is conducted by a GP educator who observes your consultations during a session and gives you specific feedback after each consultation. They may use a variety of assessments such as mini-CEX, RCA and CBD during each visit.

You will have a minimum of five ECTVs throughout training. Two in GPT1, two in GPT2, and one during GPT3.

Mid and end-term appraisals

Mid and end-term appraisals are completed by your supervisor. These reports include detail about your competency at the current stage of training and enable tracking of your progression through training as well as providing an opportunity for you to talk with your supervisor about your learning.

Performance and progression

The performance and progression of each registrar is discussed regularly by the supervisor, ME, training coordinator, external clinical teaching visitors and other program team members. These discussions serve several purposes:

- planning for a registrar's learning needs
- tracking progression and development of competency
- early identification of registrars who need additional support.

These discussions may include the registrar, particularly when there is assessment feedback to be given and to plan learning goals.

The RACGP's Progression Review Committee (PRC) oversees the progression of all registrars. Its role is to provide support and/or advice on recommendations made by the local teams regarding educational support, remediation, and supervision requirements, as well as ongoing review.

What does this mean for me?

All registrar progress is overseen by the PRC for quality assurance purposes. If a local team or supervisor raises concerns about a registrar for any reason, they may seek advice from the PRC.

Advice or recommendations from the PRC will be shared with the registrar, generally through their local ME.

This process provides registrars with an excellent opportunity to develop a plan to address issues such as training or learning needs to make sure they are receiving the support needed to continue to progress through the AGPT program.

Professional conduct

The Australian community rightfully expects a high level of professional behaviour from GPs. Professional competency training and assessment is a core part of the AGPT program. You must learn and demonstrate professional conduct throughout your training program, as detailed below.

You should behave and practice with honesty and integrity to meet the standards expected by your peers, patients and the wider Australian community. You should always maintain medical professionalism, in practice and in the community, including the appropriate use of social media. This means displaying professional behaviours and standards towards patients, RACGP staff, MEs, supervisors, training site staff, other healthcare professionals and community members.

Professional and ethical boundaries in the doctor-patient relationship are essential to good medical practice. AHPRA's [Good medical practice: A code of conduct for doctors in Australia](#) states: 'Doctors have a duty to make the care of patients their first concern...' A professional and ethical therapeutic relationship puts the patient at the centre of care and supports the wellbeing of both you and your patients.

Developing a successful therapeutic relationship with your patient requires trust, integrity and setting professional boundaries. Ongoing self-reflection is important to ensure you uphold the highest professional and ethical standards in your practice.

You also need to take responsibility for your learning and actions. We're here to support you on your journey to Fellowship, but it's up to you to make the most of the support and expertise available to you. This includes communicating with your supervisor, training site and program team effectively and appropriately and completing program-related administrative tasks in a timely manner.

We can only give you the right support if you communicate to us your need for help. If you're worried about anything related to your training journey, please reach out to someone within your training support network who you feel most comfortable talking to. This could be your supervisor, medical educator, registrar liaison officer, training coordinator, regional ME or regional director of training.

If we're having trouble contacting you or believe you are failing to conduct yourself professionally, we'll attempt to raise these issues with you. If we can't satisfactorily resolve the issues, we may decide it's necessary to take remedial action or withdraw you from the program.

TIP! You can review AHPRA's [Good medical practice: A code of conduct for doctors in Australia](#) for an in-depth overview of the standards and expectations of the sector.

Program time caps

The AGPT program is a three-year, full-time (or part-time equivalent) program. If you're doing rural generalist training, this increases to a four year full-time (or part-time equivalent) program. These are minimum program times, not including RPLe.

We recognise you may need to extend your training time or take additional leave from the program. This is provided for in your total training time cap. The time cap differs according to your training stream and whether you're training full time or part time.

Full-time training

If you're training full time, from the time you enrol you're expected to achieve Fellowship within:

- four years, if you're training towards RACGP Fellowship
- five years, if you're training towards dual fellowship (RACGP Fellowship and ACRRM Fellowship)
- six years, if:
 - you're training towards Rural Generalist Fellowship, or
 - you're seeking dual fellowship (RACGP Fellowship and ACRRM Fellowship with an advanced specialised training in surgery).

Full-time training is defined as a 38-hour working week, over a minimum of four days per week. A minimum of 27 hours must be in face-to-face, rostered, patient consultation time undertaking general practice activities. Work periods of less than three consecutive hours, or less than 4 calendar weeks in any one practice, will not be considered. Hours worked beyond this definition of full time will not be considered.

Part-time training

If you're training part time, you need to achieve Fellowship within a timeframe that reflects your part-time status and according to RACGP requirements. Time in practice is calculated as a proportion of full-time training.

Part-time training is defined as at least 14.5 hours over a minimum of two days per week, of which at least 10.5 hours is face-to-face, rostered, patient consultation time, undertaking general practice activities. Work periods of less than three consecutive hours, or of less than 4 calendar weeks in any one practice will not be considered.

If you're doing GPT1 or 2, we encourage you to undertake your education component on a full-time basis, regardless of your FTE in your practice. This way, you'll develop a solid learning base that will allow you to work safely in general practice and get the most out of your future training terms.

However, we acknowledge this may not be possible for everyone, so speak with your program team if you'd like to reduce your education component while working part time. We'll work with you to achieve the best training model for you.

What's not included in the program time caps

Some types of leave are not included in the training caps:

- Category 1 leave
- Category 3 leave – Australian Defence Force (ADF) service leave.

For more information about leave, refer to [Categories of leave](#).

Extending your program time

If you need to extend your program time, and you expect your overall program time will exceed the times listed above, you'll need to seek approval. Discuss extensions of program time with your training coordinator.

For more information about extensions, refer to [Extension for extenuating and unforeseen circumstances](#) or [For training and assessment purposes](#).

Training location

To ensure workforce distribution, you are required to comply with the training location requirements of the relevant program pathway, as per the [Training Program Requirements Policy](#).

In addition to training location requirements, training location commitments (TLC) are set by each region/subregion where applicable as per the [AGPT Training Location Requirements and Commitments Schedule](#). Not all training regions have additional TLCs in place.

General training stream

Registrars with the general stream are able to work in metropolitan areas, but there are particular training location requirements which must be met.

You must spend 52 weeks of general practice program time in an outer metropolitan, rural or non-capital city location, as determined by regional workforce and training location requirements.

Alternatively, this requirement can be met in an Aboriginal and Torres Strait Islander health training post in an Aboriginal Community Controlled Health Service or other approved Aboriginal Medical Service in an inner metropolitan area.

It's also possible to do two six-month placements in two different locations to meet this requirement.

Rural training stream

As a registrar with the rural stream, all your training will be in non-metropolitan areas, and you're expected to live in the rural community where you work. Non-metropolitan areas are designated as Modified Monash Model (MMM) 2–7; they range from larger regional towns to more remote areas.

The **Modified Monash Model (MMM)** defines whether a location is a city, rural, remote or very remote. MMM 1 is a major city and MMM 7 is very remote. More information on MMM areas can be found on the [Department of Health website](#).

Rural generalist training

As a rural generalist registrar, at least 52 weeks (FTE) of your general practice training must be completed in an MMM 3–7 location, either in one continuous block or in two six-month terms.

Your rural general practice training must meet the requirements for diversity of practice described under [General practice training](#).

Rural general practice training should also allow you to experience limited access to local specialists and allied health services, and the opportunity to work with GPs providing at least one of the following:

- emergency/trauma services at the local hospital or similar healthcare facility
- other procedural and/or non-procedural services at the local hospital or similar healthcare facility
- after-hours services according to community needs.

Overseas doctors

What is the 10 year moratorium?

Section 19AB of the Health Insurance Act 1973 (Cwlth) restricts access to Medicare benefits and requires these doctors to work in a distribution priority area (for general practitioners [GPs]) or a district of workforce shortage (for specialists) for at least 10 years in order to access Medicare rebates. The Act restricts access to Medicare benefits for a minimum period of 10 years ('10-year moratorium') unless you work in a rural or remote location (distribution priority area).

Who does the 10 year moratorium apply to?

The 10-year moratorium applies to doctors who either obtained their primary medical qualification overseas (International Medical Graduates [IMG]) or obtained their primary medical qualification in Australia or New Zealand and were not a permanent resident or Australian or New Zealand citizen at the time they enrolled in their degree (foreign graduates of an accredited medical school [FGAMS]). If you are an AGPT registrar who falls into this category, it means you must train with the rural stream in non-metropolitan areas (MMM 2–7).

Transferring from the rural to the general stream

There may be extenuating and unforeseen circumstances where a Registrars who is subject to section 19AB of the *Health Insurance Act 1973* (Cwlth) may need to transfer to the general stream.

We take into consideration both your needs and workforce needs when considering applications for transfer between streams once you are in the AGPT program. Any circumstances that existed or were foreseeable at the time of applying to the program will not be sufficient to support a pathway transfer once you have commenced on the AGPT program.

For more information about transfers, refer to [Transferring](#).

Exception to location requirements

If you are with the rural stream, it may be necessary to do your hospital training year, extended skills and/or additional rural skills training term(s) in an MMM 1 location (eg if there is no suitable option within your training region). In this case, you may be temporarily allocated to train in an MMM 1 location. When you have finished the term, you will be expected to return to your usual training location. If you need to apply for this exception, please contact your training coordinator.

If you are an Australian Defence Force Registrar, you are eligible to undertake your extended skills training overseas. You should discuss this with your training coordinator to ensure you meet any other obligations while training outside of Australia.

Basic life support training

You must complete a basic life support (BLS) course in the 12 months before starting your first general practice term, and the course must meet RACGP criteria. Completion of BLS training in the 12 months prior to applying for Fellowship is also required. For more information refer to the [Basic life support and advanced life support guide](#). We recommend you keep your BLS certification current throughout your training.

TIP! You must also have completed an advanced life support course within four years of applying for Fellowship.

Rural generalist training

Additional rural skills training

If you're working towards the Rural Generalist Fellowship, you'll do 52 weeks of [additional rural skills training](#) (ARST) in an accredited training post. We recommend you do this after you've completed your general practice placements.

This training is designed to give you an opportunity to develop additional skills and expertise in a particular area (Table 3) and enhance your capability to provide secondary care to your community. You must be enrolled in rural generalist training to undertake ARST. You can enrol at any stage before completion of core vocational training.

For more information about additional rural skills training, refer to the [RACGP Rural Generalist Fellowship Training Handbook](#).

Table 3. Additional rural skills options

Procedural disciplines	Non-procedural disciplines
Anaesthetics	Aboriginal and Torres Strait Islander health
Emergency medicine	Academic post
Obstetrics	Adult internal medicine
Surgery	Child health
	Mental health
	Palliative care

Details about the curriculums for the disciplines can be found on the [RACGP website](#).

Core emergency medicine training

If you're undertaking rural generalist training, you must complete six months (FTE) of core emergency medicine training (core EMT). If you're on the rural stream, we recommend you complete core EMT as your extended skills training term. This training gives you the skills and confidence to manage emergency situations in rural and remote environments; it can be done any time after your hospital training.

Core EMT generally requires a minimum of six months (FTE) in an accredited emergency medicine facility. You'll need to demonstrate satisfactory achievement of the [core EMT curriculum](#) outcomes.

You may choose to complete core EMT immediately after your hospital program time, which has the benefit of giving you an opportunity to contribute to the emergency roster in a rural hospital while training in a rural general practice.

Alternatively, you may choose to complete it after, or even concurrently with, your general practice training terms, allowing you to experience the context in which the emergency services are provided.

You must complete a minimum of one accredited emergency skills and/or simulation training course within the 24 months before or during the emergency medicine training. Examples of accredited courses can be found in the [core EMT curriculum](#).

You should work closely with your program team to develop the most appropriate training plan for your individual circumstances.

For more information about core emergency medicine training, refer to the [RACGP Rural Generalist Fellowship Handbook](#).

Academic posts

Everyday general practice is grounded in evidence. As a GP, you need to be able to filter, critically appraise, interpret and apply evidence. The optional [Academic post program](#) gives you the opportunity to develop your teaching, research and critical thinking skills.

An academic post is a 12-month, part-time salaried role in a university department of general practice that is completed simultaneously with part-time (0.5 FTE) clinical training.

During the post you'll receive mentoring and support from the university. The RACGP also provides an activity support program that includes face-to-face workshops and attendance at least one national conference, with registration and travel costs covered.

The academic post introduces registrars, who may otherwise not have an opportunity, to research and teaching in an academic environment. Registrars with previous research experience will also find the post a valuable experience.

The academic post program gives you the chance to:

- contribute to the evidence on which general practice is based
- gain experience in research and teaching
- disseminate research in professional journals and at conferences
- help build the foundation for a career as a general practice academic or medical educator
- join a nationwide cohort of other Academic Post registrars.

There are 20 academic posts available each year, including the Australian Indigenous Doctors Association post (open to Aboriginal and Torres Strait Islander registrars) and the AJGP (Australian Journal of General Practice) post which has a focus on medical editing.

To be eligible for an academic post you must:

- be enrolled in the AGPT program
- have completed at least GPT1 at the time of commencement of the post
- have not yet obtained Fellowship.

To find out more about participating in an academic post, visit the [academic post website](#).

