



AGPT Registrar Training Handbook



RACGP AGPT

AGPT Registrar Training Handbook**Disclaimer**

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Introduction to the AGPT Registrar Training Handbook

This guide 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 and/or exemptions, please speak to your training coordinator.

Training program contacts

RACGP National

T: 1800 472 247

E: education@racgp.org.au

W: www.racgp.org.au

RACGP offices

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

RACGP Rural

T: 1800 636 764

E: rg@racgp.org.au

GP training contacts

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

Acronyms

ACEM	Australasian College for Emergency Medicine
ACRRM	Australian College of Rural and Remote Medicine
ADF	Australian Defence Force
AGPT	Australian General Practice Training program
AHPRA	Australian Health Practitioner Regulation Agency
AIDA	Australian Indigenous Doctors Association
AJGP	Australian Journal of General Practice
AKT	Applied Knowledge Test
ALS	advanced life support
AMA	Australian Medical Association
AMC	Australian Medical Council
AMG	Australian medical graduate
ARST	additional rural skills training
BLS	basic life support
CBD	case-based discussion
CCA	clinical case analysis
CCE	Clinical Competency Exam
CPD	continuing professional development
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
FARGP	Fellowship in Advanced Rural General Practice
FGAMS	foreign graduate of an accredited medical school

FLI	focused learning intervention
FRACGP	Fellowship of the Royal Australian College of General Practitioners
FRACGP-RG	RACGP Rural Generalist Fellowship
FSP	Fellowship Support Program
FTE	full-time equivalent
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
PGY	postgraduate year
PRC	progression review committee
RCA	random case analysis
RDOT	regional director of training
RG	Rural Generalist
RLO	registrar liaison officer
ROM	regional operations manager
RPLE	recognition of prior learning and experience
RVTS	Remote Vocational Training Scheme
TLC	training location commitment
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:

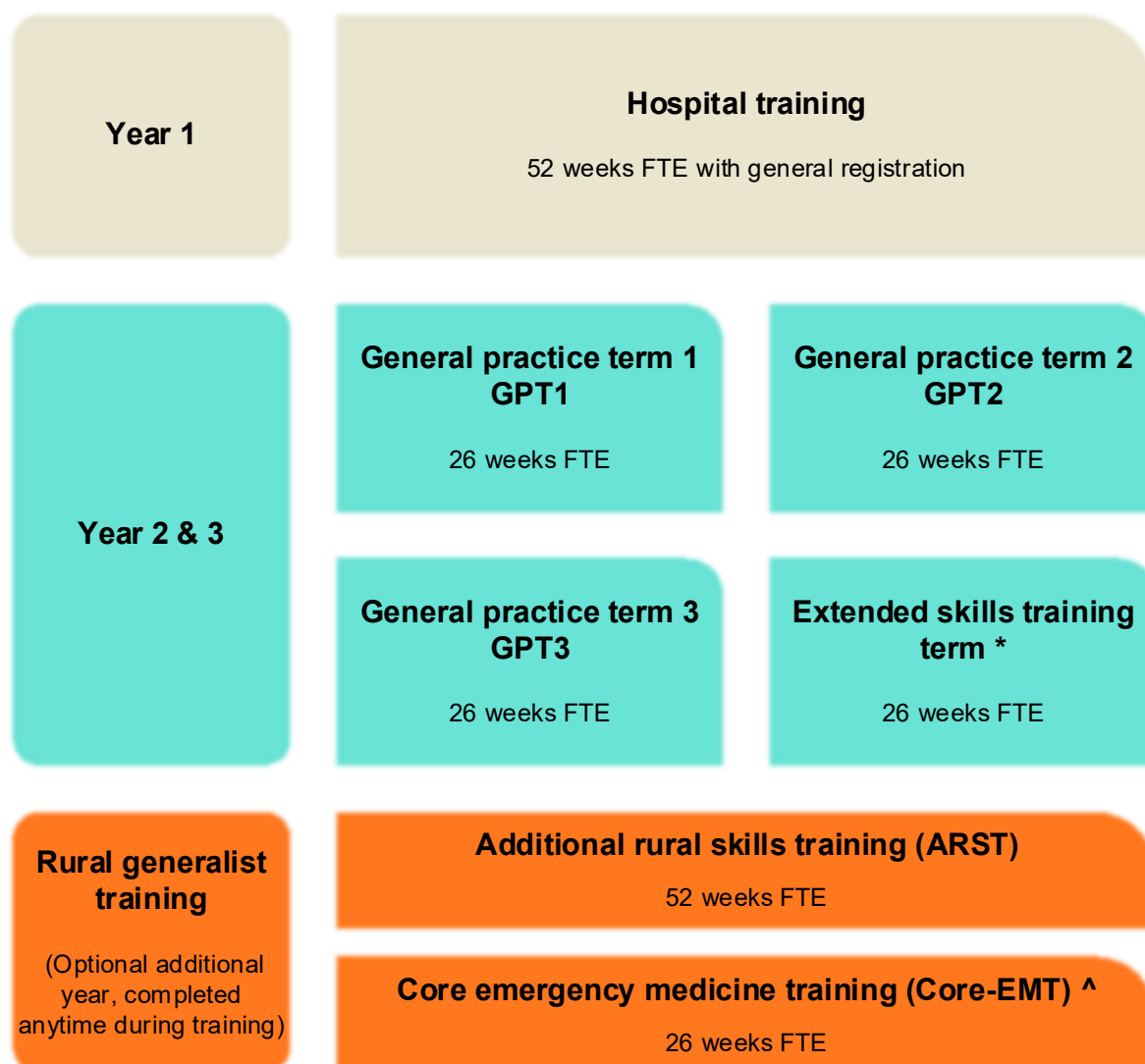
- Fellowship of the RACGP (FRACGP) is what all registrars are training towards on the Australian General Practice Training (AGPT) program.
- RACGP Rural Generalist Fellowship (FRACGP-RG) is awarded in addition to FRACGP to registrars who successfully complete rural generalist training.

