



AGPT registrar training handbook 2027



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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Introduction & contacts

This handbook is to help you, the registrar,

- understand what is expected of you during the AGPT Program
- find out more information on various aspects of the program
- access other support materials (policies, guides, etc)

For specific questions relevant to your individual circumstances, speak to your training coordinator.

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
CCE	Clinical Competency Exam
CPD	continuing professional development
DOT	director of training
EAF	Extension awaiting Fellowship
EASL	early assessment for safety and learning
ECTV	external clinical teaching visit
EMT	emergency medicine training
ES	extended skills
FACRRM	Fellowship of the Australian College of Rural and Remote Medicine
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
GPRA	General Practice Registrars Australia
GPSA	General Practice Supervision Australia
GPT1, GPT2, GPT3	general practice terms
IGPTN	Indigenous General Practice Trainee Network
KFP	Key Feature Problem exam
MDO	medical defence organisation
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
OM	operations manager
PGY	postgraduate year
PRC	progression review committee
RCA	random case analysis
RG	Rural Generalist
RLO	registrar liaison officer
RPLE	recognition of prior learning and experience
RVTS	Remote Vocational Training Scheme
TLC	training location commitment
TLR	training location requirements
TMS	training management system
WBA	workplace-based assessment

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.

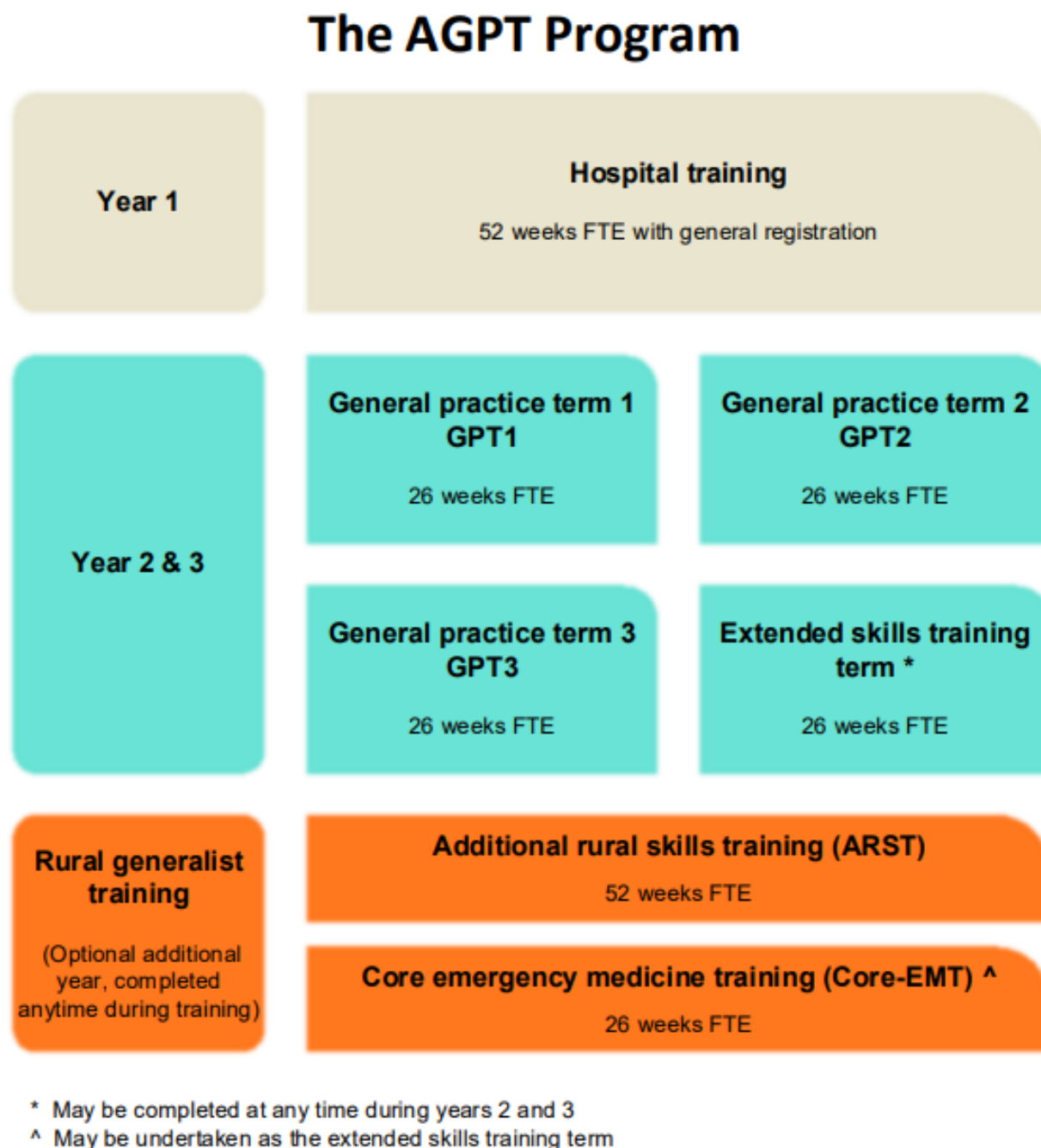
The RACGP offers two Fellowships:

- 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 aligns with the [National Rural Generalist Pathway](#) and 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. The journey to RACGP Fellowship for registrars on the AGPT Program



To be admitted to Fellowship of the RACGP (FRACGP) or RACGP Rural Generalist Fellowship (FRACGP-RG), you'll need to satisfactorily complete all the [requirements for completion of training](#). If all the requirements are successfully met, you'll be eligible to access specialist medical registration and A1 Medicare rebate rates.

Introduction to general practice

The AGPT Program is funded by the Australian Government and offers an apprenticeship model of training over 4 years. The RACGP AGPT Program is a comprehensive education program grounded in the [RACGP educational framework](#) and its three guiding educational instruments:

- 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's a benchmark for professional practice.
- The [RACGP curriculum and syllabus for Australian general practice](#) is an indispensable tool for registrars and their RACGP training team. It provides the scope of educational content (42 individual units) for the AGPT Program and details the educational competencies and learning outcomes.
- Our [education and training policies](#) and [standards for general practice training](#) aim to ensure high-quality, effective education and safe clinical practice in workplace-based training.

The [RACGP Aboriginal and Torres Strait Islander cultural and health training framework](#) is key to embedding quality Aboriginal and Torres Strait Islander health and cultural education and cultural safety across the training program in ways that value Aboriginal and Torres Strait Islander wisdom, knowledge and ways of working. The aim is to create safe training environments and a culturally responsive workforce to improve health outcomes for all Australians.

The AGPT Program includes 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:

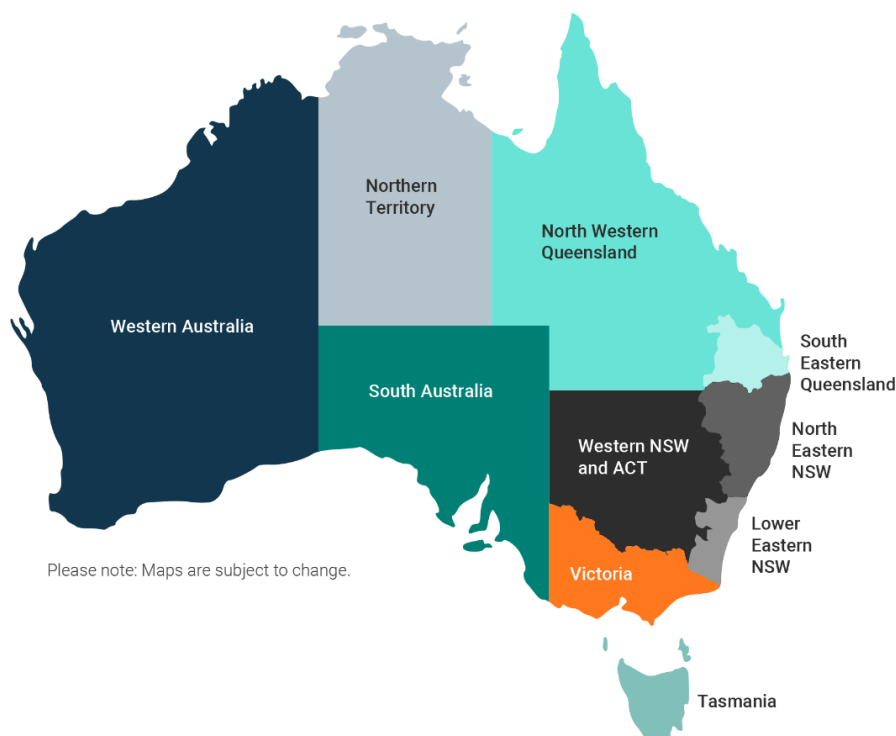
- mainly in or near a city with the general stream, or
- mainly in rural or regional areas with the rural stream.

Refer to the section on [Training location requirements and commitments](#) for more information on training streams.

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

Training regions

Figure 2. AGPT Program training regions



For more detail on each training region and subregion, refer to the [AGPT Training regions webpage](#). There are circumstances where you may be approved to transfer between training regions. Refer to the section on [Transferring](#).

Training support: teams, roles and responsibilities

RACGP training team

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

Your RACGP training team includes

- a training coordinator
- a medical educator
- a JCTS cultural educator

Your RACGP local training 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 all training-related queries (eg administrative tasks, requirements for training progression, etc). Training coordinators work closely with the medical education team.

Medical educator

Medical educators 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 training site. They'll 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.

At the beginning of training, you'll be allocated a medical educator who will mentor, guide and support you in your education and learning. Medical educators usually work part time as they also work in general practice, so if you need urgent assistance from a medical educator and yours isn't available, contact your training coordinator who will put you in touch with an available medical educator. Your local training coordinator and medical educator are listed in your profile in the Training Management System (TMS).

Cultural educator

Cultural educators are responsible for the delivery of cultural orientation, cultural awareness and safety training and supporting registrars to provide culturally appropriate, responsive and sensitive healthcare to Aboriginal and Torres Strait Islander peoples. A cultural educator is a member of the local Aboriginal and Torres Strait Islander community and are employed by JCTS ([Joint Colleges Training Services](#)) across Australia.

Cultural educators 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. In some instances, a cultural educator will also work as a cultural mentor.

Cultural educators work closely with medical educators to support quality and holistic Aboriginal and Torres Strait Islander health and clinical practice training.

Cultural mentor

A cultural mentor is a specific role which supports general practice training in Aboriginal and Torres Strait Islander health training posts in the AGPT Program. Cultural mentors are Aboriginal and Torres Strait Islander people who have an in-depth knowledge of their region's traditional lands and culture and are accepted by the local Aboriginal or Torres Strait Islander community ideally as part of that community.

JCTS works with the Aboriginal Medical Services (AMS) health training posts who allocate either one of their staff members, Elders or community members to the cultural mentor role within their service. The cultural mentor is the first contact for the registrar for community and/or cultural advice.

Cultural mentors share their cultural knowledge to improve registrars' knowledge of working with Aboriginal and Torres Strait Islander patients to support their journey of cultural awareness, safety and competency.

A cultural mentor can provide advice about areas such as:

- orientation to the community and the health service
- knowledge development about health, social and community matters
- development of cultural skills and practices to enhance clinical service provision
- strategies to encourage registrar engagement with Aboriginal and Torres Strait Islander communities



Cultural educators and 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.

Supervisor/Supervisory team

Supervisors are integral to GP training and for each general practice placement you'll be assigned a supervisor. 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 training site, which will include other GPs and training site staff.

Director of training

A director of training provides high-level medical education leadership, including managing the 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 and meet regularly with the RACGP training team to raise and improve visibility of registrar issues.

Aboriginal and Torres Strait Islander Health Medical Education team

The RACGP has a dedicated Aboriginal and Torres Strait Islander led medical education team that:

- supports the delivery of Aboriginal and Torres Strait Islander cultural and health education, assessment and training
- works closely with the regional JCTS cultural education teams
- has oversight of the implementation of the RACGP Aboriginal and Torres Strait Islander cultural and health training framework

Each training region has an allocated Aboriginal and Torres Strait Islander health medical educator(s). They are supported by co-national clinical leads and a national clinical head of Aboriginal and Torres Strait Islander training in the national training team.