TIP! If you are completing an academic post, you can apply to reduce or waive the concurrent clinical component. More information about eligibility and how to apply for a reduction can be found in the relevant academic post cohort guide. To access the guide please email gpedresearch@racgp.org.au

Relevant policies and guides

[Academic Posts Policy](#)

[Extensions of Program Time Policy](#)

[Leave Policy](#)

[Training Program Requirements Policy](#)

[Placement Policy](#)

[Withdrawal Policy](#)

[Comprehensive Australian general practice guide](#)

Training placements

Placement process

Hospital term

If you begin your training with hospital terms, it's your responsibility to make those placement arrangements and notify your training coordinator of the hospital term(s) you plan to complete. We don't find hospital term placements for registrars.

Hospital training can be done at any accredited hospital in Australia or New Zealand and doesn't need to be in your allocated training region. The hospital must be accredited by the relevant state or territory postgraduate medical council. You should check the accreditation status of the term before you start, as some hospitals may only have specific terms approved. For a list of postgraduate medical councils, visit the [Medical Board of Australia website](#).

You can find out more about hospital terms in [Hospital training](#).

General practice training terms

General practice placements may begin in your second year of general practice training, after you've completed your hospital term. Alternatively, you may begin them straight away if your program team assesses you as [ready to start training in a general practice](#). This marks the beginning of your core vocational training.

You must complete three general practice training terms (18 months FTE) as part of your core vocational training requirements. These terms are known as GPT1, GPT2 and GPT3.

We begin the process of placing registrars in accredited community general practice training sites as early as possible before each training semester.

While undertaking GPT1, 2, 3 and your extended skills training term, you must have exposure to a diverse range of patient populations and presentations (eg age, gender, socioeconomic status, and cultural and linguistic backgrounds). We also expect you to have exposure to at least two different supervisors and two different general practice management systems, as outlined in the [Placement Policy](#). You should consider this when planning for your general practice training term placements.

For more information about meeting the requirements for diversity of practice, refer to [General practice training](#).

The registrar placement process is designed to create flexibility and choice for both registrars and practices. It takes into consideration:

- your preferences, training needs and program obligations
- the primary healthcare needs of communities
- strengthening quality standards and capabilities of training sites, and equitable access to registrars for practices participating in the training program.

It's important to undertake placements that expose you to a diverse range of patient presentations in relation to age, gender, socioeconomic status, and cultural and linguistic backgrounds. As outlined in the [Placement Policy](#), you'll be required to train under two different general practice supervisors and two general practice management systems.

Extended skills term

You can undertake an extended skills term in general practice or an area relevant to general practice at any point during core vocational training.

If you decide to extend your skills in community general practice as, we'll place you just as we do for GPT1, 2 and 3.

If you'd like to extend your skills in another area, you'll need to arrange your own placement and have it approved. However, your program team can give you information about accredited training sites in your areas of interest. You can find out more in [Extended skills training](#).

Placement considerations

International placement

You must undertake all training within Australia and Australian external territories (ie Ashmore and Cartier Islands, Christmas Island, Cocos [Keeling] Islands, Coral Sea Islands, Australian Antarctic Territory, Territory of Heard Island and McDonald Islands, Norfolk Island). We won't place you in an international placement.

If you're an Australian Defence Force registrar training on overseas deployment, you can undertake approved extended skills terms overseas. You should contact your training coordinator who can help you seek approval for this to be counted as an approved term. Please refer to [Accreditation of placements for ADF registrars](#) for ADF accreditation and placement resources.

Pre-existing personal relationship with practice staff

A pre-existing personal relationship between a registrar and a member of staff at their training site could create a conflict of interest and lead to poor training, particularly if that person were a supervisor, practice manager or practice owner.

General practice placement

If you have any type of close personal relationship with a staff member at the practice where you wish to train, you and the practice must disclose this to us as a potential conflict of interest at the start of the placement process, as detailed in the [Conflicts of Interest Guidance](#).

Registrars are not allowed to apply for a placement at a practice where there is a significant pre-existing relationship with the supervisor, practice owner or practice manager, unless there are extenuating circumstances.

We also discourage you from seeking placement at a practice where you have a significant pre-existing relationship with another staff member (eg practice nurse, administrative staff, other GP).

Extended skills post

If you are seeking an extended skills post at a training site where there is a pre-existing personal relationship, we encourage you, where possible, to consider alternative options. However, if there are extenuating circumstances we may consider and approve the placement.

Preparing for a placement

Complete an employment agreement

While in the AGPT program, you must be an employee of the training site where you work; you can't work as a contractor.

Before commencing at a training site, you'll need to finalise your agreement and employment terms and conditions. This employment agreement is between you and the training site (the employer) and should meet the [National Terms and Conditions for the Employment of Registrars](#) (NTCER). The NTCER outlines the minimum employment conditions that practices must meet, including working hours, supervision and educational release arrangements, pay rates, leave allowances and other support.

When you receive information about your placement for the term, you should get in contact with the practice manager or relevant administrative staff member to start the process so the agreement will be in place before the term begins.

General Practice Registrars Australia (GPRA) has [useful resources](#) for registrars about the NTCER, including a [template agreement](#) and [NTCER FAQs](#). It's a good idea to familiarise yourself with these before signing an agreement at each practice.

For placement during an extended skills term, your employment agreement must also meet the NTCER or equivalent for the area you've chosen.

Complete the RACGP placement contract

Before you start each general practice training term (GPT1, 2, 3) or any extended skills training term that requires a medical provider number via the RACGP, you and your practice will complete the RACGP placement contract. We'll send you this contract together with the AGPT Provider Number Application Form (refer to [Apply for a Medicare provider number](#)).

The placement contract includes details of your placement, employment, supervision, education and training. Both you and the practice must agree to and sign this contract before the term begins. Your placement contract is tied to your Medicare provider number application, so liaise with your practice as soon as possible (refer to [Apply for a Medicare provider number](#) for more details about timing).

Your training coordinator will be able to help you with this process.

Apply for a Medicare provider number

It is vital that you have a Medicare provider number before you start a core vocational training term. Your provider number gives your patients access to Medicare for all or part of their healthcare. This means that you can't work if you don't have a provider number, and any time without a provider number can't be counted as training time. You are responsible for applying for your provider number for each of your placements during training.

Your application for a Medicare provider number must be completed via the RACGP process; you can't apply directly to Services Australia. We'll send you the AGPT Provider Number Application Form as part of the placement process. The form needs to be completed by both you and the training site before being submitted to us electronically. We'll make sure the form is complete and will submit it to Services Australia on your behalf.

Services Australia will process your application and send your Medicare provider number to you by mail. Please check that you've been issued the correct type of provider number that allows patients to obtain rebates.

If you're undertaking your extended skills term in a hospital setting, they will normally have their own process for applying for Medicare provider numbers. Please ensure you speak to the relevant staff member to confirm this and let your training coordinator know.

What if I work in multiple placements?

A Medicare provider number uniquely identifies both you and the place you work. You must have a separate provider number for each training site (eg branches of your practice, associated hospitals). You can't use a single Medicare provider number across multiple training sites.

How long does it take to get a Medicare provider number?

We'll send you the AGPT Provider Number Application Form as part of the placement process. We encourage you to complete the form and return it to us promptly. Once we submit it to Services Australia, it can take up to eight weeks for your provider number to be sent to you. You can find current processing times on the [Services Australia website](#); however, we advise you to allow six to eight weeks in case there is a delay. Services Australia has a strict process to ensure fairness for all applicants and the RACGP is unable to influence the processing times.

Timelines may vary between regions; please get in touch with your training team for information relevant to your region.

TIP! Medicare cannot and will not backdate applications received after you have commenced work. Be sure to have your provider number before you begin your placement.

What happens if I don't receive a Medicare provider number in time for my placement?

If you don't have a provider number, it may mean you can't start work, as your patients won't be able to claim the Medicare rebate.

What if I change training sites?

If you change training sites, you must apply for a new provider number. We'll send you a new Medicare provider number application form. Be sure to apply early and allow plenty of time for your new provider number to be issued as it may take another eight weeks to get another provider number.

Will my training site and the RACGP be notified of my Medicare provider number?

No. Services Australia will only send your provider number to you. It is your responsibility to notify your training site and the RACGP of your provider number as soon as you receive it, to ensure you're able to start at your training site as planned.

How long is my Medicare provider number valid?

Services Australia issues Medicare provider numbers for six months (and in some circumstances for 12 months), depending on the length of your placement. You must reapply to ensure you maintain a provider number throughout your training.

It is your responsibility to monitor when your Medicare provider number is due to expire.

Provide important information to the training site

Before you start at your training site, you'll need to provide the following:

- Medicare provider number once issued (refer to [Apply for a Medicare provider number](#))
- [tax file number declaration form](#)
- proof of current and appropriate medical indemnity insurance
- current AHPRA medical registration certificate
- details of your superannuation fund
- any other information the training site requests (as your employer).

Complete orientation to the training site

When you start a new placement, your designated supervisor or training site team member should give you an orientation to the site, including:

- introducing you to all members of staff
- teaching you how to use training site systems
- telling you where to find relevant resources, including reference materials, medications and equipment
- telling you about relevant policies, procedures and processes in the training site, such as referral, admission to hospital, after-hours arrangements, follow-up of patients, sterilisation, prescribing Schedule 8 medications and disposal of waste.

Clinical supervision

Supervision during general practice training

General practice training in Australia follows an apprenticeship model: you will work as a GP, seeing your own patients under the supervision of an experienced GP.

Clinical experience is a powerful teacher, and your learning will be supplemented and consolidated with in-practice teaching (both formal and informal), teaching visits from medical educators (MEs), assessments, attendance at educational workshops with your peers and private study.

Your designated supervisor provides clinical guidance and support during your placement. They're also responsible for in-practice teaching and contributing to the assessment of your clinical competence.

We'll ensure you're provided with the appropriate level of supervision throughout your general practice training. The level of supervision is tailored to you so you can access immediate and sufficient support whenever you need it.

At the beginning of each placement, your designated supervisor will discuss your supervision plan for the training term with you. The details of your supervision plan are based on your individual skills and needs, and the placement you're working in. You'll review this with your supervisor regularly throughout your placement.

During times when you are working in the practice but your designated supervisor isn't physically present, there must be an agreed system in place where your designated supervisor or an appropriate delegate can be contacted for prompt clinical advice.

Supervision during your extended skills term

The level of supervision you receive during your extended skills term will depend on your existing skills and competency, and the structures within the training site. You'll still train under the supervision of an experienced medical practitioner in your chosen area. They'll provide you with a similar level of support and education to that in GPT1, 2 or 3, whichever is relevant.

Remote supervision

In some situations, a remote supervision model may be in place if a training site has limited or no regular access to an onsite supervisor. This arrangement will be flexible and unique to each post and if you are in a training site where remote supervision is being delivered, we will work closely with you and the training site to ensure you're well supported.

Your training coordinator will be able to provide more information about remote supervision, where applicable.

Patient caseload

Caseload during general practice training terms

So that you gain a breadth of experience throughout your general practice training terms, you're expected to work in a range of general practice activities, including after-hours and off-site care if the training practice provides these services. It's important that you see patients from a range of demographics (eg age, gender) and with varied presentations.

Your caseload will depend on factors such as your level of experience and skills, whether you are new to the practice, and the types of services available. Your caseload should be regularly monitored (by you, your supervisor, ME and the practice), and it may change as you progress through a term. Changes will only be made after discussion and with mutual agreement.

In GPT1, the recommended number of patients per hour is two. In GPT2 and 3, the number is four.

The actual number of patients you see per hour may vary depending on the presentations you're seeing.

Caseload during an extended skills term

Your caseload during your extended skills term will be dependent on the area in which you're extending your skills.

For instance, you may choose to work in an accredited women's health facility, with a caseload that is solely female. However, you will still have a maximum number of patients you may see per hour. You and your training site will also need to monitor your caseload to ensure you gain appropriate experience within your discipline of choice.

Boundaries in your workplace

To maintain appropriate boundaries in your workplace:

- you shouldn't enter into a formal therapeutic relationship with your supervisor while you are undertaking a training term
- you and your supervisor shouldn't prescribe for each other or pressure one another to provide prescriptions for yourselves, your families or friends
- we recommend that:
 - registrars do not treat other training site staff (including other GPs)
 - training site staff do not seek medical care or prescriptions for themselves (or their families) from the registrar when realistic alternatives are available.

In a rural area where there may be limited access to alternative medical care, the training site may consider a policy of allowing you to treat staff, with appropriate supervisory oversight, after considering the risks, benefits and alternatives. Your training stage should also be taken into account and the situation should be discussed with you.

In the rare event of an emergency requiring you or your supervisor to provide emergency treatment to the other, the incident should be disclosed to the local ME (if consent given). You must formally debrief the emergency with other supervisors in the training site or with your local ME.

TIP! Find yourself a GP, in a different practice to your own, if possible, who you feel comfortable talking to about work and personal stresses, and attend regularly for preventive health.

Assessment of placement

The exchange of feedback is an important part of education. Throughout each placement, we encourage you to engage in discussions with your supervisor and training site, sharing reflections on what is going well and what could be improved. Training sites are encouraged to be open to registrar feedback and to implement any potential improvements in the learning environment based on your insights.