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 replaces the Fellowship in Advanced Rural General Practice (FARGP) and aligns with the [National Rural Generalist Pathway](#). It is awarded in addition to the Fellowship of the RACGP (FRACGP).

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

Figure 1. The journey to RACGP Fellowship for registrars on the AGPT Program

The AGPT Program



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

^ May be undertaken as the extended skills training term

To be admitted to Fellowship of the RACGP (FRACGP) or RACGP Rural Generalist Fellowship (FRACGP-RG), you'll need to 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 3–4 years. The RACGP AGPT Program is a comprehensive education program grounded in the [RACGP educational framework](#) and its three guiding educational instruments:

- The [RACGP curriculum and syllabus for Australian general practice](#) 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.
- 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.
- Our [education policies](#) and [standards](#) aim to ensure high-quality, effective education and safe clinical practice in workplace training.

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:

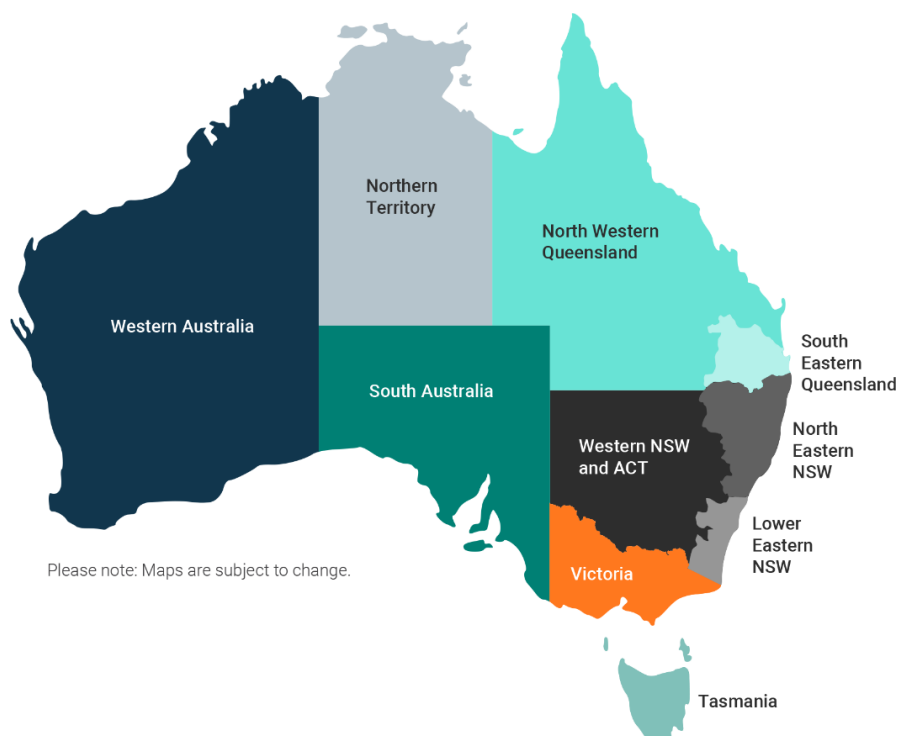
- mainly in or near a city with the general stream, or
- mainly in rural or regional areas with the rural stream.