Censors

Censors play an important role in academic governance and in maintaining the standards, fairness and integrity of the RACGP Fellowship program and supporting registrars on their progression to Fellowship. They work at both the regional and national levels and work closely with medical educators, providing advice and guidance on training and policy. They approve variations to training and applications for RPLE (recognition of prior learning and experience) and completion of training. They're involved in the review of adverse events, ratifying exam results, the progression review committee and reviewing registrars' progression through training. Refer to the [Council of Censors webpage](#).



The National Aboriginal and Torres Strait Islander Faculty Censor provides individualised training support and advocacy for Aboriginal and Torres Strait Islander registrars, including exam support per the [Aboriginal and Torres Strait Islander Fellowship Exam Support Policy](#).

RACGP ADF team

Registrars in the Australian Defence Force (ADF) have obligations to their ADF service and require flexibility in their training. Our regional RACGP ADF teams will help you meet the RACGP's requirements for Fellowship and can provide tailored support in many areas, including orientation, mentorship, training planning, transfer management, and recognition of deployments/exercises or courses as training time.



Check out the [ADF registrar handbook](#) for more information.

RACGP national team

The RACGP national team has oversight of the overall AGPT Program, providing high-level educational leadership. They provide guidance and decision-making in particular circumstances, such as educational support and remediation, applications for extended leave, and managing adverse events.

Let's get you started

How we'll communicate with you

The RACGP will communicate with you mainly via email. Check your email regularly and respond to requests as soon as possible. It's your responsibility to ensure the RACGP has your current email address and advise of any changes as soon as possible.

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.

RACGP membership

Once you've accepted your training offer, you'll need to become an RACGP financial member 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 per the [Requirements for Fellowship Policy](#).

Once accepted into the AGPT Program you'll receive a membership invoice; you won't need to complete a membership application form, as your profile is set up using your application information. You must pay this invoice before your first day of training. If the RACGP doesn'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

Your annual membership renewal is to be paid by 1 July each year per the [RACGP Constitution](#).

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.

Ahpra medical registration

You must hold general medical registration from the start of training and throughout the training program. If it isn't renewed for a period of prolonged leave, you must ensure general registration is resumed before returning to training (or if granted permission to undertake exams, while on leave).

Changes to your medical registration

You must notify the RACGP immediately if your medical registration changes at any time during your training (adding an adverse event in the TMS adverse event module and notifying your training coordinator/medical educator). If you don't notify the RACGP, you may be reported for academic misconduct per 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 addenda or change.

Changes to your medical registration may affect your ability to progress through training or your ability to progress towards Fellowship. Notify the RACGP as soon as a concern is raised with Ahpra to allow the RACGP to provide you with the appropriate support and options. Refer to the [Ahpra website](#) for more information about possible outcomes.

Medical indemnity insurance

This is your personal responsibility and must be maintained throughout all training terms. It's required for general medical registration. Please arrange appropriate coverage for your personal circumstances before commencing training. For prolonged leave periods, discuss your specific situation with your medical defence organisation.

Induction to the AGPT Program

AGPT onboarding

You'll receive instructions in your offer acceptance email on accessing our online platforms and completing onboarding and induction requirements including online modules. Refer to the [induction webpage](#).

Complete the onboarding module before you meet with your training coordinator so that you can make the most of the time in your induction meeting.

For information on the orientation workshop to prepare for GPT1, refer to the section on [orientation to general practice](#). For information on the orientation to the training site, refer to the section on [preparing for a placement](#).

Induction meeting

You'll have an induction meeting with your training coordinator 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 and 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 (recognition of prior learning and experience)
- your career aspirations (and set up a meeting with a medical educator if needed)
- any questions you may have and any other information you need to know for your training

Assessment of readiness for general practice

Overview – assessment of readiness

Before entering into general practice terms, registrars must satisfactorily complete a minimum of 104 weeks (FTE/full-time equivalent) of hospital work in an accredited Australian or New Zealand hospital, of which 52 weeks (FTE) must be worked at a level above an intern.

The RACGP will check that you've achieved an adequate level of competency before you're allowed to start in GPT1. To do so, you'll need to provide evidence that you've successfully completed the following requirements.

You cannot start in GPT1 until you've successfully completed all the requirements.

If you were accepted into the 2025 AGPT Program or earlier:

- 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
- A basic life support (BLS) course in the 12 months before starting GPT1

Refer to the [Mandatory Hospital Term Requirements guide](#) and the [Recency and breadth of hospital-based experience guidance](#). To ensure recency of practice, hospital rotations completed more than five years before starting GPT1 require evidence demonstrating how you've achieved and/or maintained competency in that specific discipline.

If you're accepted into the 2026 AGPT Program or after:

- Hospital experience of either
 - PGY2 certification (Australian Medical Council Postgraduate Year 2) or
 - General registration and a further 12 months of accredited supervised clinical hospital rotations at PGY2 and above in the ten years before starting GPT1
- Satisfactory demonstration of paediatric competency in the five years before starting GPT1
- A basic life support (BLS) course in the 12 months before starting GPT1.

Clinical hospital experience gained as a locum isn't considered when assessing your readiness for general practice terms unless it's consistent with a training term experience. You'll need to provide evidence of education, supervision, feedback, satisfactory performance and that it was four or more weeks in duration.

Refer to the [AGPT Hospital & Paediatric Competency Requirements](#) and the [Recency and breadth of hospital-based experience guidance](#). Where the breadth, depth or recency of clinical experience isn't considered equivalent to the PGY2 certification, you may be asked to demonstrate how you've maintained competency.

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

Before you can start in GPT1, you're 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 generally 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, for example

- If you entered AGPT directly after your internship, you'll need to complete the full 52 weeks (FTE) of clinical hospital experience as part of your hospital-based training (year 1 of the program).
- If you gained broad hospital experience after your intern year and before you entered AGPT, you may be eligible to apply for RPLE.

If you're eligible for RPLE, you may be able to reduce your time in hospital-based training (year 1 of the program) or start directly in GPT1, provided you meet all other readiness requirements. Refer to the section on [RPLE](#).

Basic life support course (assessment of readiness for general practice)

You must complete a basic life support (BLS) course in the 12 months before you start GPT1. The course must meet the requirements in the [Basic Life Support and Advanced Life Support Guide](#). Refer to the section on [Basic life support training](#).

Orientation to general practice

Pre-GPT modules

Before you begin your training in GPT1, you'll have to complete some online modules. These modules will introduce you to general practice, with a 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 a mandatory orientation workshop in your local area where you'll meet your training coordinator, medical educator, other RACGP training team members and other registrars.

For information on the orientation to the training site, refer to the section on [Preparing for a placement](#).

GPT1 salary incentive

The [Department of Health, Disability and Ageing salary incentive](#) supports registrars commencing or continuing GPT1 from 2026.1. Registrars are eligible only if they haven't previously received a full or partial Commonwealth salary incentive or a state GP training incentive payment.

- RACGP will send you the salary incentive declaration to complete (no claim required).
- Payments are pro-rata and made monthly in arrears, per the confirmed GPT1 placement recorded in the TMS.

Recognition of prior learning and experience (RPLE)

What is RPLE?

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. Registrars who want to start the program in GPT1 can apply for RPLE for their hospital-based training year.

RPLE is available as credit for up to 52 weeks of the hospital-based training component of the AGPT Program.

RPLE can't be used as credit towards general practice terms (GPT1, GPT2 or GPT3) or as credit towards extended skills training terms per the [Recognition of Prior Learning and Experience Policy](#).

Even if you're eligible for RPLE, you still have the option to start AGPT in the hospital training term if you wish to gain more hospital experience before commencing in GPT1.

Applying for RPLE

At your induction meeting you'll discuss your eligibility for RPLE and be provided with an RPLE application kit (if applicable). Applying for RPLE can be complex and lengthy, so it's important to start the process as early as possible.

Eligibility

To apply for RPLE, you must have successfully completed by the start date of GPT1:

- PGY1 and PGY2 in accredited Australian hospitals and gained a PGY2 certificate, or
- at least 104 weeks (FTE) of clinical hospital rotations, including at least 52 weeks (FTE) of post-general medical registration work in accredited Australian or New Zealand hospitals within the past 10 years.

For international medical graduates, 104 weeks may be completed before general registration if approved, based on individual circumstances.

If some of your hospital experience isn't in a clinical setting you may still be eligible to apply for RPLE. Refer to the [Recognition of Prior Learning and Experience Policy](#).

What you can apply for

For clinical hospital terms completed after your intern year, you can apply for credit of between 12 and 52 weeks (FTE).

- Clinical hospital terms must be at least four weeks (FTE) in duration
- You can apply for a maximum credit of 26 weeks in any one discipline of medicine, except for emergency medicine. Refer to the section on [RPLE for emergency medicine experience](#).

AI tools

If artificial intelligence (AI) tools are used in the development of the application, you must declare this in your application. Failure to do so will be handled per the [Academic Misconduct Policy](#).

RPLE and program leave

Your RPLE application may include up to seven weeks of approved leave per 52-week period pro rata (eg 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. It's important to consider any undocumented leave you've taken.

RPLE can contribute to a maximum of 52 weeks FTE to the two years of training required for Fellowship exam eligibility.

Finalising and submitting your RPLE application

Your application should be submitted within the first 17 weeks of GPT1 to allow time for feedback.

- Your application will be reviewed by the RACGP training team first, and then by a senior medical educator (or equivalent).
- You'll receive feedback during these reviews and will be able to make changes to your application.
- Once your application is complete, your RACGP training team will formally submit it to the censor for approval. You won't be able to change it after that point.

Important: Applying for RPLE is a separate process from the assessment of general practice term readiness

1. Before you can start in GPT1, you must meet the requirements for the [assessment of general practice term readiness](#).
2. You submit your RPLE application by the end of GPT1.

When will I hear if my RPLE application is successful?

Once your application has been submitted to the censor, it'll be assessed within eight weeks unless advised otherwise. Your training coordinator/medical educator will notify you directly of the outcome of your application.

In some cases, the censor may only partially approve your application so you might be granted less RPLE time credit than what you had applied for. If this happens, your training coordinator and medical educator will help you identify how to make up the remaining time during your training program.

What do I need to include in my RPLE application?

You'll need to gather evidence to demonstrate that you've met the learning outcomes of the hospital training term for which you're 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. Statements of service and other documentation from hospitals can take up to six weeks to obtain, so request these as early as possible.

An RPLE portfolio must include:

- evidence of the date that you were **first granted** general (not provisional) registration by Ahpra (eg email or written confirmation from Ahpra). This isn't found on the current registration certificate or on the public Ahpra register. You can contact medicalregister@ahpra.gov.au to request this.
- evidence of your current Ahpra registration
- 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 supervisors who could discuss your knowledge and skills, with particular reference to training for general practice. All three referees must be from the hospital terms outlined in the application.

If your hospital experience was gained between five and ten years before starting GPT1, your training coordinator/medical educator will guide you on what to submit as additional evidence in your RPLE application to demonstrate that you've maintained the skills and knowledge acquired during the posts.

RPLE for emergency medicine experience

If you've worked across a range of emergency medicine settings, you may be eligible to apply for RPLE for more than 26 weeks. Eligibility is based on the four ACEM-classified emergency medicine subgroups. Refer to the table below. You may apply for up to 26 weeks (FTE) per subgroup.

Table 1. ACEM delineation for rotations completed pre-2022 and from 2022

<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 weren't accredited by ACEM (refer to [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 Fellowship

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 MM 3–7 location
- core emergency medicine training
- community project



Refer to the [Rural Generalist Fellowship RPLE page](#).

If you join rural generalist training after you commence the AGPT Program, submit your additional RPLE application as soon as possible so your application can be assessed and to plan your outstanding training requirements.

Training program requirements

Training requirements

Table 2. Mandatory 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.