During your training, you will be required to complete an assessment of placement by the end each training semester. This assessment is integrated into the TMS and prompts feedback on various aspects of your placement, including supervision, teaching, patient demographics, facilities etc.

At week 20 of each semester, you will be provided with a prompt from the TMS to complete an Assessment of Placement form.

- For general practice placements, the form is integrated in the TMS.
- For Extended Skills placements in a non general practice setting, ARST and Core EMT placements, there are separate PDF forms to be completed. Your Training Coordinator can assist you with accessing the correct form.

Medical educators thoroughly review all assessments of placement, addressing any concerns directly with you where necessary. Whilst we encourage you to discuss any concerns with your supervisor or the training site staff, we acknowledge that sometimes this might not be possible. To ensure this feedback is captured, the form includes a marked section you can use to raise in writing with your medical educator any specific concerns about the training site or supervisor. This section will not be visible to the supervisor or other training site staff.

Access to feedback is then granted to supervisors, except for the section where concerns may be raised. This will not be shared with the supervisor or practice site.

Your feedback will be utilised:

- by your medical educator to determine if the training environment is appropriate to your needs.
- by the training site and supervisor to continuously improve their learning environment.

- by the RACGP as collated registrar feedback on placements for ongoing accreditation of training sites, and
- by the RACGP as overall de-identified data to evaluate the training program.

Important: The assessment of placement must be completed by the end of the semester. You will not be able to complete it after the end of the semester.

It's important to emphasise the assessment process is viewed as an opportunity for quality improvement rather than a punitive measure. The aim is to benefit registrars, supervisors, training sites, and the RACGP by fostering continuous improvement in the training experience. Providing honest feedback with as much detail as possible assists in achieving a positive outcome for everyone involved in training.

Relevant policies and guides

[Placement Policy](#)

[Conflicts of Interest Guidance](#)

Fellowship exams

Overview of Fellowship exams

The RACGP Fellowship exams assess your competency for unsupervised comprehensive general practice anywhere in Australia.

There are three summative assessments you need to complete as part of the RACGP's requirements for Fellowship. Each has a unique and targeted approach to assessing knowledge and ability. The exams are developed by GPs for GPs and are based on clinical presentations typically seen in an Australian general practice setting.

We deliver the Fellowship exams online and in locations across Australia. We work in a continuous improvement model to ensure they stay relevant to the changing context of general practice.

The Applied Knowledge Test

The Applied Knowledge Test (AKT) assesses your application of knowledge in the clinical context of Australian general practice, rather than testing just knowledge.

Questions in the AKT are based on clinical presentations typically seen in general practice. There are two types of multiple-choice questions: single best answer (SBA) and modified extended matching question (MEMQ). Both consist of a stem, a lead-in statement and a set of answer options. There are 150 questions of equal value, and no negative marks are given for incorrect answers.

For more information about the AKT and to see example questions, refer to the [AKT and KFP guide](#).

The Key Feature Problem exam

The Key Feature Problem (KFP) exam assesses clinical reasoning and clinical decision-making. It looks at how you assess a patient in the context of a given scenario and consider the key features/critical steps that are needed to resolve the clinical problem.

The exam consists of 26 cases, each with several questions. Each case contributes equally to the overall score.

You must analyse each case, considering the initial information and additional information as the case progresses, and answer questions about the context of the clinical scenario. Some questions require a written response (a few words or a sentence) and others require a choice from a list of possible answers.

The format of the KFP exam may seem unfamiliar. It's not a simple short-answer paper; the answers need to consider the context of the case, including elements such as the age, gender and location of the patient (the question will specify if the case is in a rural, regional or urban location).

For more information about the KFP and to see example questions, refer to the [AKT and KFP guide](#).

The Clinical Competency Exam

The Clinical Competency Exam (CCE) assesses your clinical competence and readiness for independent practice. The exam assesses how you apply knowledge and clinical reasoning skills to a range of clinical scenarios and allows you to demonstrate your abilities in a range of competencies mapped to the RACGP [Curriculum and syllabus](#).

You need to demonstrate application of clinical skills and communication skills, including inter-professional and patient-centred communication and professional attitudes in the context of each case.

The exam consists of nine clinical cases. Each case takes 15 minutes plus reading time. Four cases are in the format of a case discussion with an examiner and five are clinical encounters where candidates interact with a role player whilst the examiner observes.

It is a prerequisite of sitting the CCE that you pass both the AKT and KFP.

For more information about the CCE, including study resources and practice cases, visit the [CCE webpage](#).

Enrolment in exams

It is your responsibility to monitor when Fellowship exams are scheduled and enrol in any you are eligible for and wish to sit. You won't be automatically enrolled in an exam based on your eligibility.

For more information about exam enrolment and upcoming exam dates, visit the [Exam enrolment webpage](#).

Exam eligibility

You're eligible to sit the Fellowship exams when we determine you meet all of the following requirements:

- Satisfactory completion of education and training requirements for exam eligibility, as detailed in your training plan.
- Satisfactory completion of two years (FTE) of program time including all of GPT1 and 2 by the date of the AKT.
 - Where the AKT or KFP is scheduled up to 31 calendar days prior to the training term end date, the RACGP will allow registrars from affected states or territories to sit the examination.
- You have held Australian general medical registration throughout the training program.
- You have been a financial member of the RACGP throughout the training program. You must maintain membership until you're admitted to Fellowship or your candidacy is exhausted (refer to [Candidacy](#) for more information).
- You have notified us of any changes to your medical registration during training, including a restriction, condition, limitation, reprimand, supervision requirement, tribunal outcome, suspension, undertaking and/or other remark or change.

Unsatisfactory progress and readiness to sit exams

If you've completed the program time requirements for exam eligibility but we consider that your education and training requirements haven't been satisfactorily completed, we may deem you ineligible to sit the relevant RACGP examination. Your program team will discuss this with you and how you can work towards exam eligibility.

Sitting exams while on approved leave

If you're on a period of leave approved under the [Leave Policy](#), you're not automatically eligible to sit Fellowship exams. An exemption may be granted following a discussion with your training coordinator to consider your personal circumstances. This is to ensure you are provided with the appropriate support to prepare for exams while on leave. If you are on a period of parental leave, you will be granted an automatic exemption to sit where supported by your medical educator.

Sitting exams while on remediation

If you're on a remediation term, you're not eligible to sit Fellowship exams. You can provisionally enrol in an exam scheduled after your remediation term is due to finish, however, your ability to sit the exam is subject to your remediation term being satisfactorily completed.

If you don't satisfactorily complete your remediation term, we will withdraw you from any exams you have enrolled in for the following term.

For more information about withdrawal from a Fellowship exam, refer to the [Assessments and examinations candidate handbook](#).

Becoming ineligible after enrolling in an exam

You must maintain your exam eligibility throughout your candidacy.

You may become ineligible if:

- there is a change in your medical registration (addition of addenda, loss of registration or change to type of registration held)
- you commence a remediation term
- you reduce your training hours and don't satisfactorily complete two years (FTE) of program time, including all of GPT1 and 2 by the date of the AKT
- you are on an approved period of leave and don't have an exemption to sit the Fellowship exam while on leave.

We conduct exam eligibility audits up to the day of the exam to ensure enrolled candidates are eligible to sit that exam. If at any stage after enrolling in an exam you become ineligible, you're required to withdraw from that exam. Sitting any Fellowship exams while ineligible is a breach of the [Academic Misconduct Policy](#) and may lead to serious consequences, as per the policy.

For more information about withdrawal from a Fellowship exam, including withdrawal fees, refer to the [Assessment and examinations candidate handbook](#).

Candidacy

Candidacy is a three-year period, separate to your training program time, in which you can attempt Fellowship exams. Your candidacy starts in the semester in which you enrol in and sit your first exam.

An **exam semester** is a period of time during which all three Fellowship exams are delivered.

Your candidacy is made up of six exam semesters and not by the number of times you sit an exam. During your candidacy you may enrol in exams over a maximum of six exam semesters. This means you have six exam semesters to attempt and pass all Fellowship exams. You don't have six attempts at each Fellowship exam.

Once your candidacy starts, each subsequent exam semester counts towards your candidacy regardless of whether you sit an exam in that semester or not. If you don't sit an exam in a particular exam semester, your candidacy will not be extended unless you are granted a suspension of candidacy.

You may apply for a suspension of candidacy, which if approved, will extend your candidacy beyond three years. Refer to [Suspension of candidacy](#) for further information.

If you reach the end of your candidacy and have not passed all Fellowship exams, you will be ineligible for Fellowship and will be withdrawn from the training program.

The exams you pass are valid for the duration of your candidacy, including any periods of extension.

An example of how the **candidacy period** works.

If the first Fellowship exam you attempt is the 2023.2 KFP, your candidacy commences in the 2023.2 exam semester and expires at the end of the 2026.1 exam semester, if no suspensions or sanctioned withdrawals are applied.

If you decide not to enrol in any Fellowship exams in the 2024.1 exam semester, the semester still counts towards your candidacy (because candidacy is made up of semesters in which you're eligible to enrol and sit, not exam attempts). Your candidacy will still expire in 2026.1.

TIP! You'll find details of your candidacy in the [My candidacy portal](#). You'll get access to this portal when you enrol in your first exam.

Financial membership

You must maintain current financial RACGP membership throughout your candidacy until you are admitted to Fellowship or exhaust your candidacy. For more information about maintaining membership refer to [RACGP membership](#).

Suspension of candidacy

A suspension of candidacy is a period of time in which you're not required nor permitted to attempt Fellowship exams. A suspension of candidacy applies to an entire semester; therefore, you can't sit any type of Fellowship exam during the period of suspension.

There are two types of suspension, [standard](#) and [non-standard](#).

Standard suspension

You're eligible for one standard suspension during your candidacy.

You may suspend your candidacy, for any reason, throughout the period of candidacy up until you've sat an exam in your final exam semester.

You may use your standard suspension because of:

- financial reasons
- personal reasons
- unsuccessful exam attempts (so you can dedicate time to improving your exam technique or knowledge).

You can apply for a standard suspension through [My candidacy portal](#) and you don't need to submit supporting documentation. If you need to apply for a standard suspension retrospectively, send an email to examinations@racgp.org.au.

A standard suspension applies to the entire exam semester and not to any one exam type; therefore, if you have sat any exam in the semester, a suspension can't be applied.

Non-standard suspension

We recognise that extenuating and unforeseen circumstances may arise that affect your ability to attempt and complete the Fellowship exams within your candidacy. Therefore, if you believe you are impacted by such circumstances, you may apply for a non-standard suspension.

An extenuating and unforeseen circumstance is something outside your control, can reasonably be considered to have been unforeseen, and can be shown to have a direct and significant impact on you. We will consider extenuating and unforeseen circumstances on a case-by-case basis.

In an application for non-standard suspension, we will consider the following reasons:

- ill-health (other than minor illnesses), with valid certificates
- carer's leave, with valid certificates
- bereavement
- acute adverse life circumstances
- hospitalisation
- Australian Defence Force deployment leave
- other significant changes to your circumstances.

All applications for non-standard suspension of candidacy must be accompanied by appropriate supporting documentation and we may ask for additional supporting documentation if insufficient evidence is submitted with your application.

Making an application doesn't mean it will automatically be approved. Non-standard suspensions will be granted on a case-by-case basis and approval is at the discretion of the RACGP.

If you believe you need extra time off from sitting exams because of your circumstances and you wish to apply for a non-standard suspension of candidacy, send an email to examinations@racgp.org.au

Candidacy when transferring between training programs

If you transfer to another training program, your overall period of candidacy doesn't change; you still have three years in which to sit all Fellowship exams.

If you transfer to another RACGP-approved program after your candidacy has commenced, your candidacy will carry over to your new program. While you're completing the program, we will suspend your candidacy. Once you have met the exam eligibility requirements for that program, your candidacy will resume with the remaining number of exam semesters and any valid exam passes. For example, if two exam semesters of your candidacy have already passed, you'll have four remaining once you meet the exam eligibility requirements of your new program and your candidacy recommences.

If you join the AGPT program from another training program and have previously attempted Fellowship exams, your candidacy will carry over to the AGPT. While you're completing the program your candidacy will be suspended. Once you meet the exam eligibility requirements of the program as per the [Fellowship Exams Policy](#), your candidacy will resume.

Withdrawing from an exam

We understand there may be times when you have enrolled in an exam and need to withdraw.

If you notify us that you need to withdraw more than 20 business days prior to the scheduled exam time, we'll refund your full fee minus a \$100 withdrawal fee. However, if you let us know less than 20 business days in advance, we won't be able to give you any refund of the exam fee (unless in extenuating and unforeseen circumstances).

A withdrawal that is approved in writing by the RACGP is known as a sanctioned withdrawal. You may apply for a standard suspension of your candidacy for the exam semester in which the sanctioned withdrawal applies, providing you haven't sat any other Fellowship exams in that semester.

Any withdrawal from an exam that isn't approved by the RACGP in writing is considered an unsanctioned withdrawal. If you enrol in an exam but fail to sit, this may be recorded as an unsanctioned withdrawal. In this case, you can't suspend the exam semester using your standard suspension.

If you were granted any extension of program time, you must obtain written approval from your Region's Director of Training if you wish to withdraw from a Fellowship exam. Withdrawal requests that do not include a written approval signed by your Region's Director of Training will not be processed.