Refer to the section on [Training location – requirements](#) 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](#).

Who's who in training

Your 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 cultural mentor
- an administrator

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 local 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 mentor

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

A cultural mentor is a valuable resource for all registrars training in a particular area, helping them connect with the local community. You can go to your cultural mentor for information and advice on local Aboriginal and Torres Strait Islander history, cultural beliefs, values and practices. They can help you learn about appropriate communication and body language to use in general practice with patients who identify as Aboriginal and/or Torres Strait Islander.

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

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

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.

RACGP regional team

Regional director of training

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

Registrar liaison officer

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

Your RLO is available to listen to you and may:

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

Cultural educator

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

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

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

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

Censors

Censors work at both the regional and national levels. They're an important part of general practice training. They 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 and they ratify exam results.

RACGP ADF team

Registrars in the Australian Defence Force (ADF) are mobile 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 Guide](#) for more information.

RACGP national team

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

Let's get you started

How we'll communicate with you

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

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

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

RACGP membership

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

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

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

Maintain financial membership during the AGPT Program

Your annual membership renewal is to be paid by 1 July each year as 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 prior to returning to training or if granted an exemption to undertake exams, while on leave.

Changes to your medical registration

If your medical registration changes at any time during your training, you must notify us immediately by adding an adverse event in the TMS adverse event module. If you don't notify us, you may be reported for academic misconduct (refer to the [Academic Misconduct Policy](#)). A change to your medical registration might include a restriction, condition, limitation, reprimand, supervision requirement, tribunal outcome, suspension, undertaking and/or other addenda or change.

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

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

Onboarding module

You'll participate in an induction to the AGPT Program, including an online onboarding module with information about the training program. You'll receive instructions on how to access the onboarding module and other pre-GPT1 modules in your offer acceptance email.

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

Induction meeting

You'll have an induction session with your 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
- 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 level.

The RACGP will check that you've achieved an adequate level of competency before you're allowed to start in GPT1. To do so, we'll seek 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 prior to starting GPT1

Further information about each rotation can be found in the [Mandatory Hospital Term Requirements guide](#). To ensure recency of practice, if you completed any hospital rotation more than five years before starting GPT1, you may have to provide evidence to demonstrate how you've maintained competency in that specific discipline. Refer to the [Recency and breadth of hospital-based experience guidance](#).

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

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

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 training term (ie 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 training (ie year 1 of the program) or even start in GPT1 directly upon entry into AGPT, provided you meet all other readiness requirements. For more information on RPLE, go to the section on [Recognition of prior learning and experience](#).

Basic life support course (BLS)

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

Orientation to general practice

Onboarding and pre-GPT modules

Before you begin your training in GPT1, you'll have to complete some online modules as part of your onboarding. 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, as 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.

RPLE is available as credit towards the hospital training term component of the AGPT Program.

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

RPLE can't be used as credit towards extended skills training terms for applicants commencing general practice training from 2026 onwards as 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 prior to commencing in GPT1.

When assessing applications for RPLE, the RACGP will consider if your hospital training and experience:

- was relevant to general practice
- was recent

- showed variety and breadth across components of the [RACGP Curriculum and syllabus](#), and
- was completed successfully

Am I eligible to apply for RPLE?

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

- If you're an Australian medical graduate, you've satisfactorily completed 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.
- If you're an international medical graduate, you've satisfactorily completed at least 104 weeks (FTE) of clinical hospital rotations in accredited Australian or New Zealand hospitals within the past 10 years, including 52 weeks (FTE) above an intern level (generally post-general medical registration).