Hospital training and core vocational training are mandatory for all registrars, regardless of the Fellowship they're working towards. The extended skills training term is 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).

To successfully complete each training term, you must:

1. satisfactorily complete the required number of weeks of FTE training (specified in Table 2). 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



Refer to the [Rural generalist Fellowship training handbook](#).

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). Educational workshops and online modules will be recommended for you to complete during your hospital training to help you stay in touch with general practice. Your training coordinator and medical educator are also available to support you throughout this stage of your training.

Planning your hospital training

It's your responsibility to make placement arrangements for the hospital year and notify your training coordinator and medical educator of the hospital term(s) you plan to complete. Refer to the section on [Assessment of readiness for general practice](#).

If you already have more than one year of hospital-based training experience (after completing your intern year: PGY1), you may be eligible for RPLE. Refer to the section on [Applying for RPLE](#).

If you're an ADF registrar, focus on gaining paediatric, adolescent, antenatal, geriatric, chronic disease and multimorbidity experiences where possible during hospital training, as these clinical experiences will be limited in further stages of training due to your ADF commitments.



Check out the [ADF registrar handbook](#) for more information.

General practice training (GPT1, GPT2 & GPT3)

General practice placements (GPT1) begin in the second year of training. You must complete three general practice training terms (18 months FTE) as part of your core vocational training requirements.

During GPT1, GPT2, GPT3 (and your extended skills training term), you're expected to have exposure to

- different supervisors
- different business models
- diverse patient populations

This prepares you for working across the breadth of Australian general practice. Refer to the section on Placement considerations - [Practice diversity](#).

In most cases, the requirements for diversity of practice can be achieved by training in more than one training site. Placements are usually for 1–2 terms (26–52 weeks) in the same practice.

Refer to the section on [Program time](#) for the definitions of full-time and part-time training.

ADF registrars' general practice training

As an ADF registrar the RACGP recognises that you have a unique training experience and need to complete your training program and the requirements for Fellowship while also fulfilling your ADF duties. The ADF registrar handbook explains the specifics of general practice terms for ADF registrars.



Check out the [ADF registrar handbook](#) for more information.

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 in 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 additional rural skills if you're training towards RG Fellowship or undertaking an approved academic post in this term. Rural generalist registrars may undertake core emergency medicine training as their extended skills training term. All extended skills posts must be within the scope of general practice per the [RACGP curriculum and syllabus](#).

It's your responsibility to make arrangements with an RACGP-accredited training site to undertake your extended skills training in a speciality area (eg community speciality clinic) or hospital. For sites that aren't currently accredited, accreditation must be completed before you start the term. It may take up to six months for the accreditation process to be completed.

This training requirement can be met in several different settings:

- In a hospital setting eg obstetrics and gynaecology, geriatrics, accident & emergency, paediatrics, drug & alcohol, mental health, dermatology or palliative care, etc.
- In community non-general practice settings
 - Clinical eg custodial medicine, drug and alcohol health, family planning, forensic medicine, population health, refugee health, rehabilitation medicine, sexual health, skin clinics, sports medicine, travel medicine, youth mental health, etc
 - Non-clinical eg in an approved academic post, in RACGP registrar medical education or registrar liaison officer roles, etc
- In comprehensive general practice settings

You can undertake your extended skills training at one training site or at a number of different sites. If you choose to work in a combination of sites, you can do this either one after the other or at the same time. Not all extended skill disciplines are available in every region. You must meet the requirements outlined in the tables below.

Each training site must be accredited for training by the RACGP and you must have medical educator approval. Submit the [Extended skills placement approval form](#) at least three months before the start date.

Table 3 Clinical extended skills post requirements

Clinical extended skills post	When can it be completed	Training time requirement (minimum weekly working hours)
Hospital settings	Anytime	At least 3.5 hours per week provided it's done at the same time as 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.
Non-general practice (ie community settings)	After successfully completing at least GPT1	At least 3.5 hours per week provided it's done at the same time as 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.
General practice	After successfully completing GPT1, GPT2 and GPT3	Per the minimum part-time requirements for other general practice terms .

Table 4 Non-clinical extended skills post requirements

Non-clinical extended skills post	When can it be completed	Training time requirement (minimum weekly working hours)
Registrar medical educator or Registrar liaison officer	During/after GPT3	At least 3.5 hours per week, provided it's done at the same time as a clinical post/s. At least 50 percent (FTE) of the total hours you work must be extending your skills in a clinical setting. Combined, these posts must include a minimum of 10.5 hours per week of clinical, rostered, face-to-face patient contact time.
Academic post	During/after GPT2 or GPT3, per the Academic Posts Policy	An academic post is a 12-month, part-time (0.5 FTE) position with a concurrent clinical training component (usually 0.5 FTE) Combined, these posts must include a minimum of 10.5 hours per week of clinical, rostered, face-to-face patient contact time
All other roles (public health roles, etc)	(Depending on individual circumstances and with medical educator approval)	At least 3.5 hours per week, provided it's done at the same time as a clinical post/s. At least 50 per cent of the total hours (FTE) you work must be extending your skills in a clinical setting. You can't use GPT1, GPT2 or GPT3 as the clinical work to meet this 50 percent requirement. Combined, these posts must include a minimum of 10.5 hours per week of clinical, rostered, face-to-face patient contact time.

Think about your extended skills training requirements early to ensure you have enough time to get the appropriate approval.

Extended skills training for Aboriginal and Torres Strait Islander registrars

If you're an Aboriginal and Torres Strait Islander registrar, you may apply for the AIDA academic post. Refer to the section on [Academic posts](#).



The Australian Indigenous Doctors' Association (AIDA) academic post is an identified training term open to Aboriginal and Torres Strait Islander registrars.

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](#).



Check out the [ADF registrar handbook](#) for more information.

Basic life support training (training requirement)

You must keep your BLS certification current throughout your training, in addition to completing a basic life support (BLS) course in the 12 months before starting your first general practice term. The course must meet the requirements in the [Basic life support and advanced life support guide](#).

Completion of BLS training in the 12 months before applying for Fellowship is also required and you must have completed an ALS (advanced life support) course within four years of applying for Fellowship

Additional rural skills training (ARST)

If you're undertaking rural generalist training, you need to do 52 weeks of [additional rural skills training](#) (ARST) in an accredited training post. ARST can be undertaken any time after the hospital training terms are completed but it's recommended to be undertaken after some general practice training to enable a deeper understanding of the context in which ARST will be practiced.

This training is designed to give you an opportunity to develop additional skills and expertise in a particular area 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 the completion of core vocational training (if you plan to complete RG Fellowship within the AGPT Program).



Refer to the [Rural Generalist Fellowship training handbook](#) for information on completing the RG Fellowship within the AGPT Program or on the post-Fellowship RG pathway.

Table 5. Additional rural skills training options

Procedural disciplines	Non-procedural disciplines
Anaesthesia	Aboriginal and Torres Strait Islander health
Emergency medicine	Academic post
Obstetrics	Adult internal medicine
Surgery	Child health
	Mental health
	Palliative care
	Small town rural general practice

Details about the curriculums for these disciplines can be found on the [Additional Rural Skills \(ARST\) webpage](#).

Core emergency medicine training (core EMT)

If you're undertaking rural generalist training, you must complete six months (FTE) of core EMT. If you're completing RG Fellowship, it's recommended to complete core EMT as your extended skills training term. Core EMT gives you the skills and confidence to manage emergency situations in rural and remote environments.

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.

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



Refer to the [Rural generalist Fellowship training handbook](#).

Education requirements

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, what a quality general practice looks like and 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. A teaching plan isn't the same as the training plan, which is completed with your training coordinator and medical educator.

Take time to think about your own personal learning requirements and needs before meeting with your supervisor. The RACGP [Curriculum and syllabus](#), [Progressive capability profile of the general practitioner](#) and an [early assessment for safety and learning \(EASL\)](#) are valuable tools 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, discussion of a [ReCEnT](#) report, 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 training site.

There will also be the opportunity for you to learn informally through quick conversations and discussions with your supervisory 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're training part time, the scheduled and uninterrupted formal in-practice teaching in GPT1 is one hour, regardless of the total teaching time. However, in GPT2 and GPT3 in-practice teaching time is pro rata (proportional to your training hours).

Registrar Clinical Encounters in Training (ReCEnT) project

The ReCEnT project aims to document and analyse the nature of the clinical and educational content of general practice registrar consultations. It's a training requirement and provides registrars, their supervisors and medical educators with in-depth analysis of the patients and the medical problems registrars encounter and how to treat them. Feedback reports can be discussed with your supervisor in a teaching session and/or in small group learning sessions with your medical educator. Refer to the [ReCEnT webpage](#).

Out-of-practice education

In addition to your in-practice education, you'll participate in a minimum of 125 hours of out-of-practice education to supplement your training in the workplace. The out-of-practice education program includes:

- orientation days
- larger workshops
- peer-led small group learning sessions
- at least nine hours of Aboriginal and Torres Strait Islander cultural and health education
- online modules
- exam preparation sessions

Regional workshops

Regional workshops bring registrars together from around your region for group learning. They're run by your RACGP 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 and others are optional. They'll usually be run in a face-to-face format so you'll be expected to travel to these. It's important to make the most of these learning opportunities and attend as many as possible.

Peer-led small group learning

In these small groups you'll work with your peers and a medical educator on topics from the RACGP [Curriculum and syllabus](#). These sessions will be semi-structured and tailored to the learning needs of the group. Participation is mandatory throughout your general practice training terms.

Aboriginal and Torres Strait Islander cultural and health education

Aboriginal and Torres Strait Islander cultural and health education and cultural safety training are included in mandatory workshops at the regional and local levels with access to a cultural educator or mentor where available to support your learning.

Self-directed learning

During the 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.

Exam preparation

Training and support is available for Fellowship exams preparation, including regional workshops, webinars, tutorials, peer study groups and mock exams. Refer to the section on [Exam support](#).

Attendance requirements

You'll need to attend a minimum of 125 hours of workshops and peer-led small group learning sessions throughout GPT1, GPT2 and GPT3. Every regional RACGP team will deliver an out-of-practice registrar education program that's mandatory for you to attend.

Table 6. An example of how a region may deliver an out-of-practice education program (workshop and learning session combinations may vary).

General Practice Term	Out-of-practice registrar education program		Educational hours registrars attend per term (approx.)
	Larger workshops	Local peer small learning groups	
GPT1	2–3 full-day workshops	Multiple small group sessions in half or full days	54 hours
GPT2	2–3 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

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.

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 information refer to the [Education calendar](#).

Your RACGP regional team will also determine some additional mandatory topics for your area. Your training coordinator and medical educator will give you more information on this during your orientation.

If you're a part-time registrar, you're expected, where possible, to complete your out-of-practice education, including attending activities, in a full-time capacity.

Your training coordinator will let you know the dates of any mandatory out-of-practice learning activities for your region. It's 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 how you'll make up for the missed learning opportunity with your medical educator.

Workplace-based assessment (WBA) program

The WBA program is part of your AGPT Program and involves observation and assessment in your workplace via a range of formats. It tracks 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 WBAs, 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, medical educator 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)

An early assessment for safety and learning ensures that the supervision you receive is matched to your level of learning needs. This includes an online multiple-choice question assessment, regular case review and direct observations of your consultations. These assessments are generally done in the first few weeks of GPT1.

Random case analysis (RCA)

In an RCA, the assessor will randomly select a case from your consultation records to discuss. They'll ask you questions about what happened and the decisions you made and discuss these through the lens of the RACGP [Curriculum and syllabus](#). You may be asked to consider how the case changes when one of four contextual influences changes – the doctor, the patient, the problem or the system.

Multi-source feedback (MSF)

MSF includes an initial self-assessment activity and requires you to nominate colleagues to complete feedback surveys. When you receive your outcome report, you'll be asked to complete a self-reflective exercise and to discuss the results with your medical educator.

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. The self-assessment is administered by the survey provider [CFEP](#).

Mini-clinical evaluation exercise (mini-CEX)

During a mini-CEX you're observed performing a consultation. This assessment is either a general observation or it may have a focus on a particular competency area (eg professionalism, specific clinical skills, etc). Your assessor will immediately provide feedback and ideas for further development.