For information about withdrawal from a Fellowship exam, refer to the [Assessments and examinations candidate handbook](#).

Exam support

Exam preparation in the work setting

Training for general practice largely takes place in the practice setting, which is where you should also prepare for exams. Fellowship exams don't just assess knowledge from books; they aim to assess how knowledge is applied to everyday situations in Australian general practice. The actual processes of patient care and a doctor's attitudes are also important.

You might find it helpful to invite a trusted colleague to observe you consulting, either in the practice or by video (both require informed patient consent), and then give you constructive feedback. Elements of the workplace-based assessment program, such as case discussions, random case analysis and external clinical teaching visits are also valuable in helping you to review and analyse your clinical performance and make changes where appropriate. Performing well in actual practice will help you demonstrate these behaviours in the exam environment.

Exam preparation activities

Your regional team has dedicated exam preparation activities that you can access, including webinars, tutorials, peer study groups and mock exams. Speak to your program team to find out what's available in your region and local area.

Exam Support Program

A range of support is available for exam candidates, including Exam Support Online (via [gplearning](#)), [reports from past exams](#) (pass marks, performance, psychometrics), preparation courses through the RACGP state faculties, clinical guidelines and more. To access the resources, visit [Exam Support Program resources](#).

Exam support for Aboriginal and Torres Strait Islander registrars

Yagila Wadamba Program

RACGP Aboriginal and Torres Strait Islander Health has developed the Yagila Wadamba Program (meaning 'learn to heal'), an annual support program for Aboriginal and Torres Strait Islander registrars.

The program concentrates on exam preparation and other key areas of general practice training. Participants can network with peers and hear and learn from medical educators and Aboriginal and Torres Strait Islander GP Fellows. For more information, visit the [Yagila Wadamba Program website](#), email aboriginalhealth@racgp.org.au or phone (03) 8699 0528.

Support from the Aboriginal and Torres Strait Islander Health Censor

The RACGP Aboriginal and Torres Strait Islander Health Censor is available to support you when enrolling in and during the Fellowship exams, if you consider it appropriate and safe. If a conflict of interest arises or you feel uncomfortable working with the censor, then the Aboriginal and Torres Strait Islander Health faculty will find an alternative support person for you.

How the censor can support you

The censor will support you in a holistic way that's tailored to your needs. You may communicate and meet with the censor face-to-face or by phone, email, videoconference or a combination of these depending on your preferences, where you're both located and what's feasible.

All support provided by the censor is confidential; they won't keep records for any reason. You may take notes for your own use.

The censor may offer support such as case-based discussions, helping you prepare for an exam or helping you in the case of an unsuccessful exam attempt.

Checking your exam results

Each exam cycle, the censor checks the enrolments and results of Aboriginal and Torres Strait Islander registrars. They will reach out to you and support you to check your results if you haven't already (they won't disclose your results if you haven't checked them). The censor is available to support you whether you were successful or unsuccessful in your exam attempt.

After an unsuccessful exam attempt

If you sat an exam but didn't pass, the censor can give you general and targeted advice to increase your chances of success in future exam attempts. They're not able to give feedback on the questions, cases or the answers you gave in your specific exam.

If you were unsuccessful in your AKT and are waiting for your KFP results, the censor will provide support after the KFP results are released, so that you can discuss both exams.

The censor will reach out to you to offer support within four weeks of your exam results being released. However, you can also contact your program team, the Aboriginal and Torres Strait Islander Health faculty, or the censor

themselves if you wish to access this support at any time from when you enrol in Fellowship exams and throughout your candidacy.

We advise you to accept support within five weeks of exam results being released to allow enough time for the censor to review your circumstances and support you before the next exam cycle.

If you don't accept the support offered by the censor, we'll close offers of support eight weeks after results are released.

Relevant policies and guides

[Academic Misconduct Policy](#)

[Assessments Special Arrangements Policy](#)

[Fellowship Exams Policy](#)

[Leave Policy](#)

[Training Program Requirements Policy](#)

[GP in Training Diversity, Equity and Inclusion Policy](#)

[Assessments and examinations candidate handbook](#)

Fellowship

Approaching Fellowship

Before you transition from general practice registrar to Fellow, your training must be assessed as completed and you must meet the requirements to apply for and be admitted to Fellowship as per the [Requirements for Fellowship Policy](#). You can then apply for Fellowship. Read the RACGP [Oath of Fellowship](#).

As you approach the end of your training, you'll have an exit interview with your program team. This will take place during your final training term when you've completed most program requirements. The exit interview may cover a range of topics, including requirements for Fellowship, your feedback on the training and your program team, and any interest you have in becoming a supervisor or medical educator (ME).

Requirements for Fellowship

To be eligible to be admitted to Fellowship, you must meet:

- training program requirements
- administrative requirements
- professional and ethical requirements.

Training program requirements

Completion of training is the formal end point of the AGPT program. You should monitor your progress towards completion of training throughout your training journey, together with your program team.

Depending on your training plan, you may be in GPT3 or completing your extended skills term as you approach completion of training. Your program team will work with you to identify any outstanding training requirements. It's your responsibility to ensure you address these before the end of your program time.

The assessment of completion of training is made up of two parts, the exit interview and the completion of training report.

Completion of training report

Once you've satisfactorily completed all program requirements, your program team will collate the completion of training report and have it approved by the regional ME.

The completion of training report records the satisfactory completion of your program requirements.

Education requirements

- Completion of the Aboriginal and Torres Strait Islander health unit in the RACGP [Curriculum and syllabus](#).
- Completion of all mandatory education activities, including:
 - participation in mandatory workshops
 - completion of required self-directed online learning
 - attendance at 125 hours of educational activities.
- Completion of the workplace-based assessment program, including five external clinical teaching visits.
- Attendance at a minimum of two meetings per year with your ME.

Experience requirements

- Completion of required period of program time. For all registrars this includes a minimum of three years (FTE) specialist general practice vocational training made up of:
 - a minimum of 52 weeks (FTE) at an approved hospital (or equivalent in recognition of prior learning and experience – RPLE)
 - 18 months (FTE) at an accredited general practice under an accredited supervisor (GPT1, 2 and 3)
 - 26 weeks (FTE) of extended skills training at an approved training site.
- Completion of approved mandatory hospital terms (or an approved alternative):
 - medicine
 - surgery
 - emergency medicine
 - paediatrics.
- Training experience with at least two different general practice supervisors and with two different general practice management systems.
- Training experience that involves a diversity of patient presentations in relation to age, gender, socioeconomic status, and cultural and linguistic background.
- In addition, for rural generalist registrars:
 - 52 weeks of additional rural skills training (ARST)
 - 26 weeks of core emergency medicine training (core EMT).

Examination requirements

You must have passed all Fellowship exams during your period of candidacy.

Basic life support and advanced life support training

- Completion of basic life support (BLS) training in the 12 months prior to starting GPT1.
- Completion of BLS training in the 12 months prior to applying for Fellowship. To ensure your BLS training is with an approved course, refer to [Basic life support training](#).
- Completion of advanced life support (ALS) training within four years prior to applying for Fellowship. To ensure your ALS training is recognised it must:
 - meet the guidelines and protocols of the [Australian and New Zealand Committee on Resuscitation](#) or [Resuscitation Council UK](#). The training must assess competency using observation of clinical performance in simulated scenarios
 - include management of adults and not only the management of children.
- In addition, rural generalist registrars must complete at least one ALS2-equivalent accredited emergency skills and/or simulation training course either within the 24 months prior to commencing, or during, core EMT.

Australian permanent residency

If you're a foreign graduate of an accredited medical school and a temporary visa holder (Temporary Skills Shortage [TSS] 422, 482, 485, 820, 491 or 494 visa subclass) you must obtain Australian permanent residency by the completion of training.

You must forward documentation confirming your permanent residency to your program team before completion of training. If permanent residency is not obtained, we may withhold your certificate of completion and if applicable, withdraw you from the program.

Administrative requirements

During your training you must:

- hold current Australian medical registration at all times and disclose any addenda or regulatory authority activity, whether in Australia or otherwise, that:
 - has led or may lead to an addendum on your AHPRA medical registration
 - has led to an adverse finding or forms part of an ongoing investigation
 - is considered notifiable conduct.

If you fail to disclose details of your medical registration as outlined above, the situation will be handled as per the [Academic Misconduct Policy](#).

- maintain financial membership of the RACGP from the time of joining the training program and throughout your candidature.

Professional and ethical requirements

GPs are expected to uphold standards of professional and ethical behaviour to protect the reputation of the profession as a whole. Admittance to Fellowship of the RACGP demonstrates that you are considered to meet these standards.

You may not be admitted to Fellowship if we reasonably consider you:

- are unsuitable to be admitted to Fellowship in accordance with the [Fellowship Policy](#)
- have engaged in conduct which would attract sanctions under clause 27 of the [RACGP Constitution](#)
- have addenda on your current AHPRA medical registration that prevent you from undertaking unsupervised comprehensive Australian general practice.

Applying for Fellowship

When you believe you have met all the requirements for Fellowship you may complete an application for Fellowship.

You must apply for Fellowship within three years of successful completion of all Fellowship exams and within one calendar year of completing all training program requirements.

The Fellowship application form will become available on your assessment statement once you have passed the Fellowship exams. To access the application form, once available, log into the [My candidacy portal](#) and navigate to the assessment statement.

You'll need to provide all documentation related to the requirements for Fellowship, including your completion of training report.

TIP! As the Fellowship process can take up to 12 weeks, it's important to provide all the requested documentation to avoid delays with your Fellowship.

Extension awaiting Fellowship

Once you've met the requirements of Fellowship, you'll automatically receive a program time extension of up to 12 calendar weeks in which to submit your Fellowship application.

If circumstances prevent you submitting your application for Fellowship for more than 12 calendar weeks, your training coordinator may apply for a further extension on your behalf. Additional extensions are considered on a case-by-case basis.

If you're an ADF registrar and complete your requirements for Fellowship while on deployment, you may apply for a one-off extension of 12 calendar weeks. The extension time will commence from the date you return from deployment.

TIP! If you are an ADF registrar, check out our companion guide for information tailored to your circumstances: [Australian Defence Force guide](#).

Dual Fellowship

If you are undertaking dual Fellowship with both the RACGP and the Australian College of Rural and Remote Medicine (ACRRM), you don't need to wait to Fellow from the RACGP while continuing towards your ACRRM Fellowship.

However, you should not submit your application to Medicare for recognition as a general practitioner until you have attained ACRRM Fellowship as well.

After you've been admitted to Fellowship

Apply for specialist registration with AHPRA

You'll need to apply to AHPRA for specialist registration as your access to Medicare rebates as a specialist GP is linked to specialist registration with AHPRA. You should apply as soon as you're admitted to Fellowship. Instructions on how to apply will be included with your Fellowship letter. For more information and to apply, visit the [AHPRA website](#).

Apply for a new Medicare provider number

The Medicare provider number issued to you under the AGPT program will be cancelled by Medicare once you become a Fellow of the RACGP. You'll need to apply directly to Medicare for a new provider number. Be sure to download the most appropriate Application for Recognition as a General Practitioner form from the [Services Australia](#) website.

Maintain membership of the RACGP

As a member and Fellow of the RACGP, you are part of Australia's largest professional GP network with 44,000 members. We invite you to make the most of all that your membership offers, including use of the post-nominal 'FRACGP', and access to the [CPD program](#), [gplearning](#), [Australian Journal of General Practice](#), [John Murtagh library](#), [business management tools](#), [recruitGP](#), and the national and state/territory [faculties](#).

Relevant policies and guides

[Academic Misconduct Policy](#)

[Fellowship Exams Policy](#)

[Fellowship Policy](#)

[Requirements for Fellowship Policy](#)

[Assessments and examinations candidate handbook](#)

[RACGP Constitution](#)

Registrar safety and support

Your safety and wellbeing

Work health and safety

Although the RACGP is not your employer, we recognise our responsibility to promote the safety and wellbeing of registrars and minimise risk factors as far as practicable throughout the training program. This is supported by our [GP in Training Safety and Wellbeing Policy](#).

As employers of registrars, training sites have work health and safety obligations that are governed by federal and state legislation. You should discuss work health and safety with your supervisor and/or training site manager during your orientation, including the management of hazards, adverse events, near misses and critical incidents, should they occur.

As a registrar working at a training site, you also have a duty to take reasonable care of your own and others' health and safety. This includes managing your risk of fatigue and ensuring your acts and omissions don't adversely affect others. Refer to the [Safe Work Australia](#) website for more information.

The health and safety of registrars is also addressed by the [National Terms and Conditions for the Employment of Registrars](#).

Stress and fatigue in general practice

We encourage you and your practice to be familiar with our policy position statement, [Stress and fatigue in General Practice](#). It covers important information about what stress and fatigue means in clinical general practice, and provides suggestions for effective discussions between registrars and supervisors on managing stress and fatigue.

We encourage you to actively look out for warning signs of fatigue and burnout in both yourself and your colleagues. Signs of burnout include exhaustion, desensitisation, a lack of meaning, preoccupation with work and making mistakes.

TIP! Find yourself a GP, in a different practice to your own, if possible, who you feel comfortable talking to about work and personal stresses and attend regularly for preventive health.