If some of your hospital experience isn't in a clinical setting, talk to your training coordinator/medical educator as you may still be eligible to apply for RPLE. For more detail, refer to the [Recognition of Prior Learning and Experience Policy](#).

How much RPLE can I apply for?

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

- For clinical hospital terms completed after your intern year, you can apply for credit of between 12 and 52 weeks (FTE). You may apply for a maximum credit of 26 weeks in any one discipline of medicine, except for emergency medicine. For more information, see [RPLE for emergency medicine experience](#).
 - If granted, this credit will reduce your time in the hospital training term.

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.

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

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

When and how do I apply for RPLE?

Your training coordinator and medical educator will discuss if you're eligible to apply for RPLE at your induction meeting and then your training coordinator will provide you with the full RPLE application kit to complete and submit during GPT1. Refer to the [RPLE Registrar Guide](#) for more information. Applying for RPLE can be complex and lengthy, so we recommend you start the process as early as possible.

- Firstly, we'll help you identify whether you're eligible for RPLE. During your induction into the program, you'll be asked to provide evidence of prior hospital experience. Your training coordinator/medical educator will then schedule an induction training advice meeting with you during which they'll review your evidence and determine if you're eligible for RPLE.
- If you're eligible for RPLE, we'll let you know which supplementary information and evidence you need to provide in your RPLE application. Refer to the section on [What do I need to include in my application](#) for more information.

- 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. We strongly recommend that you submit your application to your training coordinator/medical educator within the first 17 weeks of starting GPT1 so you have enough time to act on any feedback received.
- Once your application is complete, your RACGP training team will formally submit it to the state/territory censor for approval. You won't be able to change it after that point.

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 as per the [Academic Misconduct Policy](#).

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 during GPT1.

When will I hear if my 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, ie you'll be granted less RPLE time than what you had applied for. If this happens, your training coordinator and medical educator will support you to identify the best time to make up the remaining time in hospital during your training program. The censor may grant you the option to complete some of this remaining time in comprehensive general practice.

What do I need to include in my application?

You'll need to gather evidence to demonstrate that you'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.

Completing your application and gathering the necessary evidence takes time. Statements of service and other documentation from hospitals can take up to six weeks to obtain, so 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 prior to 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's RPLE page](#).

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

Training program requirements

Education and training

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.

If you don't successfully complete a training term, refer to the section on [Extension for training and assessment purposes](#) for more information.

Hospital training

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

Hospital training can be done at any accredited hospital in Australia or New Zealand (not necessarily in your allocated training region). Although you won't yet be working in general practice, this is an important part of your journey to Fellowship. We'll run educational workshops and recommend online modules to complete during your hospital training. These will help you stay in touch with general practice. Your training coordinator and medical educator will also be 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 training experience (after completing your intern year – PGY1), you may be eligible for RPLE. Refer to the section on [Am I eligible to apply for RPLE?](#).

If you're an ADF registrar, we strongly recommend you 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 Guide](#) 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. Generally, placement is for at least one term, and up to two terms (26–52 calendar weeks).

During GPT1, 2, 3 and your extended skills training term, we expect you to have exposure to

- two different supervisors
- two different business models
- diverse patient populations

This will prepare you for working across the breadth of Australian general practice. In most cases, these requirements for diversity of practice can be achieved by training in more than one training site. For more information, refer to the section on Training placements - [Practice diversity](#).

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 we recognise 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 Guide explains the specifics of general practice terms for ADF registrars.



Check out the [ADF Guide](#) 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 pursue an area of interest relevant to general practice, for example, accident & emergency, paediatrics, drug & alcohol, mental health, palliative care, sports medicine, sexual health or skin cancer medicine. You can also consolidate your advanced rural skills if you're on the rural pathway or undertake an approved academic post in this term. All extended skills posts must be within the scope of general practice as 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 ways:

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

Extended skills training can take place in a:

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

You can undertake your extended skills training at one training site or a number of different sites. If you choose to work in a combination of sites, you can do this either sequentially or concurrently, but each training site must be accredited by the RACGP and you must have medical educator approval, submitting the 'Extended skills placement approval form – registrar' at least three months prior.