External clinical teaching visit (ECTV)

An 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 (eg mini-CEX, RCA, CBD) during each visit. You'll have a minimum of five ECTVs throughout training (two in GPT1, two in GPT2, and one in GPT3).

Mid-term and end-of-term supervisor assessments

Mid-term and end-term assessments are completed by your supervisor. These reports include detail about your competency at the current stage of training and track 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, medical educator, training coordinator, and external clinical teaching visitors, etc. 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.

Progression review committee (PRC)

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

All registrar progress is overseen by the PRC for quality assurance purposes. If an RACGP training team or a 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 medical educator.

This process provides registrars with the opportunity to develop a plan to address issues such as training or learning needs to ensure they're receiving the necessary support to continue to progress through the AGPT Program.



The Aboriginal and Torres Strait Islander Faculty Censor undertakes an advocacy role, where required, and provides guidance on Aboriginal Medical Service (AMS) contexts and cultural safety as part of the progression review committee.

Program time

Your program time is the total time available to you to complete the program, full time or part-time equivalent. Refer to the [Training Program Requirements Policy](#). Notify the RACGP of any changes to your training hours in writing at least 20 business days before. Only approved training counts towards your program time.

Full-time

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 (this includes the hospital-based training year/RPLE)
- **six** years, if you're training towards Rural Generalist Fellowship

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 four calendar weeks in any one training site, won't be considered. Hours worked beyond this definition of full time won't be considered.

Part-time

If you want to change from full-time to part-time training, you need to apply in writing at least 20 business days before. 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 in one training site 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 four calendar weeks in any one training site won't be considered.

If you're working in two training sites, the minimum part-time hours must be met in **each** training site. Refer to the [AGPT registrar part-time training FAQs for GP terms](#).

If you're in GPT1 or GPT2, undertaking your education component on a full-time basis (regardless of your FTE in your training site) enables you to develop a solid learning base, to work safely in general practice and to get the most out of your future training terms.

ADF registrars and part-time training

ADF registrars may apply to undertake less than the minimum part-time training requirements in GPT3 and extended skills training terms to enable placement in a civilian general practice while also meeting ADF commitments per the [Training Program Requirements Policy](#).



Check out the [ADF registrar handbook](#) for more information.

What's not included in the program time

Some types of leave are not included in your program time:

- Category 1 leave – leave entitled by law (eg sick leave, carer's leave, etc)
- Category 3 leave – Australian Defence Force (ADF) service leave.
- Category 4 leave – deferral of commencement of training

Refer to the section on [Categories of leave](#).

Extending your program time

An extension of program time may be granted if you aren't able to fulfill the requirements for Fellowship within your program time. Refer to the [Extensions of Program Time Policy](#) and the [Registrar Support and Educational Interventions Policy](#).

Maximum program time cap

The maximum program time cap provides additional time for registrars who are unable to progress through training in the expected program time. It's the longest permitted timeframe (12 years) for a registrar to achieve Fellowship (FRACGP), starting from the commencement of training on their first approved program/pathway (AGPT, FSP, PEP SP, PEP ST, RVTS or ACRRM). Refer to the [Registrar Support and Educational Interventions Policy](#).

Training location requirements and commitments

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

In addition to training location requirements, training location commitments (TLCs) are set by each region/subregion where applicable per the [AGPT Training Location 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 to gain experience working in a range of locations, you're required to work in general practice settings in at least one other location:

- outer metropolitan or non-capital city MM 1 location
- regional, rural or remote location
- Aboriginal and Torres Strait Islander health training post in MM 1–7 (an Aboriginal Community Controlled Health Service/ACCHS or an Aboriginal Medical Service/AMS).

You can meet this requirement by working for 52 weeks 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 considered with the local practice placement policy and the availability of an accredited training facility in that location. Registrars in the general training stream can do all their training in a rural area.

Rural training stream

Registrars with the rural stream do all training per the [Training Program Requirements Policy](#) in non-metropolitan areas – regional, rural and remote areas which are classified as Modified Monash Model (MMM) 2–7. You're expected to live in the rural community where you work.

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* must train on the rural stream in MM 2–7 areas and aren't eligible for the general stream.

The **Modified Monash Model (MMM)** defines whether a location is a city, rural, remote or very remote. MM 1 is a major city and MM 7 is very remote. Refer to the [Department of Health, Disability and Ageing website](#).

Rural generalist training

You can opt into the Rural Generalist Fellowship at any point in your AGPT Program training. As a rural generalist registrar, at least 52 weeks (FTE) of your general practice training must be completed in an MM 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.

Your rural general practice training must meet the requirements for diversity of practice, but in a remote or rural location you may be eligible to stay in the same training site for an extended period. Refer to the section on Placement considerations - [Practice diversity](#).

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



Refer to the [Rural Generalist Fellowship training handbook](#).

Overseas doctors

What is the 10-year moratorium?

Section 19AB of the Health Insurance Act 1973 restricts access to Medicare benefits and requires these doctors to work in a distribution priority area (for general practitioners) 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 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) or obtained their primary medical qualification in Australia or New Zealand and weren't a permanent resident or Australian or New Zealand citizen at the time they enrolled in their degree (FGAMS/foreign graduates of an accredited medical school).

If you're an AGPT registrar who falls into this category, it means you must train with the rural stream in non-metropolitan areas (MM 2–7). Any circumstances that existed or were foreseeable at the time of applying to the program aren't sufficient to support a pathway transfer once you've commenced on the AGPT Program. Refer to the section on [Training transfers](#).

ADF registrars and training location requirements

If you're an ADF registrar, you're eligible to undertake your extended skills training overseas. Discuss this with your training coordinator to ensure you meet any other obligations while training outside of Australia.

ADF registrars on the AGPT Program can meet their training location requirements by commencing work within the ADF health services per the [Training Program Requirements Policy](#).



Check out the [ADF registrar handbook](#) for more information.

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 should

- behave and practice with honesty and integrity to meet the standards expected by your peers, patients and the wider Australian community.
- 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, medical educators, 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. 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.

It's important to take responsibility for your learning and actions and make the most of the support and expertise available to you. This includes communicating with your supervisor, training site, training coordinator and medical educator effectively and appropriately and completing program-related administrative tasks in a timely manner.

Professionalism is often learnt through reflecting on your observations and then considering your own behaviour. Talking with trusted colleagues or mentors and seeking feedback can help clarify issues. Receiving feedback can be hard so it's important to have an open mind and be willing to change. General practice is a career of lifelong learning. Reflective practice and engaging with feedback help us remain current, effective and demonstrates professional behaviour.

If you're worried about anything related to your training journey, communicate your need for help by reaching out to someone within your training support network who you feel most comfortable talking to (eg your supervisor, medical educator, registrar liaison officer, training coordinator, medical educator or director of training).

If the RACGP is having difficulty contacting you or if concerns arise about your professional conduct, these issues will be raised with you. If they can't satisfactorily be resolved, remedial action may be taken or you may be withdrawn from the program.

Ahpra's *Good medical practice: A code of conduct for doctors in Australia* provides an in-depth overview of the standards and expectations of the sector.

Training placements

Hospital terms – placement arrangements

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. The RACGP doesn'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](#). Refer to the section on Training Program Requirements – [Hospital training](#).

GPT terms –placements

Registrars need to apply for positions in accredited community general practice training sites. This should begin as early as possible before each training semester. The process is designed to create flexibility and choice for both registrars and practices. It takes into consideration:

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

Refer to the [Placement process guide for registrars](#).

Extended skills term - placement

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'd like to extend your skills in another area, refer to the section on [Extended skills training](#).

Placement considerations

Practice diversity

While undertaking GPT1, GPT2, GPT3 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), different supervisors and different general practice management systems. Refer to the [Placement Policy](#) and the [Training Program Requirements Policy](#).

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), although opportunities in Australian external territories are very limited.

If you're an Australian Defence Force registrar training on overseas deployment, you can apply to undertake an extended skills terms overseas.



Check out the [ADF registrar handbook](#) for more information.

Pre-existing personal relationships with training site staff

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

If you have any type of close personal relationship with a staff member at the training site where you wish to train, you and the training site must disclose this to the RACGP as a potential conflict of interest at the start of the placement process. The RACGP decides which training sites are suitable based on individual circumstances.

Placements aren't approved at any training sites where there's a significant pre-existing relationship with another staff member (eg supervisor, practice owner, practice manager, practice nurse, administrative staff, other GP, etc). If you're seeking an extended skills post at a training site where there is a pre-existing personal relationship, consider alternative options.

Telehealth

Telehealth refers to the delivery of health services over a distance that use telecommunication technologies as an alternative to face-to-face consultations between a patient and a health professional. These may include video or phone (audio-only) consultations, transmitting digital images and/or data, and prescribing medications.

The RACGP recognises that telehealth consultations are an important extension of comprehensive general practice, particularly in rural communities and supports the use of telehealth in practice and in training provided:

- the time spent isn't the majority of your training time
- you're appropriately supervised
- telehealth sessions are fair and equitably shared with other doctors at your training site

Telehealth can't be conducted as a Medicare service if either you or the patient are outside Australia. Refer to the [RACGP's position statement on Telehealth only services](#) and [Telehealth and supervision: A guide for GPs in training and their supervisors](#).

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 starting 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, contact 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 resources for registrars, including a [template agreement](#) and [NTCER FAQs](#). It's a good idea to familiarise yourself with these before signing an agreement at each training site.

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

ADF registrars

If you're an ADF registrar, you remain employed by your service and enter a secondment arrangement with the practice that will meet the employment conditions outlined in the NTCER.



Check out the [ADF registrar handbook](#) for more information.

Complete the RACGP placement contract

Before you start each general practice training term (GPT1, GPT2, GPT3) or any extended skills training term that requires a medical provider number via the RACGP, you and your training site will complete the RACGP placement contract. You'll be sent this contract together with the AGPT provider number application form.

The placement contract includes details of your placement, employment, supervision, education and training. Both you and the training site must agree to and sign this contract before the term begins. Your placement contract is tied to your Medicare provider number application, so contact your training site as soon as possible.

Refer to the section on [Apply for a Medicare provider number](#).

Apply for a Medicare provider number

You must have a Medicare provider number before you can start a core vocational training term. Your provider number gives your patients access to Medicare for all or part of their healthcare. Any time without a provider number isn't counted as training time. You're responsible for applying for your provider number via the RACGP for each of your placements during training and ensuring it remains active throughout your placement. Refer to the [Medicare provider numbers webpage](#).

You'll be sent 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 the RACGP electronically. The RACGP checks to ensure the form is complete and submits it to Services Australia on your behalf. Your application for a Medicare provider number must be completed via the RACGP process; you can't apply directly to Services Australia.

Services Australia will process your application and send your Medicare provider number to you by mail. 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 or an ADF registrar in a garrison health service, they'll normally have their own process for applying for Medicare provider numbers if needed. Speak to the relevant staff member to confirm this and let your training coordinator know.

Services Australia will only send your provider number to you. It's 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.

Working 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 training site, associated hospitals). You can't use a single Medicare provider number across multiple training sites.

Medicare provider number processing times and delays

Complete the form and return it to the RACGP promptly. Once the RACGP submits it to Services Australia, it can take up to eight weeks for your provider number to be sent to you. Allow eight weeks in case there is a delay. You can find current processing times on the [Services Australia website](#). Services Australia has a strict process to ensure fairness for all applicants and the RACGP is unable to influence the processing times.

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

Medicare can't and won't backdate applications received after you've commenced work. Be sure to have your provider number before you begin your placement.

Medicare provider number and changing training sites

If you change training sites, you must apply for a new provider number. The RACGP will 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.

Medicare provider number validity

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

Important information to provide 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 the section on [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)

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
- explaining where to find relevant resources, including reference materials, medications and equipment
- explaining 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

Your consulting room and equipment

Training sites are encouraged to provide registrars with their own consulting room. Where this is not possible (eg for part-time registrars), training sites are encouraged to minimise your movement between rooms over the consulting week.