If you are travelling long distances, at night or on rural roads, it's your responsibility to be safe while driving. Psychomotor and other functions can be affected by fatigue, and it has been shown that cognitive impairment, reduced motor control and microsleeps increase in fatigued doctors, with obvious implications for road safety.

We strongly encourage you to be safe and avoid driving when fatigued.

Tips for preventing and managing fatigue:

- Practise good sleep hygiene, including having a restful sleep environment and avoiding using devices and other technology before bedtime.
- Get regular exercise.
- Eat a healthy diet, drink plenty of fluids and limit your intake of alcohol.
- Take regular breaks at work.

Support for your wellbeing

Connect with you training team

Your wellbeing is a key focus of your training team. Make sure you reach out to them for advice and support during your training journey.

Connect with your peers

Your peers can be a valuable source of support during your training because they will be going through similar experiences and challenges. Out-of-practice workshops are a great place to meet other registrars, develop friendships and find a registrar study group. Having a support network is an important part of your self care.

The GP Support Program

The RACGP is committed to fostering a culture of self care amongst GPs. The GP Support Program is a free service available to all RACGP members.

You can access professional advice to help cope with personal and work-related issues that can impact on your wellbeing, workplace morale, performance and safety, and psychological health. For more information, refer to the [GP Support Program](#).

General Practice Registrars Australia

General Practice Registrars Australia (GPRA) also offers wellbeing advice. GPRA is an independent organisation protecting the rights of general practice trainees; membership is free. More information about support available can be found on the [GPRA website](#).

Indigenous General Practice Registrars Network

Indigenous General Practice Registrars Network (IGPRN) is an advocacy network for Aboriginal and Torres Strait Islander GPs in training that provides professional, educational, cultural and exam preparation support that is led by peers. Each year, in addition to offering online learning and networking opportunities, IGPRN runs two national workshops and all Indigenous GPs in training are invited to attend. Indigenous GP Fellows are engaged to provide support, education and mentorship. IGPRN members support each other by sharing their experiences and knowledge. The support of Indigenous peers during general practice training makes a significant and positive impact on the whole training experience.

For more information and to become a member, visit the [IGPRN website](#).

Australian Indigenous Doctors Association

The Australian Indigenous Doctors Association (AIDA) offers networking and professional development opportunities. It also provides mentoring which allows members to support and guide each other academically and culturally through their medical studies and careers as Indigenous medical doctors. For more information and to become a member, visit the [AIDA website](#).

DRS4DRS

Having your own GP is important to optimise your own health. DRS4DRS is an independent program providing confidential support and resources to doctors and medical students across Australia, including helping you find your own GP.

The DRS4DRS website provides coordinated access to mental health and wellbeing resources, training on becoming a doctor for doctors, community news and navigation to state and territory helplines and referral services. Confidential phone advice is available 24 hours a day for any doctor or medical student in Australia. More information about support available can be found on the [DRS4DRS website](#).

CRANApplus Bush Support Services

CRANApplus Bush Support Services provides a free and confidential telephone counselling service for rural and remote health practitioners and is available 24 hours a day, seven days a week. The service is staffed by psychologists, including two Aboriginal psychologists. CRANApplus membership is not required to access the service. More information about support available can be found on the [CRANApplus website](#) or phone 1800 805 391.

Other resources

You can find other self-care resources, including support services, on the RACGP [GP wellbeing webpage](#).

What can you do when things are not going to plan?

During your training, things may not always go as planned. Your training may be affected by work or training-related factors, as well as personal, social, health, financial or cultural factors.

When you have a problem, it can be very helpful to talk to someone and get some advice. Depending on the issue, you might like to talk with someone in your program team, the registrar liaison officer or a trusted colleague.

If your training site manager or supervisor is concerned about your wellbeing or performance, they may communicate that to your program team.

Issues in the workplace

The RACGP expects all registrars, medical educators, supervisors and training site staff to behave in a professional manner and to treat each other with dignity and respect. Unfortunately, there may still be occasions where bullying or harassment occurs while undertaking training activities. You may also feel unsupported by your supervisor either personally or educationally.

You should be able to report any of these issues to others in the workplace without fear of retribution or fear it may negatively affect your training and career. If you feel comfortable to do so, you should raise the issue with the person you believe to be responsible. This can quickly and informally resolve the issue. If you feel uncomfortable doing so or the issue remains unresolved, you should report any occurrence as per your training site policies and procedures as soon as possible.

If the matter is not resolved through your training site, or you feel unable to report it to them, you can raise the issue with your supervisor, medical educator (ME), training coordinator or registrar liaison officer, depending on who you feel comfortable speaking to about the issue. They will help guide you through the next best steps, which may include submitting a formal complaint.

If a report is made to the RACGP of bullying, harassment or other issues in the workplace, it will be taken seriously and acted on promptly. Confidentiality will be maintained, and support will be offered to all parties. A fair and unbiased investigation will be conducted, and the process and outcomes will be communicated to all involved promptly.

Refer to [Dispute of a decision](#) or [Complaints](#) for more information.

Critical incidents and adverse events

It's important that critical incidents and adverse events are reported to the RACGP so that we can provide prompt assistance and minimise the impact on your training. It also helps us to identify any issues that are impacting registrars, supervisors and training sites nationally, so we can reduce risks and continuously improve and promote safe learning environments.

Your training site must have processes in place to manage critical incidents and adverse events, whether they involve registrars, supervisors and/or the training site itself. It is important that you understand your training site's processes.

Under Australian Medical Council requirements, the RACGP is responsible for ensuring the safety of registrars and patients. A critical incident or adverse event must be reported to us if it involves a registrar or impacts their training.

Please refer to the RACGP [Critical incident and adverse event management and reporting guidance](#) for training programs.

An **adverse event** is any disruptive event that causes, or risks causing, significant harm to patients, registrars, GP supervisors, training site staff, training program staff or the associated organisations involved in program delivery.

A **critical incident** is any adverse event that results in a serious negative outcome for patients, registrars, GP supervisors, training site staff, training program staff, the RACGP and/or its staff, the reputation of the AGPT program or any combination of these.

Reporting an incident or event

It is your responsibility to report incidents and events as soon as possible. The privacy of your report will be protected and will only be accessible to RACGP staff who require access. As a registrar, if you are involved in any type of critical incident or adverse event, you must follow the guidelines linked above, and report the event.

For further information about reporting a critical incident or adverse event, speak to your training coordinator and/or ME, or contact the RACGP at criticalincidents@racgp.org.au

Training and educational support

The RACGP is committed to supporting registrars to achieve their training outcomes and satisfy the requirements of Fellowship. Throughout the training program you can access a variety of support for your education and training, including individualised training advice and planning, pastoral care, focused learning interventions (refer to [Educational support](#)) and Fellowship exam support (refer to [Exam support](#)).

This section includes information about specific types of support for registrars who:

- are from particular cohorts
- require additional training and support because of identified needs.

Support for particular groups of registrars

Rural registrars

If you're with the rural stream, we recommend you live in the rural community where you work to help you and your family connect with your rural community.

Your program team can give you information about available support, such as funding, family support, accommodation and local champions.

Aboriginal and Torres Strait Islander registrars

Specific individualised support includes priority placement, mentorship, cultural support, tailored supervision and practice support, and Fellowship exam preparation. Your training coordinator can help you access this support.

Culturally and linguistically diverse registrars

Support includes training in communication skills, orientation to AHPRA's [Good medical practice: A code of conduct for doctors in Australia](#), and individualised support as needed. Your training coordinator can help you access these types of support.

ADF registrars

The RACGP ADF team provides tailored support to ADF registrars, who are mobile and require flexibility in their training. Additional support includes ADF-specific orientation, mentorship, training planning, transfer management, and getting recognition of overseas extended skills posts.

Educational support

General practice is a broad and complex discipline and requires a wide range of skills and knowledge. Registrars come to GP training with varied skillset which is unique to each of you. The AGPT program is designed to facilitate the development of critical knowledge, skills and attitudes that are necessary for competent, unsupervised general practice.

Competency across the [domains of general practice](#) is relevant to every general practice consultation. Many registrars will gain the required skills and knowledge during the standard training program. However, for many different reasons a registrar may struggle to attain these competencies within the usual training program time or with the usual training program education and resources. Some registrars will require extra assistance in the form of Focused Learning Interventions (FLI's) and Remediation terms to assist in your goal of achieving Fellowship and undertaking independent General Practice in Australia.

These educational interventions should not be viewed as punitive or judgemental, but rather as an opportunity to resolve 'blind spots' and address individual learning needs. Your training team has extensive experience in identifying and managing registrars in need of additional support. If your program team and regional team have concerns about your performance and progress, they'll work with you to identify and implement the most appropriate, targeted educational support or intervention for your circumstances.

Performance issues that require support may be minor and transient or more significant and persistent; there may be a single issue or multiple issues.

Concerns about performance and progress might involve:

- communication skills
- clinical skills
- cognitive skills
- organisational, integrative and collaborative skills
- professional behaviour
- some AHPRA Addenda
- other serious issues that might be reportable, including:
 - health and personal issues
 - work environment and systems issues.

Our educational support has a stepped approach:

- early identification of registrars who need extra assistance
- provide appropriate assistance and support
- implement an educational intervention (eg focused learning intervention)
- implement remediation.

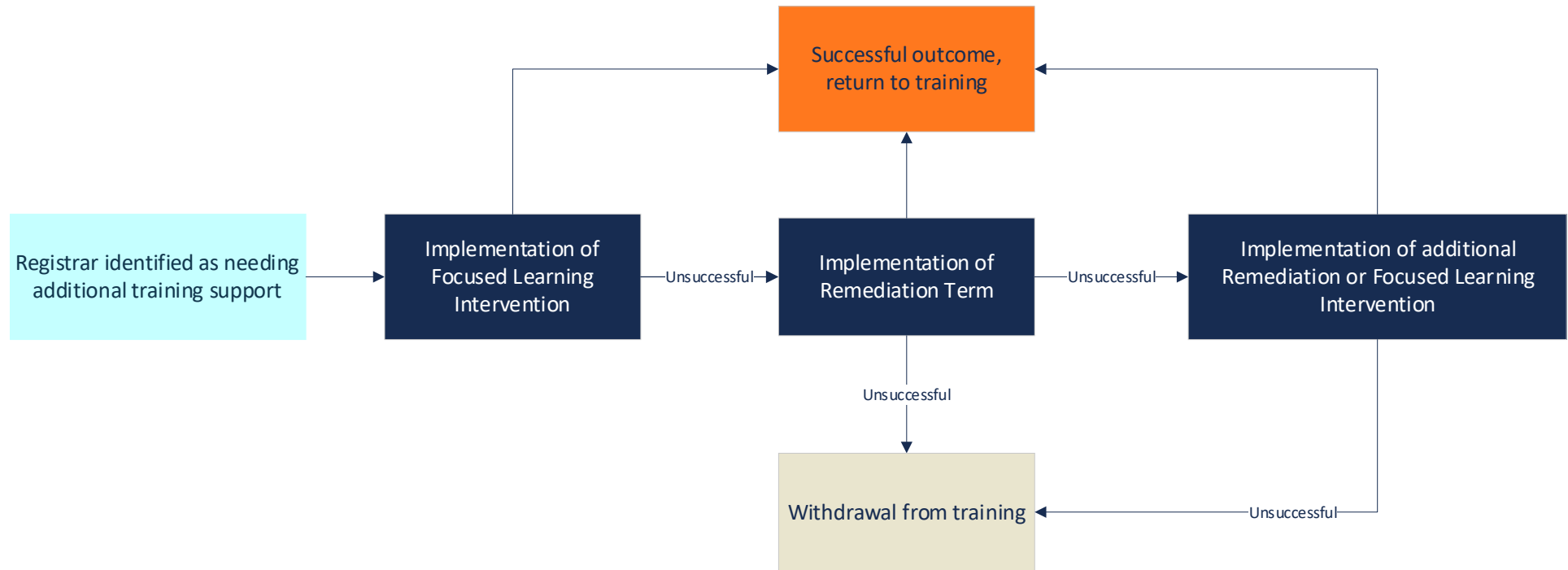


Figure 1. Approach to educational support when there is a concern about performance and progress

Focused learning interventions

Your medical educator (ME), supervisor or a clinical teaching visitor may identify that you have learning needs that require a focused learning intervention (FLI).

A FLI supports your learning with resources and activities to help address your learning needs.

You'll work with your program team, training site staff and supervisor to develop a FLI specific to your needs. This collaborative approach is an important part of the process to ensure your particular needs are addressed.

The FLI is developed, implemented and completed within your program time. Everyone involved in developing the FLI must agree on the timeframe for completion.

Unfortunately, not all registrars who complete an FLI will demonstrate sufficient improvement. If this is the case, you may be required to:

- undertake another FLI
- undertake remediation
- withdraw from training.

Remediation

A remediation term will be recommended by your training team when your progress through training is unlikely or unable to be completed within the usual training time, with the usual resources. Remediation is a critical educational intervention to help address concerns about performance and will ultimately help you progress towards fellowship, meet the requirements of the [Fellowship Policy](#) and the [Competency profile of the Australian General Practitioner at the point of Fellowship](#). A remediation term suspends your training time and provides additional funding for targeted interventions to meet defined learning goals.