Table 3 Extended skills – total number of minimum weekly working hours

Extended skills post	Training time requirement	Example
General practice	As per other general practice terms .	
Non-general practice	You can work less than 14.5 hours per week (but at least 3.5 hours per week), provided it's done concurrently with another clinical post/s. Combined, these posts must include a minimum of 10.5 hours per week of clinical, rostered, face-to-face patient contact time.	eg sexual health clinic

If you choose to partially extend your skills in a non-clinical setting, at least 50 per cent of the total hours (FTE) you work must be extending your skills in another clinical setting. This clinical work must meet the requirements outlined in the table above for a non-general practice extended skills post. You can't use a concurrent GPT1, GPT2 or GPT3 term to fulfill this 50 per cent requirement. Only undertaking non-clinical extended skills training in an academic post, as a registrar medical educator or registrar liaison officer can be concurrent with GPT1, GPT2 or GPT3.

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

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 Guide](#) for more information.

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.

We encourage you to take time to think about your own personal learning requirements and needs before meeting with your supervisor. The RACGP [Curriculum and syllabus](#) is also a valuable tool for developing the teaching plan.

The plan should include a schedule that shows when the activities will take place and who is responsible for each activity. Throughout your placement, you and your supervisor should review and update the plan to ensure the in-practice teaching and learning activities are meeting your learning needs.

In-practice teaching activities

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

Other teaching activities might include direct observation, case-based teaching, patient scenario discussions, joint consultations, formal teaching on specific topics, review of recorded consultations, 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).

Aboriginal and Torres Strait Islander health

Cultural safety training is included in mandatory workshops at the regional and local levels. You'll have access to a cultural mentor to support your learning in this area.

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 125 hours of out-of-practice education to supplement your training in the workplace. These 125 hours will include orientation days, larger workshops, peer-led small group learning sessions and at least nine hours of Aboriginal and Torres Strait Islander cultural training. There are also online modules and exam preparation sessions and although these are optional, they're an important part of your learning and progression.

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. We recommend you 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 local 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.

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

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

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 4. 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 applied knowledge multiple-choice question assessment, regular case review and direct observations of your consultations. These assessments are generally done in the first few weeks of GPT1.

Clinical case analysis (CCA)

A CCA is a review of clinical notes or case reports and oral questioning. CCA assessment tools include case-based discussions and random case analysis.

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

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

Case-based discussion (CBD)

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

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

Random case analysis (RCA)

In an RCA, the assessor will randomly select a case from your consultation records to discuss. They'll ask you to think about the case from different perspectives and discuss these through the lens of the RACGP [Curriculum and syllabus](#), in particular, the five domains of general practice. The development of your clinical reasoning will be explored by considering how a case changes when one of four contextual influences changes – the doctor, the patient, the problem or the system. RCAs help to ensure you explore cases you may not usually see in your day-to-day practice.

Multi-source feedback (MSF)

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

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

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

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

Mini-clinical evaluation exercise (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.

Clinical audit

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

- rational ordering of investigations (radiology/pathology):
 - reviewing the frequency of tests ordered (eg thyroid function test in patients on long-term thyroxine replacement)
 - imaging in acute knee and ankle injuries (eg what the indications are and what modalities could be used)

- management/prescribing:
 - how closely clinical guidelines are followed in management (eg of lower back pain)
 - reviewing your prescribing as compared to current best practice
- preventive medicine activities:
 - reviewing patient records for recording of smoking status and smoking cessation advice given
 - reviewing patient records for recording of current alcohol use and alcohol cessation and reduction advice given.

A clinical audit can be completed at any stage of training, but we recommend GPT3. Analyse the results and discuss the findings with your supervisor, who will give you feedback and help you plan further skills development in areas identified by the audit.

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 and end-term appraisals

Mid and end-term appraisals are completed by your supervisor. These reports include detail about your competency at the current stage of training and 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 local 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 local medical educator.

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

Professional conduct

The Australian community rightfully expects a high level of professional behaviour from GPs. Professional competency training and assessment is a core part of the AGPT Program. You 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.

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

We can only give you the right support if you communicate your need for help. If you're worried about anything related to your training journey, reach 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, regional medical educator or regional director of training).