Training sites are required to provide you with access to equipment that enables you to provide comprehensive general primary care and emergency resuscitation per the [RACGP Standards for general practice](#). In addition to other equipment the training site should supply you with a sphygmomanometer, ophthalmoscope, and auriscope in your room. You should have access to a dermatoscope within the training site, but it may be shared between the GPs in the training site.

Clinical supervision

Supervision during general practice training

General practice training in Australia follows an apprenticeship model: you'll 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, assessments, attendance at educational workshops and small group learning 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. The level of supervision is tailored so you can access immediate and sufficient support whenever you need it.

At the beginning of each placement, your designated supervisor will discuss your clinical supervision plan for the training term with you. This describes how the training site intends to provide safe supervision, and includes when to call for help, who to call for help and how to call for help. The details of your clinical 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.

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.

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 accredited supervisor. This arrangement will be flexible and unique to each post and if you're in a training site where remote supervision is being delivered, the RACGP will work with you and the training site to ensure you're supported. Refer to the [Remote supervision program webpage](#).

Patient caseload

Caseload during general practice training terms

To gain a breadth of experience, you're expected to work in a range of general practice activities, including after-hours and off-site care if the training site provides these services. Your caseload will depend on factors such as your level of experience and skills, whether you're new to the training site, and the types of services available. Your caseload should be regularly monitored (by you, your supervisor, medical educator and the training site), 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 and in GPT2 and GPT3, the recommendation is up to four.

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'll 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 the workplace

To maintain appropriate boundaries in your workplace, you shouldn't enter into a therapeutic relationship with your supervisor during a training term. You and your supervisor:

- shouldn't prescribe for each other or provide prescriptions for yourselves, your families or friends
- shouldn't diagnose, treat or provide clinical care or advice etc for each other

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. As a general rule:

- registrars do not treat other training site staff (including other GPs/registrars)
- training site staff do not seek medical care or prescriptions for themselves (or their families) from the registrar when realistic alternatives are available.

In the rare event of an emergency requiring you or your supervisor to provide emergency treatment to the other, you should debrief (once you've obtained appropriate consent) with other supervisors in the training site or your medical educator as soon as possible afterwards to ensure you're adequately supported. An adverse event form may need to be completed.

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

You'll be required to complete an assessment of placement by the end of each training semester to give feedback on your placement for quality and continuous improvement purposes. At week 20 of each semester, you'll 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

Training sites are encouraged to be open to registrar feedback and to implement any potential improvements in the learning environment based on your insights. It can be helpful to discuss and reflect on what's going well and what could be improved with your supervisor and training site, but this might not always be possible. There is a section in the form which isn't visible to the supervisor or training site staff for this feedback.

Medical educators thoroughly review all assessments of placement, addressing any concerns directly with you where necessary. 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
- by the RACGP as overall de-identified data to evaluate the training program

The assessment of placement must be completed by the end of the semester. You won't be able to complete it after the end of the semester.

Academic posts

An academic post is an optional 12-month, part-time salaried role in a university department of general practice that is completed simultaneously with part-time clinical training (usually 0.5 FTE). It gives you the opportunity to develop your teaching, research and critical thinking skills.

During the post you'll receive mentoring and support from the university. The RACGP also provides support through face-to-face workshops, webinars and online learning activities and the opportunity to attend at least one national conference, with registration and travel costs covered.

There are a minimum of 23 academic posts available each year, including:

- the Australian Indigenous Doctors Association post (open to Aboriginal and Torres Strait Islander registrars)
- the PhD academic post (for registrars with a dedicated interest in research and PhD plans)
- 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 GPT1 (by the time you start the post)
- have at least six months FTE of training time remaining (when you start the post)

You need to apply for an academic post during the application period. Refer to the [AGPT Academic post program application guide](#) and the [academic post website](#). For extensions of program time for an academic post, refer to the [Extensions of Program Time Policy](#).

Fellowship exams

Overview of Fellowship exams

The RACGP Fellowship exams assess your competency for unsupervised comprehensive general practice anywhere in Australia. There are three Fellowship exams and each has a unique and targeted approach to assessing a candidate's knowledge and ability.

- Applied Knowledge Test (AKT) – designed to test the application of knowledge in the clinical context of Australian general practice. The AKT includes 150 multiple-choice questions.
- Key Feature Problem (KFP) – designed to assess clinical decision-making and clinical reasoning in practice. The KFP includes 70 individual multiple-selection questions.
- Clinical Competency Exam (CCE) – online assessment by multiple examiners across nine clinical cases. Four case discussions with an examiner and five clinical encounters, where candidates interact with a role player as the examiner observes.

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

You'll need to pass both the AKT and KFP before sitting the CCE. For more information about the CCE, refer to [the Guidelines for the Clinical Competency Exam](#).

Enrolment in exams

It's your responsibility to monitor when Fellowship exams are scheduled and enrol in any you're 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 the RACGP determines that you meet all the following requirements:

- Satisfactory completion of the education and training requirements for exam eligibility, as detailed in your training plan, by the date of the exam
- Satisfactory completion of two years (FTE) of program time including all of GPT1 and GPT2 by the date of the AKT/KFP (Per the [Fellowship Exams Policy](#), where the AKT or KFP is scheduled up to 31 days before the training term end date, registrars from affected states or territories may be allowed to sit the exam.)
- Current RACGP financial membership. You must maintain membership throughout the training program and until you're admitted to Fellowship or your candidacy is exhausted. Refer to the section on [Candidacy](#)
- Current Australian general medical registration, from the commencement of training and throughout the training program
- You've notified the RACGP 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

If you've completed the program time requirements for exam eligibility but your education and training requirements haven't been satisfactorily completed, your training coordinator and medical educator will talk with you about how to work towards exam eligibility.

Sitting exams while on approved leave

If you're on a period of leave, you're not eligible to sit Fellowship exams as participating in an education and training program is the best way to prepare for exams. However, if you're on parental leave, you can submit a request to sit Fellowship exams through your training coordinator/medical educator. Refer to the [Fellowship Exams Policy](#).

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, you'll be withdrawn from any exams you're enrolled in. Refer to the [Fellowship exams handbook](#).

Becoming ineligible after enrolling in an exam

You must maintain your exam eligibility throughout your candidacy. You may become ineligible due to:

- a change in your medical registration (addition of addenda, loss of registration or change to type of registration held)
- commencing a remediation term
- reducing your training hours and not satisfactorily completing the program time requirements

- an approved period of leave (if a request to sit Fellowship exams while on leave hasn't been approved)

Exam eligibility audits are done 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.

For information on exam withdrawal and withdrawal fees, refer to the [Fellowship exams handbook](#).

Exam candidacy

Each registrar has one candidacy (three years) to sit the Fellowship exams and all three exams must be completed within those six consecutive exam semesters. Candidacy starts when you enrol and sit your first exam. Transferring between training programs doesn't reset your candidacy. Refer to the [Fellowship Exams Policy](#).

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

If the first Fellowship exam you attempt is the 2026.2 AKT, your candidacy commences in the 2026.2 exam semester and expires at the end of the 2029.1 exam semester.

If you don't sit any Fellowship exams in a semester after your candidacy starts (and you don't have an approved suspension) the semester counts and your candidacy still expires at the end of 2029.1.

If a suspension is applied for a semester when you haven't attempted a Fellowship exam, your candidacy end date will extend by one semester. Your candidacy would then expire at the end of 2029.2.

Candidacy is the state of being a candidate. You'll find the details of your candidacy in the [My candidacy portal](#) when you enrol in your first exam.

Candidacy when transferring between training programs

If you transfer to another training program, your overall period of candidacy doesn't change. You still only have three years 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, your candidacy will be paused. Once you've 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. Refer to the [Training Transfer Policy](#).

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

Presumption of fitness to sit

Candidates who present to an exam are presumed to be fit to sit the exam. Refer to the [Fellowship exams handbook](#) for information on

- special arrangements for Fellowship exams
- withdrawing from an exam
- exam fee refunds
- suspension of candidacy
- incidents during exams

You may apply for one suspension of candidacy (for one semester) at any time during your candidacy. Refer to the [Fellowship Exams Policy](#).

Exam support

Exam preparation in the work setting

Fellowship exams aim to assess how knowledge is applied to everyday situations in Australian general practice. Elements of the workplace-based assessment program, such as case discussions, random case analysis and external clinical teaching visits are valuable in helping you to review and analyse your clinical performance. Invite a trusted colleague to observe you consulting (in the training site/by video: both require informed patient consent) and then to give you constructive feedback.

Exam preparation activities

Your RACGP regional team has dedicated exam preparation activities that you can access, including webinars, tutorials, peer study groups and mock exams. Refer to the relevant [education calendar](#).

Exam support program

A range of support is available for exam candidates, including the Exam Preparation Toolkit (via [gplearning](#)), [reports from past exams](#) (pass marks, performance, psychometrics), clinical guidelines and more. Refer to the [exam preparation resources webpage](#).

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'), a support program for Aboriginal and Torres Strait Islander registrars run twice yearly.

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. Visit the [Yagila Wadamba Program website](#), or contact aboriginalhealth@racgp.org.au or (03) 8699 0528 for more information.

Indigenous General Practice Trainee Network (IGPTN)

IGPTN designs and delivers tailored, culturally-led exam preparation programs for Aboriginal and Torres Strait Islander Registrars. IGPTN is supported by the RACGP to deliver programs, in particular for clinical reasoning skills and for the CCE. Refer to the igptn.org.au and the [RACGP IGPTN webpage](#).

Aboriginal and Torres Strait Islander regional medical educators

The RACGP Aboriginal and Torres Strait Islander medical education team provides culturally aligned and tailored intensive pre and post exam support programs for Aboriginal and Torres Strait Islander Registrars who are sitting for the first time or repeating their Fellowship exams.

Aboriginal and Torres Strait Islander Faculty Censor

The RACGP Aboriginal and Torres Strait Islander Faculty Censor (or a suitable alternative) is available to support Aboriginal and Torres Strait Islander registrars when enrolling in Fellowship exams, applying for special arrangements and during the exam period. All support provided is confidential; the censor won't keep records for any reason.



Holistic and culturally aligned exam support for Aboriginal and Torres Strait Islander registrars is available per the [Aboriginal and Torres Strait Islander Fellowship Exam Support Policy](#).

Fellowship

Approaching Fellowship

Your training must be assessed as completed and you must meet the requirements to apply for and be admitted to Fellowship per the [Requirements for Fellowship Policy](#). You can then apply for Fellowship. Read the RACGP [Oath of Fellowship](#).

Completion of training

Depending on your training plan, you may be in GPT3 or completing your extended skills term as you approach completion of training. Your training coordinator and medical educator 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.

Your exit interview with your training coordinator and medical educator 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 training coordinator and medical educator, and any interest you have in becoming a supervisor or medical educator.

The completion of training report will be collated by your training coordinator and medical educator once you've satisfactorily completed all program requirements, and it will need to be approved by the regional medical educator. The completion of training report records the satisfactory completion of your program requirements.



Refer to the [Rural Generalist Fellowship training handbook](#) for more information on completion of training for registrars working towards RG Fellowship.