Applying for a remediation term

Your regional team will work with you to develop an individualised remediation plan and you must agree with the plan for it to proceed. The plan may involve additional education, supervision, assessment and pastoral supports to improve your areas of learning need. Depending on the nature of the learning need, refusal to engage in the remediation can result in withdrawal from the training program. This is a rare outcome but may apply if there are significant concerns about patient safety, professionalism or program compliance.

The regional team will apply to the National Remediation team to commence a remediation term. You'll be notified of the outcome within 25 business days of the completed application being received. Please be aware that while waiting for approval of the remediation term you may be placed on Category 2 leave if we identify a potential safety risk to you or the community if you continue training without remediation in place. Your program team will work closely with you if this is the case. If the remediation application is approved, your program time will be suspended for the period of remediation, and you'll be unable to enrol in or sit Fellowship exams while on a remediation term. Your progress will be monitored throughout, and progress reports will be submitted at the mid and end points of the term.

Remediation terms can occur at any time in training. There is evidence that early identification of the need for remediation results in shorter remediation terms and better learning outcomes. A remediation term is usually undertaken while continuing to work in community general practice. Most remediation terms can be conducted in the registrar's current practice. However, depending on the relationship with the current practice and the degree of support needed, a move to a different practice and/or location may be required.

Outcomes of remediation

In most instances, remediation is successful and the concerns about performance are addressed. The registrar is then able to resume the training program.

However, in some instances, an additional intervention (focused learning intervention) is required to address ongoing performance concerns. Occasionally, serious performance concerns remain at the end of remediation,

and the result is withdrawal from the program. For more information about withdrawal, refer to [Involuntary withdrawal](#).

Support for professional issues

If you have a legal, ethical or other professional issue during your training, you should discuss it with a member of your program team or registrar liaison officer.

In some circumstances, you may need to speak to your medical defence organisation (MDO). MDOs are a valuable resource; they provide a range of support services as well as offering resources, such as webinars and newsletters on professionalism and legal and ethical issues.

GPRA can support you with some legal and professional issues, and the Australian Medical Association also provides assistance if you're a member.

Social media is increasingly being used by GPs for professional and business purposes. The RACGP provides guidance on safe and professional use of social media in the general practice setting. For more information, refer to the guide, [Social media in general practice](#).

RACGP faculties

The RACGP has many faculties that provide support and information to GPs in training and GPs. They also provide advice to the Board and represent the interests of members.

- National faculties:
 - RACGP GPs in Training – aims to increase the voice of GPs in training within the RACGP, and supports members through tailored resources and events
 - RACGP Aboriginal and Torres Strait Islander Health – aims to raise awareness and support Aboriginal and Torres Strait Islander health and cultural needs, advocate for culturally appropriate health delivery systems, support GPs and GPs in training in their learning and professional development, including specific support for Aboriginal and Torres Strait Islander doctors
 - RACGP Rural – supports and advocates for GPs and GPs in training working in our rural and remote communities
 - RACGP Specific Interests – provides the opportunity to share information and knowledge about 33 specific interest subject areas.
- State/territory faculties – inform, educate and engage members, and advocate for the profession.

We encourage you to join our GPs in training faculty to connect with your peers across the country, as well as your local state/territory faculty and any other national faculty that is of interest to you. You can find more information about the faculties and how to join by visiting the [faculties website](#).

Relevant policies and guides

[Fit and Proper Fellow Policy](#)

[GP in Training Safety and Wellbeing Policy](#)

[Registrar Support and Remediation Policy](#)

[GP in Training Diversity, Equity and Inclusion Policy](#)

[Assessments and examinations candidate handbook](#)

Leave

Entitlements

You're entitled to a range of types of leave from your training program under the [National Terms and Conditions for the Employment of Registrars](#).

TIP! We manage your leave from your training program. You'll need to speak to your employer about leave you can take from work. The leave you're entitled to may differ between workplaces and Australian states and territories. Ensure you check what your allowances are on the relevant government website.

In each six-month training term, you can take the following leave without advising your program team (but you will need to advise and/or negotiate with your training site):

- two weeks of paid annual leave
- one week of paid sick or carers leave.

If you want to take more leave than this, or other types of leave, where possible, you should submit a leave application form with supporting evidence to the RACGP for approval prior to taking leave.

Discuss your plans for leave with your training coordinator and medical educator (ME) as early as possible, because there may be implications for your training plan, sitting Fellowship exams and your completion of training.

If your leave extends beyond a reasonable timeframe (for the particular category of leave), the national team, in consultation with the regional team, may consider withdrawing you from the training program as per the [Withdrawal Policy](#).

Categories of leave

There are three categories of leave that you can apply for.

Category 1 – Leave from the program

Category 1 leave includes leave entitled by law, such as sick leave and carer's leave (over the limits listed above), parental leave and other types of leave, for example, Aboriginal and Torres Strait Islander additional cultural leave, and leave imposed because of training program administrative constraints.

When applying for Category 1 leave, you'll need to provide valid certificates, where appropriate. Applications will then be considered by the regional or local team, including the regional or local lead ME. If you need to apply for more than 12 months leave, a return-to-work process will be put in place to help you settle back into the training program and your placement.

As you're entitled to this leave by law, it won't affect your training time cap. You can also start your training program on Category 1 leave.

For more information about parental leave, please refer to the [General Practice Registrars Australia website](#).

Category 2 – Additional leave from the program

Category 2 leave is available for situations such as when you need to take additional leave for personal reasons, or for reasons not included under category 1 leave.

You can apply for a maximum of 26 weeks of leave in addition to what is available under Category 1 leave, or up to 52 weeks if there are extenuating and unforeseen circumstances. You can't start your training program on Category 2 leave.

Category 2 leave applications must be lodged four months prior to the beginning of the semester. Applications are considered by the local team.

It's important to note that Category 2 leave is included in your training time cap. The regional team will consider if you have enough time remaining in your time cap before approving the leave.

Category 3 – ADF service leave

Category 3 leave is only available to ADF registrars and applies to mandatory ADF postings. It doesn't count towards program time and therefore doesn't affect your training cap. It's also possible to start your training program on Category 3 leave.

You'll need to include your posting order with your application for leave, which will be reviewed by your local or regional team.

TIP! If you are an ADF registrar, check out our companion guide for information tailored to your circumstances: [Australian Defence Force guide](#).

Category 4 – Deferral of Commencement of Training

You may apply for Category 4 leave to defer the commencement of your training. Category 4 leave will only be considered in extenuating and unforeseen circumstances, if the RACGP is unable to match you to an appropriate training site, or if your provider number is not issued in time for the commencement of training.

You may apply to defer your commencement of training for an initial period of up to 26 calendar weeks. In extenuating circumstances, you may submit a request for an additional period of up to 26 calendar weeks.

Applications for Category 4 leave will be approved by your local team.

Starting your training program on leave

If you need to start your training program on a period of leave other than the permissible types defined in [Categories of leave](#), discuss this with your program team. You'll need to show that there are extenuating and unforeseen circumstances to warrant deferring the commencement of your training program. Any decision about starting your training program on leave is at the RACGP's discretion.

Suspending RACGP membership

You can put your membership on hold during periods of approved leave of three calendar months or more. You'll need to apply for a suspension of your membership by sending an email to membership@racgp.org.au with the following information in the subject line:

Suspension of Membership – Dr [last name] – RACGP ID number.

Your completed application must be submitted within 10 business days of your leave starting if you want the suspension of membership to apply for the full period of leave. If your application is submitted later than this, your membership will be suspended from the date your application is received by us.

If we approve a suspension of membership, any membership fees already paid by you for the period of approved leave will be refunded after your leave.

Returning from leave

Where possible, notify your program team at least 30 business days before you return from leave so they can make any necessary arrangements. In some cases, an appropriate placement may need to be arranged, along with a new Medicare provider number.

When returning to training after an extended period of leave, make sure you meet the [Medical Board of Australia's registration standards](#), particularly with regard to recency of practice.

Relevant policies and guides

[Dispute, Reconsideration and Appeals Policy](#)

[Leave Policy](#)

[Withdrawal Policy](#)

Extension of program time

Extension for extenuating and unforeseen circumstances

An extension of program time may be granted in specific circumstances if you aren't able to fulfill the requirements for Fellowship within the training time cap.

An extension of 26 weeks will be granted if there are extenuating and unforeseen circumstances; a further extension may be granted, at the RACGP's discretion.

While awaiting Fellowship

Once you've met the requirements of Fellowship, you'll automatically receive an extension of up to 12 calendar weeks in which to submit your Fellowship application.

If circumstances prevent you submitting your application for Fellowship for more than 12 calendar weeks, your training coordinator may apply for a further extension on your behalf. Additional extensions are considered on a case-by-case basis.

If you're an ADF registrar and complete your requirements for Fellowship while on deployment, you may apply for a one-off extension of 12 calendar weeks. The extension will commence from the date you return from deployment.

If your application for Fellowship is going to be delayed for more than 12 calendar weeks, you can apply for additional extensions through your regional team. Applications are considered on a case-by-case basis.

For training and assessment purposes

In some situations, you may need an extension of program time to satisfactorily complete a stage of training, sit or re-sit Fellowship exams, or to regain an appropriate level of competence after an extended period of leave. If your program team decides you need an extension, they'll discuss this with you before applying this to your profile.

If you're completing rural generalist training, you have access to an additional 52 calendar weeks that can be used for extensions for training and assessment purposes and category 2 leave.

If you apply for an extension to satisfactorily complete a stage of training, your program team will advise you of the education and training requirements that need to be met for satisfactory completion during this extension.

If you need more information about extensions of program time for training and assessment purposes, please contact your training team.

To undertake an academic post

Academic posts are optional and may need to be done outside of core vocational training time. You can apply to your regional team for an extension to undertake an approved academic post if you don't have enough program time remaining.

To transition to another program

If you transfer to the Fellowship Support Program (FSP), once you're accepted into the program you'll automatically receive an extension to your program time to enable the transfer.

If you plan to transition to the Australian College of Rural and Remote Medicine's (ACRRM) Independent Pathway, you may apply for an extension of up to 26 calendar weeks to support your transition.

Further extension of program time

If you require an additional extension of your program time you may apply to your regional team.

A further extension of program time may be granted at the RACGP's discretion for:

- cultural needs, considerations and commitments for Aboriginal and Torres Strait Islander registrars
- special circumstances for international medical graduates
- extenuating and unforeseen circumstances experienced by you or a significant family relation
- an approved remediation term to ensure all education and training requirements are met (as per the [Registrar Support and Remediation Policy](#)).

Relevant policies and guides

[Academic Posts Policy](#)

[Dispute, Reconsideration and Appeals Policy](#)

[Extensions of Program Time Policy](#)

[Registrar Support and Remediation Policy](#)

Training transfers

Transferring

You can transfer between:

- [training regions](#)
- [training streams](#) (rural to general, general to rural generalist, or rural generalist to rural)
- [RACGP training programs](#) (AGPT to the FSP or Remote vocational training scheme [RVTS] to AGPT)
- [college AGPT programs](#) (ACCRM to/from RACGP)

In considering a request for transfer, we'll take into account your training and workforce requirements and commitments; you shouldn't expect that a request will be automatically approved.

A transfer within the first 26 calendar weeks of starting training will not be considered unless there are extenuating and unforeseen circumstances.

Transfer between training regions

We expect you to remain in your allocated training region for the duration of your training. However, we recognise in some situations you may require a transfer. You may apply for a transfer if:

- you have an identified career and/or education and training need that can't be met in your current training region, and this has been approved by your regional lead medical educator (ME)
- you, or a significant family relation, have extenuating and unforeseen circumstances
- we're unable to match you to an appropriate training site.

If we identify you need to transfer

If we're unable to match you to an appropriate training site during the placement process or you have a career and/or education and training need that can't be met in your current training region, your training coordinator will manage an application for transfer on your behalf. Your regional lead ME will need to approve the transfer.

Transfers in extenuating and unforeseen circumstances

If you, or a significant family relation, are affected by extenuating and unforeseen circumstances, talk to your training coordinator about applying for a transfer. They'll advise you of the process and the documents you'll need to provide in your application.

A transfer may be approved on a temporary or permanent basis. Your current regional team and the team for the region you're transferring to must both approve the transfer.

An **extenuating and unforeseen circumstance** is something outside your control, can reasonably be considered to have been unforeseen, and can be shown to have a direct and significant impact on you. The RACGP considers extenuating and unforeseen circumstances on a case-by-case basis.

Transfers for ADF registrars

If you're an ADF registrar and need to transfer regions due to ADF requirements, the transfer will be managed by the RACGP ADF team on your behalf – you won't need to make an application.

So we can continue to support your training, you must advise your training coordinator of the need to transfer and provide your posting orders as supporting evidence. The transfer into your new region will commence from the date of posting recorded in your posting orders.

In most cases, you'll be advised of the outcome of your transfer application within 20 business days of receipt of a complete application. Make sure you submit all the information requested so that the processing of your application isn't delayed.

TIP! If you are an ADF registrar, check out our companion guide for information tailored to your circumstances: [Australian Defence Force guide](#).

Transfer between training streams

We take into account both your needs and workforce needs when considering your application for transfer between streams.