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

Ahpri'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.

Program time

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

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

Full-time training is defined as a 38-hour working week, over a minimum of four days per week. A minimum of 27 hours must be in face-to-face, rostered, patient consultation time undertaking general practice activities. Work periods of less than three consecutive hours, or less than 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'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 part time in two training sites, the minimum part-time hours must be met in **each** training site.

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

What's not included in the program time

Some types of leave are not included in the 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

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

Extending your program time

If you need to extend your program time, and you expect your overall program time will exceed the times listed above, you'll need to seek approval. Discuss this with your training coordinator and refer to the section on [Extension of program time](#)

Training location - requirements

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

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

General training stream

Registrars with the general stream are able to work in metropolitan areas but to gain experience working in a range of locations, you're required to work 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.

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 taken into account along with the local practice placement policy and the availability of an accredited training facility in that location.

Rural training stream

Registrars with the rural stream do all training 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. For more information 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 rural location you may be eligible to stay in the same training site for an extended period. Refer to the section on Training placements - [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

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](#).

Exemption to location requirements

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

If you're an Australian Defence Force 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.



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

Basic life support training

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

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

Rural generalist training

Additional rural skills training

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

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

Refer to the [RACGP Rural Generalist Fellowship Training Handbook](#).

Table 5. Additional rural skills 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 [RACGP website](#).

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, we recommend you 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 the emergency medicine training. The curriculum outcomes and examples of accredited courses can be found in the [core EMT curriculum](#). Refer to the [RACGP Rural Generalist Fellowship Handbook](#).

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

To be eligible for an academic post you must:

- be enrolled in the AGPT Program
- have completed GPT1 (by the time you start the post)
- have at least six months FTE of training time remaining (when you start the post)

To find out more, refer to the [academic post website](#).

Training placements

Hospital term

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

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

For more information on hospital terms refer to the section on Training Program Requirements – [Hospital training](#).

General practice training terms

We begin the process of placing registrars in accredited community general practice training sites as early as possible before each training semester. The registrar placement process is designed to create flexibility and choice for both registrars and practices. It takes into consideration:

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

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

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), at least two different supervisors and two different general practice management systems, as outlined in the [Placement Policy](#).

It may be appropriate for a registrar to remain in the same training site for extended periods:

- If the registrar is filling a significant workforce need in a rural/remote location (eg rural communities of MM 4–7).
- When leaving a rural town would be detrimental to the registrar and their family (eg carer responsibilities for parent locally, partner working in town, educational needs of children).
- Where there are limited accredited training sites (or training sites suitable to be accredited) within the training location and minimal variation in practice models.

Other situations are assessed on a case-by-case basis and approved by the Regional Director of Training. In these instances, the RACGP will support registrars to meet diversity requirements.

Extended skills term

You can undertake an extended skills term in general practice or an area relevant to general practice at any point during core vocational training. If you decide to extend your skills in community general practice as, we'll place you just as we do for GPT1, GPT2 and GPT3.

If you'd like to extend your skills in another area, you'll need to arrange your own placement and have it approved. Refer to the section on [Extended skills training](#).

Placement considerations

International placement

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

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



Check out the [ADF Guide](#) 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 could create a conflict of interest and lead to poor training, particularly if that person were a supervisor, practice manager or practice owner.

General practice placement

If you have any type of close personal relationship with a staff member at the training site where you wish to train, you and the training site must disclose this to us as a potential conflict of interest at the start of the placement process.

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

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

Extended skills post

If you're seeking an extended skills post at a training site where there is a pre-existing personal relationship, consider alternative options unless there are extenuating circumstances.

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. We support the use of telehealth in practice and in training provided:

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

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

When you receive information about your placement for the term, 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 an extended skills term, your employment agreement must also meet the NTCER or equivalent for the area you've chosen.

Complete the RACGP placement contract

Before you start each general practice training term (GPT1, 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. We'll send you 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 liaise with your training site as soon as possible.

Refer to the section on [Apply for a Medicare provider number](#) for more details about the AGPT provider number application form and timing.