Table 7. AGPT Program requirements for completion of training

Education requirements	
☐	Completion of all mandatory education activities (workshops, self-directed online learning, 125 hours of educational activities including Aboriginal and Torres Strait Islander cultural and health education).
☐	Completion of the workplace-based assessment program including five external clinical teaching visits
☐	Attending at least one training advice meeting per term
Training/experience requirements	
☐	Completion of specialist general practice vocational training made up of: 52 weeks (FTE) at an approved hospital (or equivalent RPLE) 18 months (FTE) at an accredited general practice under an accredited supervisor (GPT1, GPT2 and GPT3) 26 weeks (FTE) of extended skills training at an approved training site
☐	For registrars accepted into the 2026 AGPT Program or after : Australian Medical Council Postgraduate Year 2 certification (or general registration and a further 12 months of accredited supervised clinical hospital rotations at PGY2 and above) and satisfactory demonstration of paediatric competency in the five years before starting GPT1. For registrars accepted into the 2025 AGPT Program or earlier : Approved mandatory hospital terms (medicine, surgery, emergency medicine and paediatrics) or an approved alternative.
☐	Completion of BLS training (12 months before GPT1 and 12 months before applying for Fellowship per the BLS and ALS Guide).
☐	Completion of ALS training (within four years of applying for Fellowship per the BLS and ALS Guide).
☐	Training experience with different general practice supervisors and different general practice management systems, or equivalent. Refer to the section on Training placements - Practice diversity
☐	Training experience that involves a diversity of patient presentations in relation to age, gender, socioeconomic status, and cultural and linguistic background. Refer to the section on Training placements - Practice diversity
☐	In addition, rural generalist registrars must complete at least one ALS2-equivalent accredited emergency skills and/or simulation training course (either 24 months before or during training).
☐	In addition, rural generalist registrars must complete 52 weeks of ARST and 26 weeks of core EMT
Assessment requirements	
☐	You must have passed all Fellowship exams during your period of candidacy.
Professional & ethical requirements	
☐	To maintain the reputation of the general practice profession, you may not be admitted to Fellowship, per the Fellowship Requirements Policy , if: - you're considered unsuitable to be admitted to Fellowship in accordance with the Fellowship Policy - you've engaged in conduct which may attract sanctions under clause 27 of the RACGP Constitution - you're under investigation by Ahpra or have addenda on your current Ahpra medical registration that prevent you from undertaking unsupervised comprehensive Australian general practice or limit your scope of practice.
Administrative requirements	
☐	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. (Forward the documentation to your training coordinator and medical educator before completion of training. If permanent residency isn't obtained, your certificate of completion may be withheld and if applicable, you may be withdrawn from the program.)
☐	During your training you must hold current Australian medical registration at all times and disclose* in writing 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 per the Medical Board of Australia's guidelines
☐	You must maintain RACGP financial membership at all times (from the time of joining the training program).

*Failure to disclose details of your medical registration will be handled per the [Academic Misconduct Policy](#)

Applying for Fellowship

When you've met all the requirements for Fellowship, complete an application for Fellowship.

- You must apply for Fellowship within one year of completing all training program requirements (and within three years of the successful completion of all Fellowship exams) per the [Requirements for Fellowship Policy](#).

The Fellowship application form will become available on your assessment statement once you've passed the Fellowship exams. To access the application form, 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.

Extension awaiting Fellowship

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

You don't have to return to a general practice post while you're on an extension awaiting Fellowship. However, if you want to have access to an AGPT Medicare provider number in order to access Medicare during an extension awaiting Fellowship, you must continue to practice in an accredited training facility within your training region. Refer to the [Extensions of Program Time Policy](#).

- If you wish to work below the minimum part-time training requirement during your extension awaiting Fellowship, you can negotiate your preferred working hours directly with your training region.
- If you wish to undertake work in a non-accredited facility that doesn't require access to Medicare or to not practice at all during an extension awaiting Fellowship, you may do so.

ADF registrars – extension awaiting Fellowship

If you're an ADF registrar and complete your requirements for Fellowship while on deployment, the program extension time will commence from the date you return from deployment.



Check out the [ADF registrar handbook](#) for more information.

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

FRACGP-RG Fellowship and FRACGP

If you choose to Fellow with FRACGP before completing the FRACGP-RG requirements, you may need to transition to the post-Fellowship RG pathway.



Refer to the [Rural generalist fellowship training handbook](#) for more information.

Dual Fellowship

If you're undertaking dual Fellowship with both the RACGP and the Australian College of Rural and Remote Medicine (ACRRM), you can choose to fellow with the RACGP while continuing to complete the requirements of your ACRRM Fellowship. However, you should not submit your application to Medicare for recognition as a general practitioner until you've attained ACRRM Fellowship as well.

The option to train at the ACRRM and the RACGP at the same time (dual Fellowship) hasn't been available to new applicants since 2025. Registrars already undertaking dual Fellowship will be supported to complete their training. Transfers continue to exist per the [Training Transfer Policy](#).

After you've been admitted to Fellowship

Specialist registration with Ahpra

You'll need to apply to Ahpra for specialist registration to access Medicare rebates as a specialist GP. You should apply as soon as you're admitted to Fellowship. Instructions on how to apply will be included with your Fellowship letter. Refer to the [Ahpra website](#).

Your Medicare provider number

- If you're planning to remain at your current AGPT-approved location, you won't need to apply for a new provider number (it'll automatically roll over with Medicare once your Ahpra specialist registration (general practice) has been approved and updated).
- If you're moving to a different location, you'll need to apply for a new provider number directly with Medicare ([Services Australia](#)).

If you're still subject to section 19AB requirements (the 10-year moratorium) and are working, or intend to work, in a location that doesn't meet the requirements, you may need to apply for a new exemption to [section 19AB of the Health Insurance Act 1973](#) directly through the Department of Health, Disability and Ageing.

Maintaining membership of the RACGP

As a member and Fellow of the RACGP, you're part of Australia's largest professional GP network with over 50,000 members. 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](#) (eg [Standards for general practices](#))
- [recruitGP](#)
- and the national and regional [faculties](#).

Registrar safety and support

Your safety and wellbeing

Work health and safety

The RACGP recognises our responsibility to promote the safety and wellbeing of registrars and minimise risk factors as far as practicable throughout the training program per the [GP in Training Safety and Wellbeing Policy](#).

Training sites have work health and safety obligations that are governed by federal and state legislation. 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.

You 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 and the [National Terms and Conditions for the Employment of Registrars \(NTCER\) website](#).



For health and well-being support and resources, refer to the [RACGP Wellbeing Hub](#).

When things aren't going as planned

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 your training coordinator, medical educator, 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 training coordinator and medical educator.

Issues in the workplace

Registrars, medical educators, supervisors and training site staff are expected to behave in a professional manner and to treat each other with dignity and respect.

You should report issues in the workplace. If you feel comfortable to do so, raise the issue with the person you believe to be responsible. This can quickly and informally resolve the issue. If you feel uncomfortable raising the issue or the issue remains unresolved, report any occurrence per your training site policies and procedures as soon as possible.

If the matter isn't resolved through your training site, you can escalate issues related to training, accreditation and safety concerns with your supervisor, medical educator, training coordinator or registrar liaison officer and discuss, including the option of submitting a formal complaint.

Refer to the sections on [Dispute of a decision](#) and [Complaints](#).



For health and well-being support and resources, refer to the [RACGP Wellbeing Hub](#).

Wellbeing support

If you're struggling during training, reach out to your training co-ordinator, medical educator, supervisor or registrar liaison officer: the person you feel most comfortable with. Supporting your health and wellbeing as a GP is a key focus of the RACGP and there are many wellbeing supports and flexible training options available.



For health and well-being support and resources, refer to the [RACGP Wellbeing Hub](#).

Adverse events

Under Australian Medical Council requirements, the RACGP is responsible for ensuring the safety of registrars and patients. The adverse events process isn't an investigation but provides the RACGP an opportunity to support, educate and explore the event with the relevant stakeholders. It enables the provision of safe learning environments and continuous improvement of training programs.

Your training site must have processes in place to manage adverse events whether they involve registrars, supervisors and/or the training site. It's important you understand your training site's processes. Refer to the [Adverse event webpage](#).

An **adverse event** is any disruptive event that causes, or risks causing, significant harm or a serious negative outcome to patients, registrars, GP supervisors, training site staff, the RACGP, its staff, and/or the program's reputation.

Reporting an adverse event

An adverse event must be reported to the RACGP via the TMS adverse event module if it involves a registrar or impacts training. It's your responsibility to report adverse events as soon as possible. The privacy of your report will be protected (your report is only accessible to RACGP staff who require access).

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 supports for your education and training, including individualised training advice and planning, pastoral care, focused learning interventions (refer to the section on [Educational support](#)) and Fellowship exam support (refer to the section on [Exam support](#)).

This section on training and educational support includes information on specific support for registrars who:

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

Aboriginal and Torres Strait Islander registrars

Specific individualised support includes priority placement, mentorship, cultural support, tailored supervision and training site support, and Fellowship exam preparation. The Aboriginal and Torres Strait Islander Faculty Censor provides support and advocacy during focused learning interventions (FLIs) and remediation.



Aboriginal and Torres Strait Islander registrars can access support through your training coordinator or your regional medical educator. Cultural advocacy can be provided by the Aboriginal and Torres Strait Islander medical education team and the Aboriginal and Torres Strait Islander Faculty Censor.

Culturally and linguistically diverse registrars

Support may include training in communication skills, an introduction to the Australian health system and individualised support as needed.

Registrars with identified learning or support needs

Support may include Fellowship exam special arrangements (apply per the [Fellowship Exams Special Arrangements Policy](#)) and tailored training when individual needs are communicated early to your training coordinator.

Rural registrars

If you're with the rural stream, it's recommended that you live in the rural community where you work to help you and your family connect with your rural community. Support may include funding, family support, accommodation and local champions.

Rural Generalist registrars

Support includes Fellowship exam support to find a suitable location to sit the Fellowship Exams, curricula jointly delivered with other specialist training colleges and support for training per the [RACGP Rural Generalist Fellowship Training Handbook](#).



Refer to the [Rural Generalist Fellowship training handbook](#).

ADF registrars

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

There is also a national education webinar series for ADF registrars. It covers the logistics of training, relevant clinical content interactions with ADF service branches and exam support for ADF candidates enrolled in Fellowship exams.



Check out the [ADF registrar handbook](#) for more information.

FLIs and remediation

Some registrars will require extra assistance in the form of Focused Learning Interventions (FLIs) and remediation terms to assist with achieving Fellowship and undertaking independent general practice in Australia.

Educational interventions are an opportunity to address individual learning gaps and learning needs. Performance issues that require support may be minor and transient or more significant and persistent; there may be a single issue or multiple issues. Some registrars will require extra assistance in the form of Focused Learning Interventions (FLIs) and remediation terms to assist with achieving Fellowship and undertaking independent general practice in Australia. Your RACGP training team will work with you to identify and implement the most appropriate, targeted educational support or intervention for your circumstances. Refer to the [Registrar Support and Educational Interventions Policy](#).

Concerns about performance and progress might involve:

- communication skills
- clinical skills
- cognitive skills
- organisational, integrative and collaborative skills
- professional behaviour
- Ahpra addenda or other serious issues that might be reportable, including health and personal issues, work environment and systems issues

Educational support has a stepped approach:

- early identification of registrars who need extra assistance
- providing appropriate assistance and support
- educational intervention (focused learning intervention and/or remediation).

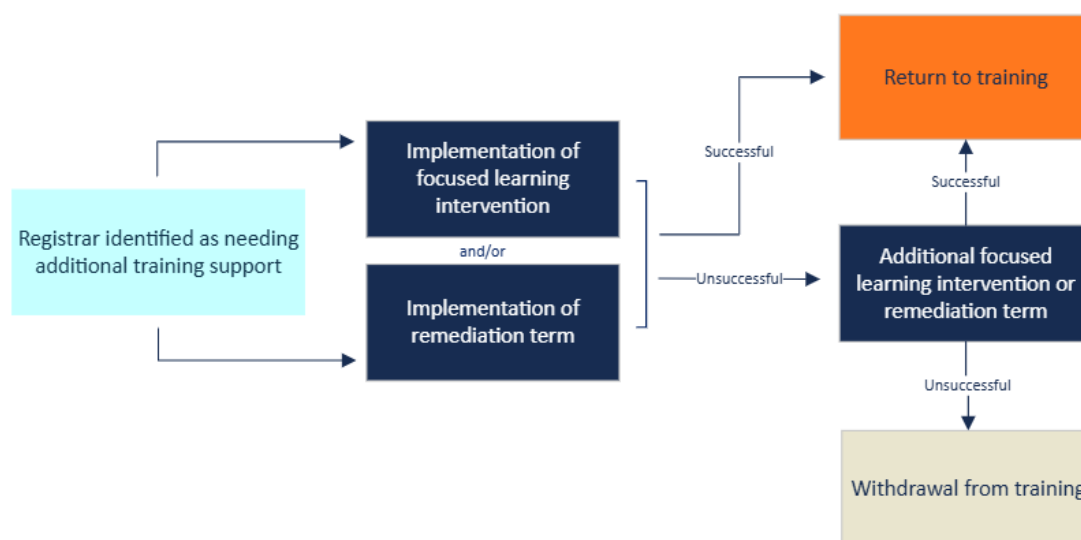


Figure 3. Educational support: focused learning interventions and remediation

Focused learning interventions (FLIs)

Your medical educator, supervisor or a clinical teaching visitor may identify that you have learning needs that require a focused learning intervention (FLI). An FLI supports your learning with resources and activities to help address your learning needs.