General to rural stream

If you wish to train in an MMM 2–7 location, you don't need to apply for a transfer.

If you're interested in completing rural generalist training, speak to your training coordinator about how this may impact your training.

Rural to general stream

If you accepted a training position with the rural stream, you're expected to complete all your training in MMM 2–7 locations.

If it's not possible to undertake your extended skills term, core emergency medicine training or additional rural skills training in those areas, you can apply to temporarily train in an MMM 1 location. If approved, you don't need to apply for a transfer from the rural to the general stream.

You may apply for a permanent transfer from the rural stream to the general stream in any of the following circumstances:

- you have a career and/or education and training need that can't be met in your current training region
- you, or a significant family relation, have extenuating and unforeseen circumstances
- you, or a significant family relation, have an unforeseen medical condition that can't be adequately or safely managed in the rural location where you're currently based.

If we identify a need to transfer

During the placement process, if we're unable to match you to an appropriate training site in your training stream, or if you have a career and/or education and training need that can't be met in your training stream, your training coordinator will manage an application for transfer on your behalf.

Transfers in extenuating and unforeseen circumstances

If you, or a significant family relation, are affected by extenuating and unforeseen circumstances or have an unforeseen medical condition that can't be adequately or safely managed in the rural location where you're currently based, talk to your training coordinator about applying for a transfer. They'll advise you of the process and the documents you'll need to provide in your application.

Section 19AB exemption to enable transfer

If you're an overseas trained doctor or foreign graduate of an accredited medical school, while you're on the AGPT program you're automatically granted a section 19AB class exemption from the *Health Insurance Act 1973* (Cwth) allowing you to work in any MMM 2–7 area regardless of your practice's Distribution Priority Area status.

However, if you wish to transfer from the rural to the general stream, you must apply to the RACGP for transfer that allows you to work in an MMM 1 location.

Transfer between training programs

To transfer from the AGPT program to another RACGP training program, you must meet the eligibility and selection requirements of that program. You'll find these in the relevant program's policies and handbooks.

If you're accepted into another training program, you must withdraw from the AGPT program.

Transfer between training colleges

As an AGPT registrar, it's possible to transfer between the two general practice colleges. The training you've undertaken so far, including hospital and general practice terms, may be credited at the discretion of the relevant college censor.

If you transfer from ACRRM to the RACGP, you must join the rural stream. Approval of a transfer to the general stream is at the discretion of the RACGP.

If you transfer from the RACGP to ACRRM, you must enter a training location in an MMM 2–7 area.

If you transfer to another college or undertake an additional Fellowship (dual Fellowship), your total program time doesn't change.

You should ensure you have sufficient program time remaining to complete all program requirements before applying for a transfer. In extenuating and unforeseen circumstances, the relevant college may grant you an extension of program time to complete the training requirements. All decisions are at the discretion of the relevant college.

Talk to your training coordinator if you're considering a transfer between colleges.

Relevant policies and guides

[Dispute, Reconsideration and Appeals Policy](#)

[Extensions of Program Time Policy](#)

[Training Transfer Policy](#)

Withdrawal and re-entry

Voluntary withdrawal

There may be circumstances where you need to withdraw from the program. We strongly encourage you to discuss your intention with your program team before starting any formal withdrawal process, so that we can discuss alternative options and support you in your pursuit of Fellowship. This includes offering case management support throughout the process.

If you do believe that voluntary withdrawal is the best option given your circumstances, you must inform the regional team in writing of your intention to withdraw from the program.

It's also possible to withdraw from rural generalist training but stay with the training program by notifying the regional team in writing.

Voluntary withdrawals are not subject to the [Dispute, Reconsideration and Appeals Policy](#) because the decision to withdraw is yours alone. Therefore, make sure voluntary withdrawal is the most appropriate decision for your circumstances and consult with your program team before informing us of your intention to voluntarily withdraw.

Cooling off period

We recognise that withdrawing from the program is a significant decision to make and it's possible you may change your mind.

If you withdraw after the commencement of training, your decision is subject to a 20-business day cooling off period. You'll need to advise the regional team in writing by the end of the cooling off period if you wish to cancel your voluntary withdrawal. After the cooling off period, the withdrawal will be processed.

This cooling off period doesn't apply to a voluntary withdrawal before the commencement of training. That means, if you withdraw before the training program begins and then change your mind, you'll need to re-apply to join the AGPT in the following year.

You can waive the cooling off period if you wish to reapply for entry, in which case you'll need to advise the regional team of this in writing.

Commencement of training is the day you begin the AGPT program.

Involuntary withdrawal

In some circumstances, we may determine that you should be withdrawn from the training program. If we intend to withdraw you, we'll advise you in writing before you're withdrawn and offer case management support throughout the process.

We may withdraw you for the following reasons, as per the [Withdrawal Policy](#):

- Clinical competence – You have not met and maintained an appropriate level of clinical competence at each milestone of training, as assessed by your local and regional teams.
- Capacity – You are unable to continue your training program because:
 - you're unable to maintain appropriate AHPRA general registration throughout the program
 - addenda have been added to your medical registration which restrict your ability to continue in the program.

- Compliance – You need to comply with the education and training requirements of the training program. If you don't comply, you may be withdrawn from the program. For example:
 - if you don't comply with and complete the requirements of an approved remediation term
 - if you don't respond to correspondence from any RACGP staff member about your enrolment in the program
 - if you can't meet your program time requirements
 - if you're not able to meet the required standards to enable you to be admitted to Fellowship and obtain registration as a specialist GP
 - if you defer commencement of training for more than 52 calendar weeks
 - if you don't maintain financial membership of the RACGP throughout training
 - if you're on an accepted temporary Australian visa but don't obtain permanent residency or citizenship of Australia or New Zealand prior to completion of training.

A decision to withdraw you from the program can be disputed as per the [Dispute, Reconsideration and Appeals Policy](#). You must lodge a dispute within 20 business days of the date of withdrawal or the date of receiving the notification. If no dispute is raised, we will proceed with the withdrawal process.

You can't be reinstated on the program unless the decision to withdraw you has been overturned through the processes in the [Dispute, Reconsideration and Appeals Policy](#).

Re-entry

If you're involuntarily withdrawn from the training program, we may set certain conditions about if and when you can re-apply to join the AGPT program. These conditions will be outlined to you as part of the withdrawal process.

If we determine you can re-apply to the program, you may need to satisfactorily complete remedial activities relating to the reason for your withdrawal.

There may also be some circumstances where you can't reapply to the AGPT program, for example, if the reason for withdrawal can't be resolved through remedial activities.

After withdrawal

As part of the withdrawal process, you'll be invited to attend an exit interview. We'll give you information about career counselling, wellbeing support and other support specific to your needs.

We'll notify Services Australia of your withdrawal. Services Australia will provide 14 days notice of the intention to withdraw your name from the Register of Approved Placements. Once the notice period has passed, you'll be removed from the register and your Medicare provider number will be cancelled.

Relevant policies and guides

[Dispute, Reconsideration and Appeals Policy](#)

[Extensions of Program Time Policy](#)

[Withdrawal Policy](#)

Disputes and complaints

Dispute of a decision

Throughout your training, the RACGP will make decisions about your training program. These decisions are governed by the [Dispute, Reconsideration and Appeals Policy](#). The policy ensures decisions are made with due process, comply with RACGP policies, and are made considering the available information.

If you're unhappy with the outcome of a decision you should work with your program team to find an agreed outcome. You may also like to speak with your registrar liaison officer. Generally, issues are able to be resolved in this informal mediation process.

However, you may decide you need to raise a formal dispute if you're unable to reach an agreed outcome with your program team. They will apply to the regional team to dispute the decision.

Important things to note if you wish to raise a dispute:

- Disputes are managed under the [Dispute, Reconsideration and Appeals Policy](#). You should review the policy before applying to dispute a decision.
- The regional team will only consider your dispute if you have attempted informal mediation with your program team and been unable to reach an agreed outcome.
- A dispute can only be raised about decisions the RACGP has made in relation to your training program. If you have a dispute with an employer that isn't related to your general practice training or if your dispute is in relation to a decision made by another organisation, we can't deal with these under RACGP's policy.
- You have 10 business days after we notify you of the original decision to raise a dispute.

Reconsideration of a decision

From time to time the RACGP makes decisions about matters other than those which relate to your training program.

If you're unhappy with the outcome of a decision that isn't related to your training program, you may apply for a reconsideration of the decision. Reconsiderations are handled by the RACGP national team.

Important things to note if you wish to apply for a reconsideration:

- Reconsiderations are managed under the [Dispute, Reconsideration and Appeals Policy](#). You should review the policy before applying for reconsideration of a decision.
- The national team will only consider an application for reconsideration of a decision that isn't related to your training program (eg. exam results). If you want to dispute a decision relating to your training program, refer to [Dispute of a decision](#).
- You have 10 business days after we notify you of the original decision to apply for a reconsideration, or two business days if it is related to entry to a training program.

Reconsideration applications attract a fee as they're not related to your training program. You will need to pay this fee before the decision can be reconsidered.

Appeal of a decision

You can appeal the outcome of a dispute or reconsideration.

Important things to note if you wish to apply for a reconsideration:

- Appeals are managed under the [Dispute, Reconsideration and Appeals Policy](#). You should review the policy before applying to appeal the decision.

- You have 20 business days after we notify you of the outcome of your dispute or reconsideration to make an appeal.
 - If you are appealing the outcome of a reconsideration, you will be required to pay a fee. You will need to pay this fee before the reconsideration decision can be appealed.

Complaints

You can raise a complaint about decisions or other matters that are not being considered under the [Dispute, Reconsideration and Appeals Policy](#). For more information, including the types of complaints which can be raised and how to lodge a complaint, please refer to the [Complaints Policy](#).

Relevant policies and guides

[Complaints Policy](#)

[Dispute, Reconsideration and Appeals Policy](#)

[Dispute, reconsideration and appeals guide](#)

Supplementary material

Policies

[Aboriginal and Torres Strait Islander GP in Training Fellowship Exam Support](#)

This policy aims to support Aboriginal and Torres Strait Islander Fellowship exam candidates ('candidates') by detailing the individual support available to them.

[Academic Misconduct Policy](#)

The purpose of this policy is to define what constitutes Academic Misconduct, and when investigations will occur as a result of that misconduct, to explain the process the RACGP follows and the decisions it may make when responding to allegations of Academic Misconduct, and to maintain the highest standards of conduct for any academic activities which the RACGP engages.

[Academic Posts Policy](#)

The purpose of this policy is to outline the principles and requirements of the application and selection process for completing an Academic Post.

[Accreditation Policy](#)

The purpose of this policy is to outline the principles and requirements for accreditation of Training Sites and Supervisors.

[Assessments Special Arrangements Policy](#)

The purpose of this policy is to define the principles and requirements for the granting of Special Arrangements for RACGP Assessments.

[Dispute, Reconsideration and Appeals Policy](#)

The purpose of this policy is to define the principles and circumstances under which the medical practitioner may require the resolution of a dispute, reconsideration or appeal of a decision made by the RACGP in relation to progression towards Fellowship.

[Extensions of Program Time Policy](#)

The purpose of this policy is to define the extensions of Program Time available to Registrars.

[Fellowship Policy](#)

This Policy outlines the circumstances under which Fellowship may be granted and what disciplinary action may be taken against Fellows and what those actions may comprise. This Policy sets out the standards of behaviour expected from Fellows in order to maintain confidence in the behaviour of Fellows and preserve the RACGP's good name, and the name of all members, and support it to achieve its strategic objectives.

[Fellowship Exams Policy](#)

The purpose of this policy is to define the requirements for Registrars to sit the Fellowship Exams.

[GP in Training Diversity, Equity and Inclusion Policy](#)

The purpose of this policy is to define the principles by which the RACGP will effectively manage training to ensure all GPs in training (GPiT) are treated equitably.

[GP in Training Safety and Wellbeing Policy](#)

The purpose of this policy is to define the principles and responsibilities of the RACGP, Training Sites and Supervisors that protect the Safety and Wellbeing of GPs in Training when they are in an education and training environment.

[Leave Policy](#)

The purpose of this policy is to define the leave entitlements available to Registrars.

[Placement Policy](#)

The purpose of this policy is to define the principles and requirements for the placement of Registrars in Training Sites.

[Membership Code of Conduct](#)

This Code outlines the circumstances under which disciplinary action may be taken against Members and what those actions may comprise. This Code of Conduct (“Code”) sets out the standards of behaviour expected from Members in order to maintain confidence in the behaviour of Members and preserve the RACGP’s good name and the name of all Members, and support it to achieve its strategic objectives. All Members must be aware of the expected standards of their conduct.

[Recognition of Prior Learning and Experience Policy](#)

The purpose of this policy is to define the principles and requirements for the application and assessment of Recognition of Prior Learning and Experience (RPLE).

[Registrar Support and Remediation Policy](#)

The purpose of this policy is to define the principles underpinning the support available to enable Registrars to achieve their training outcomes and satisfy the requirements of Fellowship.

[Requirements for Fellowship Policy](#)

The purpose of this policy is to define the principles and requirements for Registrars to be admitted to Fellowship of the Royal Australian College of General Practitioners (FRACGP) or the RACGP Rural Generalist Fellowship (FRACGP-RG).