Apply for a Medicare provider number

You must have a Medicare provider number before you start a core vocational training term. Your provider number gives your patients access to Medicare for all or part of their healthcare. You can't work if you don't have a provider number, and any time without a provider number can't be counted as training time. You're responsible for applying for your provider number via the RACGP for each of your placements during training.

We'll send you the AGPT provider number application form as part of the placement process. The form needs to be completed by both you and the training site before being submitted to us electronically. We'll make sure the form is complete and will submit it to Services Australia on your behalf. 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, they'll normally have their own process for applying for Medicare provider numbers. Speak to the relevant staff member to confirm this and let your training coordinator know.

What if I work in multiple placements?

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

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

We encourage you to complete the form and return it to us promptly. Once we submit it to Services Australia, it can take up to eight weeks for your provider number to be sent to you. You can find current processing times on the [Services Australia website](#); please allow 6–8 weeks in case there is a delay. Services Australia has a strict process to ensure fairness for all applicants and the RACGP is unable to influence the processing times.

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

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

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

What if I change training sites?

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

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

No. Services Australia will only send your provider number to you. It'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.

How long is my Medicare provider number valid?

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

Your designated supervisor provides clinical guidance and support during your placement. They're also responsible for in-practice teaching and contributing to the assessment of your clinical competence. We'll ensure you're provided with the appropriate level of supervision throughout your general practice training. The level of supervision is tailored to you so you can access immediate and sufficient support whenever you need it.

At the beginning of each placement, your designated supervisor will discuss your 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. They'll provide you with a similar level of support and education to that in GPT1, GPT2 or GPT3, whichever is relevant.

Remote supervision

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

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. In GPT2 and GPT3, the number is four. The actual number of patients you see per hour may vary depending on the presentations you're seeing.

Caseload during an extended skills term

Your caseload during your extended skills term will be dependent on the area in which you're extending your skills. For instance, you may choose to work in an accredited women's health facility, with a caseload that is solely female. However, you'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 formal therapeutic relationship with your supervisor during a training term
- you and your supervisor shouldn't prescribe for each other or pressure one another to provide prescriptions for yourselves, your families or friends

We recommend that:

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

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

In the rare event of an emergency requiring you or your supervisor to provide emergency treatment to the other, you should debrief (once you've obtained appropriate consent) with other supervisors in the training site or your local 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 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. We encourage you to engage in discussions with your supervisor and training site, sharing reflections on what's going well and what could be improved, but acknowledge that sometimes this might not 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.

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 comprises 150 multiple-choice questions.
- Key Feature Problem (KFP) – designed to assess clinical decision-making and clinical reasoning in practice. The KFP comprises 70 individual multi-selection questions.
- Clinical Competency Exam (CCE) – online assessment by multiple examiners across nine clinical cases. Four discussions with an examiner and five clinical encounters, where candidates interact with a role player as the examiner observes.

Refer to the [Assessments and examinations candidate 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 we determine you meet all of the following requirements:

- Satisfactory completion of education and training requirements for exam eligibility, as detailed in your training plan
- Satisfactory completion of two years (FTE) of program time including all of GPT1 and GPT2 by the date of the AKT. (As per the [Fellowship Exams Policy](#), where the AKT or KFP is scheduled up to 31 calendar days prior to the training term end date, the RACGP will allow registrars from affected states or territories to sit the examination.)
- Australian general medical registration held throughout the training program
- RACGP financial member throughout the training program. You must maintain membership until you're admitted to Fellowship or your candidacy is exhausted. Refer to the section on [Candidacy](#).
- You've notified us of any changes to your medical registration during training, including a restriction, condition, limitation, reprimand, supervision requirement, tribunal outcome, suspension, undertaking and/or other remark or change.

Unsatisfactory progress and readiness to sit exams

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

Sitting exams while on approved leave

If you're on a period of leave, 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, we'll withdraw you from any exams you have enrolled in for the following term. For more information about withdrawal from a Fellowship exam, refer to the [Assessments and examinations candidate handbook](#).

Becoming ineligible after enrolling in an exam

You must maintain your exam eligibility throughout your candidacy. You may become ineligible 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 two years (FTE) of program time, including all of GPT1 and GPT2 by the date of the AKT
- an approved period of leave (if a request to sit Fellowship exams while on leave hasn't been approved)

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

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

Candidacy – Fellowship exams

Each registrar has one candidacy to sit the Fellowship exams and all three exams must be completed within three calendar years from the commencement of your candidacy. Candidacy starts when you enrol and sit your first exam. Refer to the [Fellowship Exams Policy](#) for more details.