You'll work with your training coordinator, medical educator, training site staff and supervisor to develop an FLI specific to your needs, to ensure your particular needs are addressed. Everyone involved in developing the FLI must agree on the timeframe for completion. The FLI is developed, implemented and completed within your program time.

Sometimes further or more intensive support is needed. If this is the case, you may be required to:

- undertake another FLI
- undertake remediation
- withdraw from training

Remediation

Remediation is an educational intervention to help address concerns about performance, assist you to progress towards Fellowship, and meet the requirements of the [Fellowship Policy](#) and the [Competency profile of the Australian General Practitioner at the point of Fellowship](#).

Remediation provides additional funding for targeted interventions to meet defined learning goals. The RACGP determines when remediation is required to support a registrar to achieve the required standard. Remediation pauses your program time and may include a non-standard suspension of candidacy per the [Fellowship Exams Policy](#).

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 training site. However, depending on the relationship with the current training site and the degree of support needed, a move to a different training site and/or location may be required. Remediation can occur at any time in training and can be undertaken all at once or in small blocks (to a maximum of 26 weeks) per the [Registrar Support and Educational Interventions Policy](#).

Remediation plans

Your RACGP regional team will work with you to develop an individualised remediation plan. You must agree with the plan for it to proceed. 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. Refer to the [Registrar Support and Educational Interventions Policy](#).

The remediation plan may involve additional education, supervision, assessment and pastoral supports to improve your areas of learning need.

- The RACGP 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.
- While waiting for approval of the remediation term you may be placed on category 2 leave if the RACGP identifies a potential safety risk to you or the community if you continue training without remediation in place. Your training coordinator and medical educator will work closely with you if this is the case.

If the remediation application is approved, your program time will be paused for the period of remediation, and you'll be unable to sit Fellowship exams while on the remediation term. Refer to the section on [Sitting exams while on remediation](#).

Outcomes of remediation

Your progress will be monitored throughout the remediation term, and progress reports will be submitted at the mid and end points of the term. 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 (eg focused learning intervention/FLI or further remediation) 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. Refer to the section on [Involuntary withdrawal](#).

Legal and professional issues

If you have a legal, ethical or other professional issue during your training, discuss it with your training coordinator, medical educator 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.

Some legal matters may need to be reported to [Ahpra](#). If you're unsure if notification is required, your MDO can provide guidance.

[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. 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 more than 30 specific interest subject areas.
- Regional faculties – inform, educate and engage members, and advocate for the profession.

Join our GPs in training faculty to connect with your peers across the country, as well as your local regional faculty and any other national faculty that is of interest to you. Refer to the [RACGP faculties webpage](#).

Leave

Entitlements

You're entitled to a range of types of leave from your training program under the [Fair work Act 2009 \(Cth\)](#) per the NTCER ([National Terms and Conditions for the Employment of Registrars](#)). It's your responsibility to know your entitlements.

The RACGP manages your leave from your training program, but 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 training coordinator and medical educator unless it exceeds three weeks in total (pro rata). However, you'll need to advise and/or negotiate this with your training site:

- two weeks of paid annual leave
- one week of paid sick or carers leave
- two days of compassionate leave
- domestic violence leave

Negotiated study leave

Study leave isn't a paid leave entitlement under the NTCER, however, your employer may choose to offer study leave as a non-standard term in your employment contract. To assist in managing your wellbeing the RACGP recognises a total of six days of study leave per training year (pro-rata) as training time. You only need to inform your training coordinator or medical educator of this leave if it's greater than six days per training year (pro rata). Refer to the [RACGP study leave guide](#).

Study leave incentive

From 2026.1 registrars who have negotiated unpaid study leave may be eligible for the [Department of Health, Disability and Ageing study leave incentive](#).

- Up to five days (38 hours) per core training year (pro rata) can be claimed, with a maximum of two days for structured study or professional development undertaken outside work hours (eg academic courses, workshops, conferences).
- Submit the AGPT [application for leave](#) and relevant supporting documentation to claim the incentive. You can choose to submit a single application at the end of each semester or a separate application for each study leave incentive request.

Categories of leave

In addition to the entitlements and study leave listed above, you can apply to the RACGP for the categories of leave below. Submit an [application for leave](#) with supporting evidence to the RACGP for approval before taking this leave. Applications will be assessed by the RACGP.

Discuss your plans for leave with your training coordinator and medical educator as early as possible, because there may be consequences for your training plan, Fellowship exam eligibility, your program time and your maximum program time cap.

Before returning from leave, you must ensure you still hold general medical registration and a valid visa (where applicable). If the RACGP approves a period of leave of 52 weeks or more, the RACGP will develop a return-to-work plan with you.

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

Refer to the [Program Leave Policy](#). For information on leave and CPD requirements, refer to the [CPD Guide for GP Training](#)

Category 1 – Approved personal leave from the program

Category 1 leave includes leave entitled by law, for example:

- sick leave (when over limits listed above)
- carer's leave (when over limits listed above)
- parental leave
- leave for cultural considerations for Aboriginal and Torres Strait Islanders
- leave for other cultural and religious reasons

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

When applying for category 1 leave, you'll need to provide valid certificates, where appropriate.

- Category 1 leave isn't included in your program time, as you're entitled to this leave by law.
- You can start your training program on category 1 leave.
- Category 1 leave is included in your [maximum program time cap](#).

Category 2 – Other approved leave from the program

Category 2 leave is available for situations when you need to take additional leave (eg leave for personal reasons or for reasons not included in category 1 personal leave, etc).

You can apply for up to 26 weeks of category 2 leave at a time (to a maximum of 52 weeks).

Category 2 leave applications should be submitted with as much notice as possible before the leave start date and when practical included in the training intention (as part of the RACGP placement process).

- Category 2 leave is included in your program time, unless the RACGP advises otherwise. The RACGP team will consider if you have enough program time remaining before approving the leave.
- Category 2 leave doesn't count towards GP training time/your education and training requirements.
- You can start your training program on category 2 leave.
- Category 2 leave is included in your [maximum program time cap](#).

Category 3 – ADF service leave

Category 3 leave applies to mandatory ADF postings for ADF registrars. It isn't included in your program time but it's included in your [maximum program time cap](#). It's possible to start the training program on category 3 leave.

Category 3 Leave may be accessed by ADF reservists for courses, exercises, and deployments. ADF reservists must include a completed form [AE380 Tri-Service Notice of ADF Reserve Service](#) with the leave application.



Check out the [ADF registrar handbook](#) for more information.

Category 4 – Deferral of commencement of training

Category 4 leave may be available to defer the commencement of your training when you're otherwise eligible to enter the program. Refer to the [Program Leave Policy](#). You can apply for a period of up to 26 weeks and in the following situations:

- to start training in the second semester of the intake year
- if the RACGP is unable to match you to an appropriate training site
- if you're unable to secure appropriate hospital training terms
- if your provider number isn't issued in time for the commencement of training
- Category 4 leave isn't included in your program time or in your [maximum program time cap](#).

Leave and membership fees

Your membership fees will be waived during periods of approved leave of three calendar months or more, effective from the date your leave is approved.

Any membership fees already paid for the period of approved leave will be refunded after your leave or applied to your next membership period. For registrars deferring commencement (category 4 leave), membership fees are only payable once training begins (the membership fee waiver doesn't apply).

Parental leave incentive

The [Department of Health, Disability and Ageing parental leave incentive](#) supports registrars taking leave for the birth, adoption or long-term fostering of a child under 16, or following stillbirth (after 20 weeks' gestation) or infant death on or after 1 January 2026.

- Eligible primary caregivers may receive up to 20 weeks of paid parental leave and eligible secondary caregivers may receive up to two weeks.
- The incentive must be taken as a single block.
- Submit the AGPT [application for leave](#).
- Payments are calculated pro-rata (based on the registrar's FTE for the majority of the current training term, as determined by the RACGP).
- Payments are made monthly in arrears, after your leave has started or as soon as the completed application is processed when submitted later.

Returning from leave

Where possible, notify your training coordinator and medical educator 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. A medical clearance may be required before returning to training.

Return from leave support is provided for registrars who have previously undertaken an in-practice term and have taken 52 weeks or more of leave, or where the training team considers additional support to be beneficial. It includes:

- the extended leave MCQ course (an online module)
- a training advice meeting
- a return from extended leave FLI (focused learning intervention)
 - return from extended leave assessment (supervisor consult observations)
 - remote or face-to-face ECTV (external clinical teaching visit)
 - any additional individual support identified by the training team

Training transfers

You can request to transfer between:

- [training regions](#)
- [training streams](#) (general to rural, rural to general)
- [training programs](#) (including RVTS)
- [AGPT programs with other general practice colleges](#) (ACRRM)

A transfer within the first 26 weeks of starting training won't be considered unless the request is to work in an [area of need](#). Refer to the [Training Transfer Policy](#).

Transfer between training regions

You're expected to remain in your allocated training region for the duration of your training. If the RACGP identifies a need for you to transfer, your training coordinator will manage an application for transfer on your behalf (with approval required from your regional lead medical educator)

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 that has been approved by your regional lead medical educator (eg remediation term)
- you or a significant family relation have extenuating and unforeseen circumstances (with supporting evidence)
- the RACGP is unable to match you to an appropriate training site in your training region
- you're requesting to work in an [area of need](#) per the Department of Health, Disability and Ageing

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

Transfers for ADF registrars

If you're an ADF registrar and need to transfer regions due to ADF requirements, advise your training coordinator and the transfer will be managed by the RACGP on your behalf – you won't need to make an application. The transfer into your new region will commence from the date of posting recorded in your posting orders.



Check out the [ADF registrar handbook](#) for more information.

Transfer between training streams

General to rural stream

If you wish to train in an MM 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 per the [Training Program Requirements Policy](#) in MM 2–7 locations.

If the RACGP identifies a need to transfer, your training coordinator will manage an application for transfer on your behalf.

When it's not possible to undertake an extended skills term, core emergency medicine training, additional rural skills training or remediation term in an RACGP-approved post in MM 2–7 locations, you can apply to temporarily train in an MM 1 location. If approved, you don't need to apply for a transfer from the rural to the general stream.

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* allowing you to work in any MM 2–7 area regardless of your training site's [distribution priority area](#) status. You must apply to the RACGP for a transfer to work in an MM 1 location.

You may apply for a transfer (temporary or permanent) from the rural stream to the general stream per the [Training Transfer Policy](#) when:

- 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 (with supporting evidence) that can't be adequately or safely managed in the rural location where you're currently based or in another rural location.

An **extenuating and unforeseen circumstance (EUC)** is something outside your control, can reasonably be considered to be 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.

Transfer between training programs

To transfer from the AGPT Program to another RACGP training program or into RVTS, you must meet the eligibility and selection requirements of that program. You'll find these in the [relevant program's policies and handbooks](#). For transfers into RVTS, refer to RVTS policies.

If you're accepted into another training program, you must withdraw from the AGPT Program. **T**ransferring programs doesn't reset your maximum program time cap per the [Registrar Support and Educational Interventions Policy](#) or change your overall period of candidacy. Refer to the section on [Candidacy - Fellowship exams](#).

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 recognised. Refer to the relevant recognition of prior learning and experience policy ([RACGP's RPLE Policy](#) or ACRRM's [RPLE Policy](#)).