[Training Programs Entry Policy](#)

The purpose of this policy is to define the entry principles and requirements for RACGP Training Programs, including eligibility, selection, and enrolment.

[Training Program Requirements Policy](#)

The purpose of this policy is to define the principles and requirements for progression and completion of Training Programs and the Remote Vocational Training Scheme.

[Training Transfer Policy](#)

The purpose of this policy is to define the principles and requirements for transfer between Training Regions, Training Programs, Training Streams and General Practice Colleges.

[Withdrawal Policy](#)

The purpose of this policy is to define the principles and circumstances under which the Registrar may withdraw or be withdrawn from the Training Program.

Guides and handbooks

[Academic post cohort guide](#)

This guide provides information for registrars completing an academic post. To access the guide please email gpedresearch@racgp.org.au [Assessments and examinations candidate handbook](#)
Part 2 of the handbook provides information on Fellowship exams, including eligibility, enrolment, sitting the exams and withdrawing.

[Australian Defence Force guide](#)

This guide is designed for AGPT registrars who work in the Australian Defence Force (ADF) and is a companion document to the AGPT registrar training handbook.

[Basic life support and advanced life support guide](#)

This guide details RACGP's requirements for basic life support and advanced life support courses.

[Comprehensive Australian general practice guide](#)

This guide provides the RACGP's principles of comprehensive Australian general practice and how these apply to registrars throughout training.

[Conflicts of Interest Guidance](#)

This guide details RACGP's requirements for the identification, disclosure and management of any actual, potential or perceived conflicts of interest in order to protect the integrity of the RACGP and manage risk.

[Dispute, reconsideration and appeals guide](#)

This guide provides further information on the dispute, reconsideration and appeals process.

[Rural Generalist Fellowship Guidelines](#)

These guidelines provides specific information for the RACGP Rural Generalist Fellowship.

Evaluation of the AGPT program

We invite you to help us evaluate the AGPT program.

Ongoing evaluation of the AGPT program is critical to help us continue to improve Australia's premier training program for GPs. Our evaluation aims to:

- monitor and report on the achievement of the program's objectives and outcomes
- investigate the extent to which the outcomes are achieved, including improvements in participants' knowledge, skills, attitudes, intentions and behaviours
- inform quality assurance and improvements to the program.

From time to time we'll ask you to participate in evaluation activities, such as short surveys, focus groups and interviews.

We hope that you'll support our evaluation activities by sharing your experience of being a registrar with the AGPT program.

Useful contacts

AHPRA

T: 1300 419 495

W: www.ahpra.gov.au

General Practice Registrars Australia (GPRA)

T: 03 9629 8878

E: enquiries@gpra.org.au

W: www.gpra.org.au

Services Australia

Medicare provider number information and applications:
Contact your training coordinator

Section 19AB of the *Health Insurance Act 1973* (Cwlth):

E: 19AB@health.gov.au

Glossary

Term	Definition
Academic post	A 0.5 FTE research and medical education term undertaken as part of the AGPT program over 52 calendar weeks.
Accepted temporary Australian visa	A visa accepted by the RACGP, as determined by the relevant application handbook.
Accredited Australian or New Zealand hospital	Either: <ul style="list-style-type: none"> an Australian hospital accredited by a postgraduate medical council against the Australian Medical Council requirements, or a New Zealand hospital accredited by a postgraduate medical council against the Medical Council of New Zealand requirements.
Addenda	Includes, but is not limited to restrictions, conditions, limitations, reprimands, supervision requirements, tribunal outcomes, suspensions, undertakings, and/or any other remarks or changes on a registrar's medical registration. See AHPRA's website for more information.
Additional Rural Skills Training (ARST)	52 calendar weeks (FTE) in an accredited training post that provides the appropriate depth and breadth of experience necessary to meet the requirements of the particular ARST curriculum.
AHPRA medical registration	Registration with the Australian Health Practitioner Regulation Agency (AHPRA), which allows the registrant to practise medicine. Refer to the AHPRA website for more information.
Candidacy	The three-year period, separate to training program time, during which a registrar can attempt Fellowship exams.
Candidate	The medical practitioner eligible to sit RACGP Fellowship exams.
Clinical competence	Demonstrated ability to consistently perform relevant clinical tasks to the standard prescribed in the Progressive capability profile of the general practitioner .
Commencement of training	The day on which the registrar begins the AGPT program.
Completion of training	The formal end point of the AGPT program, as assessed by an exit interview and completion of training report.
Comprehensive Australian General Practice	As defined in the Comprehensive Australian general practice guide .

Term	Definition
Conflict of interest	<p>A situation in which it is reasonable to conclude that an individual's or group of individuals' personal interests' directly conflict with the best interests of the GPiT or where individuals' actions may be influenced by their personal interests rather than education and training outcomes. A Conflict of interest includes, but is not limited to, when:</p> <ul style="list-style-type: none"> i. close personal friends or family members are involved, ii. an individual or their close friends or family members may make financial gain or gain some other form of advantage, and iii. an individual is bound by prior agreements or allegiances to other individuals or agencies that require them to act in the interests of that person or agency or to take a particular position on an issue.
Core Emergency Medicine Training (Core EMT)	<p>A mandatory component (minimum of 6 months) of the Rural Generalist Fellowship that is designed to strengthen rural general practice training by providing Registrars with the skills and confidence to manage emergency situations in rural and remote environments.</p>
Core vocational training	<p>General practice term (GPT)1, GPT2, GPT3 and Extended Skills Training term of the AGPT program.</p>
Cultural safety	<p>Cultural safety is determined by Aboriginal and Torres Strait Islander individuals, families and communities. Culturally safe practice is the delivery of safe, accessible and responsive healthcare free of racism through a health practitioner's ongoing critical reflection about knowledge, skills, attitudes, practising behaviours and power differentials.</p>
Designated supervisor	<p>The medical practitioner who has ultimate responsibility for a registrar and manages their supervision by the supervisory team to ensure safe patient care. A designated supervisor provides formal and informal teaching, feedback and assessment.</p>
Dual fellowship	<p>Fellowship with both the RACGP and the Australian College of Rural and Remote Medicine (ACRRM).</p>
Education and training requirements	<p>The mandatory components of the AGPT.</p>
Exam semester	<p>A period during which all three Fellowship exams are delivered.</p>
Extended skills training	<p>A 26-calendar week (FTE) term undertaken to extend the depth and breadth of the Registrar's skill base in an area relevant to general practice.</p>
Extenuating and unforeseen circumstances	<p>Circumstances which are outside the Registrar control and can reasonably be considered to have been unforeseen, and can be shown to have a direct and significant impact on the Registrar. The RACGP considers Extenuating and Unforeseen Circumstances on a case-by-case basis.</p>

Term	Definition
Extenuating circumstances	Circumstances the RACGP considers on a case-by-case basis, which are outside the Registrar's control and which can be shown to have a direct and significant impact on the Registrar's ability to sit an assessment and/or their performance in an assessment.
Fellowship	Admittance to either: <ul style="list-style-type: none"> • Fellowship of the RACGP (FRACGP), or • FRACGP and Rural Generalist Fellowship (FRACGP-RG).
Fellowship exams	The exams run by the RACGP that assess competency for unsupervised general practice anywhere in Australia. They include: <ul style="list-style-type: none"> • Applied Knowledge Test (AKT) • Key Feature Problem (KFP) test • Clinical Competency Exam (CCE).
Financial RACGP member	An RACGP member who has: <ul style="list-style-type: none"> • met the membership category requirements • had their complete membership application form accepted • paid their current membership fee in full.
Full-time training	A 38-hour working week, over a minimum of four days per week. A minimum of 27 hours must be in face-to-face, rostered, patient consultation time undertaking general practice activities. Work periods of less than three consecutive hours, or less than 4 calendar weeks in any one practice, will not be considered. Hours worked beyond this definition of full time will not be considered.
Full-time Equivalent (FTE)	Where a Registrar undertakes part-time training is the number of hours worked as a proportion of the full-time training.
General practice training terms	In the AGPT program, referred to as GPT1, GPT2 and GPT3.
Hospital rotations	The time medical practitioners spend working in different medical disciplines in the jurisdiction of an accredited Australian or New Zealand hospital.
In-practice education	Education that takes place in community general practice under supervision.
Local team	RACGP staff with local knowledge and relationships who support registrars from the time they enter the AGPT program through to Fellowship. The team includes a training coordinator, medical educator, cultural mentor and an administrator.
Member	Has the meaning given per clause 110.a.xxii of the RACGP Constitution

Term	Definition
Modified Monash Model	The Modified Monash Model (MMM) defines whether a location is a city, rural, remote or very remote. MMM 1 is a major city and MMM 7 is very remote. Overseas doctors (international medical graduates and foreign graduates of an accredited medical school) who are subject to section 19AB of the <i>Health Insurance Act 1973</i> (Cwlth) must train on the rural pathway in MMM 2–7 areas. More information on MMM areas can be found on the Department of Health and Aged Care website .
National team	RACGP staff with oversight of the overall AGPT program, providing high-level educational leadership. They may provide guidance and decision-making in particular circumstances, such as educational support and remediation, application for extended leave and managing critical incidents.
Notifiable conduct	Notifiable Conduct holds the same definition as the Medical Board of Australia's Guidelines for mandatory notifications about registered health practitioners .
Original decision	A decision that is the subject of a dispute, reconsideration or appeal.
Out-of-practice education	Education that occurs outside of regular clinical practice, including workshops, self-directed learning, peer learning and exam preparation.
Part-time training	At least 14.5 hours over a minimum of two days per week, of which at least 10.5 hours is face-to-face, rostered, patient consultation time, undertaking general practice activities. Work periods of less than three consecutive hours, or of less than 4 calendar weeks in any one practice will not be considered.
Program team	The training coordinator and medical educator assigned to a registrar.
Program time	The length of time required to complete the AGPT.
Provider Number	A Medicare provider number is given to eligible health professionals who are recognised for Medicare services, and allows them to claim, bill, refer or request Medicare services. A registrar must apply for a unique provider number prior to starting in a general practice placement.
RACGP ADF team	The RACGP Australian Defence Force (ADF) team provides tailored support to ADF registrars in the AGPT program.
RACGP Rural Generalist Fellowship	The award of Rural Generalist Fellowship (FRACGP-RG).
Regional team	The team that manages a training region and provides support to the local team with specialised resources and expertise. Includes the regional director of training, senior medical educators, a registrar liaison officer and cultural educator. They may be involved in accreditation of training sites and educational workshops.
Registrar	A medical practitioner enrolled in the AGPT program.

Term	Definition
Registrar Liaison Officer (RLO)	A registrar who is available to other registrars in their region to provide confidential advice, information and support.
Remediation	The process by which a registrar receives additional support in order to address performance concerns.
Remediation term	An additional term of program time in which the registrar receives additional support in order to address performance concerns.
Safety	The condition of being protected from or unlikely to cause danger, risk or injury. Educational safety is defined as a learning environment that values support, respectful communication, bidirectional feedback, reflection and the acquisition of new skills. It meets the learner's current level of competency and learning needs and facilitates growth and learning.
Significant family relation	Anyone with whom the Registrar has close familial relations. This may include, but is not limited to, a parent, sibling, spouse/partner/de facto/fiancé(e), child, grandparent and community member.
Special circumstances for International Medical Graduates	<p>These circumstances are determined on a case-by-case basis by the RACGP and include, but are not limited to:</p> <ul style="list-style-type: none"> • communication skills development, and • supported learning.
Special Training Environment (STE)	A placement offering a training opportunity with a limited case mix and different operational arrangements. Therefore, STEs do not meet accreditation standards for Australian Comprehensive General Practice. Registrars can be placed at an RACGP-approved STE for a maximum of six months.
Supervisor	An accredited general practitioner who is both a clinician and role model who takes responsibility for the education and training needs of the Registrar while in the practice.
Suspension of Candidacy	<p>An Exam Semester during the Candidacy in which the Candidate is not required or permitted to attempt Fellowship Exams. The two types are:</p> <ul style="list-style-type: none"> • Standard suspension: A single suspension of an Exam Semester available to any Candidate, for any reason, once during their Candidacy. • Non-standard suspension: A suspension of an Exam Semester granted by the RACGP to the Candidate on the provision of evidence of Extenuating and Unforeseen Circumstances.
Training region	An area in which the RACGP delivers general practice training as defined by the relevant Training Program.
Training site	A health service accredited by the RACGP where the Registrar may undertake their general practice training. For AGPT Registrars, this excludes the mandatory hospital training time.

Term	Definition
Training stream	Subdivisions of the AGPT program. These are: <ul style="list-style-type: none"> • the general stream, and • the rural stream.
Unsanctioned withdrawal	Withdrawal from an RACGP Assessment that is not approved in writing by the RACGP.
Wellbeing	The state of being comfortable, healthy or happy. Educational wellbeing is ensured when the registrar feels engaged, safe and supported in the learning environment.
Workplace-based assessments	Observation and assessment of a registrar’s practice to track progression through training. Types of assessment include: <ul style="list-style-type: none"> • early assessment for safety and learning (EASL) • clinical case analysis • multi-source feedback • mini-clinical evaluation exercise • clinical audit • external clinical teaching visit • mid and end-term appraisals.