- If you transfer from ACRRM to the RACGP, you must join the rural stream. Complete the [AGPT Program Inter-College Transfer application](#) and submit it to ACRRM. Refer to the [Training Transfer Policy](#).
- If you transfer from the RACGP to ACRRM, you must enter a training location in an MM 2–7 area.

If you transfer to another college, 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.

If you transfer from another general practice college into the RACGP, your time on the previous program will count towards your maximum program time cap.

Withdrawal and re-entry

Voluntary withdrawal

There may be circumstances where you need to withdraw from the program. Discuss your plans with your training coordinator and medical educator before starting any formal withdrawal process, so the RACGP can assist you to look at alternative options and support you in your pursuit of Fellowship.

You must inform the RACGP regional team in writing of your intention to withdraw from the program. It's possible to withdraw from rural generalist training but stay with the training program by notifying the RACGP regional team in writing.

Registrars who voluntarily withdraw cannot apply for reconsideration or appeal per the [Dispute, Reconsideration and Appeals Policy](#) because the decision to withdraw is yours alone.

Cooling off period

A cooling off period of 20 business days applies if you withdraw after the commencement of training. Advise the RACGP regional team in writing by the end of this period if you wish to cancel your voluntary withdrawal. A cooling off period doesn't apply to voluntary withdrawal before the commencement of training (and to join the program in the following year, you'll need to reapply). You can waive the cooling off period if you wish to reapply for entry (you must advise the regional team of this in writing). Refer to the [Withdrawal Policy](#).

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

Involuntary withdrawal

The RACGP may withdraw you, per the [Withdrawal Policy](#), including but not limited to, for the following reasons

- clinical competence (inadequate)
- capacity (including inability to maintain continuous Ahpra general registration, addenda on your medical registration restricting your ability to continue in the program, exhausting your Fellowship exam candidacy, etc)
- compliance (including not complying with education and training requirements, providing misleading, incomplete or false information, not responding to correspondence, etc)
- professional conduct (failing to demonstrate a high level of professional behaviour)

Refer to the policy for more detail. The RACGP will advise you in writing before you're withdrawn and your training team will offer support throughout the withdrawal process.

Refer to the [Dispute, Reconsideration and Appeals Policy](#). If no dispute is raised within the timeframe outlined in the policy, the RACGP will proceed with the withdrawal process.

Re-entry

Decisions on applications for re-entry for registrars involuntarily withdrawn from the training program are made by censors. Certain conditions may be set on 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 (eg if it's determined that you can re-apply, you may need to satisfactorily complete remedial activities, etc.). Refer to the [Training Programs Entry Policy](#).

After withdrawal

You'll be provided with a statement of training (at the point of withdrawal from an RACGP pathway to Fellowship) with a summary of your training progress. You'll be invited to attend an exit interview and be given information about career counselling, wellbeing support and other support specific to your needs. The support available to Aboriginal and Torres Strait Islander registrars and registrars from culturally and linguistically diverse backgrounds is tailored to ensure support is culturally appropriate and that support needs are met.

The RACGP will 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.



For health and well-being support and resources, refer to the [RACGP Wellbeing Hub](#).

Disputes and complaints

Throughout your training, the RACGP will make decisions about your training. 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.

You're required to pay a fee as part of reconsideration applications (eg outcomes related to exams, CiC and PRC decisions) and when appealing the outcome of a reconsideration as the cost of these administrative processes aren't covered by the training program fees.

If you have an issue with an employer that isn't related to your general practice training or is in relation to a decision made by another organisation, these can't be dealt with under the RACGP's policy.

Dispute of a decision

If you believe the outcome of a decision is incorrect, work with your training coordinator and medical educator to find an agreed outcome. You may also like to speak with your registrar liaison officer. Generally, issues can be resolved in this informal mediation process.

However, if you're unable to reach an agreed outcome with your training coordinator and medical educator:

- Review the [Dispute, Reconsideration and Appeals Policy](#)
- Attempt informal mediation with your training coordinator and medical educator to try to reach an agreed outcome

- You have 10 business days after the RACGP notifies you of the original decision to apply per the [Dispute, Reconsideration and Appeals Policy](#)

Reconsideration of a decision

You can apply for a reconsideration of an RACGP decision. Reconsiderations are managed by the RACGP national team.

- Review the [Dispute, Reconsideration and Appeals Policy](#) before applying.
- You have 10 business days after the RACGP notifies you of the original decision to apply for a reconsideration (for decisions not related to entry to a training program),
- You'll need to pay the reconsideration application fee (per the [Dispute, reconsideration and appeals guide](#)) before the decision can be reviewed.

Appeal of a decision

You can appeal the outcome of a dispute or reconsideration.

- Review the [Dispute, Reconsideration and Appeals Policy](#) before applying
- You have 20 business days after the RACGP notifies you of the outcome of your dispute/reconsideration to make an appeal.
- You'll need to pay the fee to appeal the outcome of a reconsideration before the decision can be reviewed. (Where the application is related to an AGPT dispute, no fees apply). Refer to the [Dispute, reconsideration and appeals guide](#).

Complaints

You can raise a complaint about decisions or other matters that aren't being considered under the [Dispute, Reconsideration and Appeals Policy](#). Refer to the [Complaints Policy](#).

Evaluation of the AGPT Program

Ongoing evaluation of the AGPT Program helps us to continue improving the training program. Our evaluations aim 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

The RACGP may ask you to participate in evaluation activities, such as short surveys, focus groups and interviews. Please support our evaluation activities by sharing your experience of the AGPT Program.

Useful information and contacts

AGPT handbooks, policies, and guides: [Education policy and supporting documents webpage](#)

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

Department of Health, Disability and Ageing

Section 19AB of the *Health Insurance Act 1973*

E: 19AB@health.gov.au

W: www.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	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. Refer to ahpra.gov.au 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 ahpra.gov.au .
Australian defence force (ADF)	The military organisation responsible for the defence of Australia and its national interests. It consists of the Royal Australian Navy (RAN), the Australian Army, and the Royal Australian Air Force (RAAF).
Candidacy	The three-year period, separate to training program time, during which a registrar can attempt Fellowship exams.

Term	Definition
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 .
Clinical supervision plan	A document for use by the training site supervisor which describes how the training site intends to provide safe supervision, including when to call for help, who to call for help and how to call for help.
Commencement of training	The day on which the registrar begins the AGPT Program.
Comprehensive Australian General Practice	A practice that addresses the health needs of all people living in Australia equitably and is grounded in holistic, ethical and patient-centred care. It spans the full breadth of patient demographics, clinical presentations and practice settings, including care for underserved populations. It is evidence-based and not limited to a specific subset of general practice. Refer to the Comprehensive Australian general practice guide .
Conflict of interest	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 registrar 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: 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)	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.
Core vocational training	General practice term (GPT)1, GPT2, GPT3 and Extended Skills Training term of the AGPT Program.
Cultural safety	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. Cultural safety for Aboriginal and Torres Strait Islander people is determined by Aboriginal and Torres Strait Islander individuals, families and communities.
Designated supervisor	The accredited supervisor who has ultimate responsibility for a registrar and manages their supervision by the supervisory team to ensure safe patient care. The designated supervisor is the first point of contact for the RACGP for issues relevant to the linked registrar.

Term	Definition
Dual fellowship	Fellowship with both the RACGP and the Australian College of Rural and Remote Medicine (ACRRM). The option to train at the ACRRM and the RACGP at the same time (dual Fellowship) hasn't been available to new applicants since 2025.
Education and training requirements	The mandatory components of the registrar's RACGP-approved program as defined in the relevant registrar handbook and applicable RACGP policies.
Exam semester	A period during which all three Fellowship exams are delivered.
Extended skills training	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.
Extenuating and unforeseen circumstances	Circumstances that are outside the registrar's control and can reasonably be considered to be 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.
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, eg ability to sit an assessment, performance in an assessment, etc.
Fellowship	Admittance to either: I. Fellowship of the RACGP (FRACGP), or II. FRACGP and Rural Generalist Fellowship (FRACGP-RG).
Fellowship exams	The exams run by the RACGP to assess the candidate's competency for unsupervised general practice anywhere in Australia. They include: I. Applied Knowledge Test (AKT) II. Key Feature Problem (KFP) test III. Clinical Competency Exam (CCE).
Full-time equivalent (FTE)	The number of hours worked as a proportion of full-time training (when a registrar undertakes part-time training).
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 four calendar weeks in any one training site, are not considered. Hours worked beyond this definition of full time are not considered.
General practice training terms	A 26-week period of core vocational training 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.

Term	Definition
Identified learning and support needs	Areas where a registrar may benefit from additional assistance to meet program requirements or performance standards including support for learning differences, neurodiversity, sensory, cognitive or physical accessibility considerations and behaviours that may impact professional performance, etc.
In-practice education	Education that takes place in community general practice under supervision.
Learning plan	A document completed by the registrar to record their learning needs and how they plan to address these.
Maximum program time cap	The longest permitted timeframe (12 years) for a registrar to achieve Fellowship (FRACGP), starting from the commencement of training in the first approved program/pathway (AGPT, FSP, PEP SP, PEP ST, RVTS or ACCRM). Refer to the Registrar Support and Educational Interventions Policy .
Member	A Fellow, member, associate, GP in training, affiliate, honorary Fellow or honorary member of the RACGP per the RACGP Constitution (clause 108.a.xxi)
Modified Monash Model (MMM)	The Modified Monash Model is a classification system that categorises metropolitan, regional, rural, and remote areas according to both geographical remoteness and town size. The MM classification for any given area can be found by using the locator tool on the Health Workforce Locator .
Notifiable conduct	Per the Medical Board of Australia's Guidelines for mandatory notifications about registered health practitioners , practising while intoxicated by alcohol or drugs, engaging in sexual misconduct in connection with the practice, or placing the public at risk of substantial harm in the practice because of an impairment or by practising in a way that constitutes a significant departure from accepted professional standards.
Out-of-practice education	Education that occurs outside of regular clinical practice, requiring specific resourcing not easily provided within the training site environment, including interactions with experienced practitioners and educators from outside the registrar's work environment.
Part-time training	At least 14.5 hours over a minimum of two days per week in one training site, 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 four calendar weeks in any one training site are not considered.
Program time	The length of time required to complete the AGPT Program per the Training Program Requirements Policy .
Provider number	A Medicare provider number for eligible health professionals who are recognised for Medicare services, allowing them to claim, bill, refer or request Medicare services.
RACGP ADF team	The RACGP Australian Defence Force (ADF) team provides tailored support to ADF registrars in the AGPT Program.
RACGP financial member	An RACGP member who has: I. met the membership category requirements II. had their complete membership application form accepted III. paid their current membership fee in full.

Term	Definition
RACGP 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.
RACGP regional team	The team that manages a training region and provides support to the RACGP local training team with specialised resources and expertise. They may be involved in accreditation of training sites and educational workshops. The team includes a director of training, senior medical educators, a registrar liaison officer and a cultural educator.
RACGP training 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, and a cultural mentor.
Rural Generalist Fellowship	The award of Rural Generalist Fellowship (FRACGP-RG).
Registrar	A medical practitioner enrolled in the AGPT Program.
Registrar Liaison Officer (RLO)	A registrar who is available to other registrars in their region to provide confidential advice, information and support.
Remediation	An approved additional term of program time in which the registrar receives further 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.
Supervisor	An accredited GP who works in an accredited training site and takes responsibility for the education and training needs of the registrar while in the training site.
Suspension of candidacy	An exam semester during the candidacy in which the candidate is not required or permitted to attempt Fellowship Exams. Refer to the Fellowship Exams Policy .
Teaching plan	A document for use between the training site supervisor and the registrar which includes a calendar of scheduled teaching activities, required assessment activities, activities planned to address identified learning needs, etc.
Training plan	A document for use with the training coordinator, medical educator and the registrar which includes training requirements, readiness for general practice terms, eligibility for RPLE, potential barriers to training, etc.
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.

Term	Definition
Training stream	Subdivisions/pathways of the AGPT Program. These are the general stream and the rural stream.
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 performance to track progression through training.