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

If the first Fellowship exam you attempt is the 2026.2 KFP, your candidacy commences in the 2026.2 exam semester and expires at the end of the 2029.1 exam semester, if no suspensions or sanctioned withdrawals are applied.

If you decide not to enrol in any Fellowship exams in the 2027.1 exam semester, the semester still counts towards your candidacy (because candidacy is made up of semesters in which you're eligible to enrol and sit, not exam attempts). Your candidacy will still expire in 2029.1.

TIP! 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 in which to sit all Fellowship exams.

If you transfer to another RACGP-approved program after your candidacy has commenced, your candidacy will carry over to your new program. While you're completing the program, we'll pause your candidacy. 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 as 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 [Assessments and Examinations Candidate 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 don't just assess knowledge from books; they aim to assess how knowledge is applied to everyday situations in Australian general practice.

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

Exam preparation activities

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

Exam Support Program

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

Support from the Aboriginal and Torres Strait Islander Health Censor

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

Holistic support

You may communicate and meet with the Aboriginal and Torres Strait Islander Health censor face-to-face or by phone, email, videoconference or a combination of these depending on your preferences, where you're both located and what's feasible.

All support provided by the censor is confidential; they won't keep records for any reason. You may take notes for your own use. The censor may offer support such as case-based discussions, helping you prepare for an exam or helping you in the case of an unsuccessful exam attempt.

Checking your exam results

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

After an unsuccessful exam attempt

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

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

The censor will reach out to you to offer support within four weeks of your exam results being released. However, you can also contact your training coordinator, medical educator, the Aboriginal and Torres Strait Islander Health faculty, or the censor themselves if you wish to access this support at any time from when you enrol in Fellowship exams and throughout your candidacy.

We advise you to accept support within five weeks of exam results being released to allow enough time for the censor to review your circumstances and support you before the next exam cycle. If you don't accept the support offered by the censor, we'll close offers of support eight weeks after results are released. For more information refer to the [*Aboriginal and Torres Strait Islander GP in Training 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 as 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.

Table 6. AGPT Program requirements for completion of training

Education requirements	
<input type="checkbox"/>	Completion of the Aboriginal and Torres Strait Islander health unit (RACGP Curriculum and syllabus)
<input type="checkbox"/>	Completion of all mandatory education activities (workshops, self-directed online learning, 125 hours of educational activities)
<input type="checkbox"/>	Completion of the workplace-based assessment program including five external clinical teaching visits
<input type="checkbox"/>	Attendance at a minimum of two meetings per year with your medical educator
Training/experience requirements	
<input type="checkbox"/>	Completion of the required period of program time , a minimum of three years (FTE) specialist general practice vocational training made up of: <ul style="list-style-type: none"> min 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
<input type="checkbox"/>	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.
<input type="checkbox"/>	Training experience with at least two different general practice supervisors and with two different general practice management systems, or equivalent. Refer to the section on Training placements - Practice diversity
<input type="checkbox"/>	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
<input type="checkbox"/>	Completion of BLS training (12 months before GPT1 and 12 months before applying for Fellowship as per the BLS and ALS Guide).
<input type="checkbox"/>	Completion of ALS training (four years before applying for Fellowship as per the BLS and ALS Guide).
<input type="checkbox"/>	In addition, rural generalist registrars must complete at least one ALS2-equivalent accredited emergency skills and/or simulation training course either within the 24 months prior to commencing, or during, core EMT.
<input type="checkbox"/>	In addition, rural generalist registrars must complete 52 weeks of ARST and 26 weeks of core EMT
Assessment requirements	
<input type="checkbox"/>	You must have passed all Fellowship exams during your period of candidacy.
Professional & ethical requirements	
<input type="checkbox"/>	To maintain the reputation of the general practice profession, you may not be admitted to Fellowship if we reasonably consider you: <ul style="list-style-type: none"> are unsuitable to be admitted to Fellowship in accordance with the Fellowship Policy have engaged in conduct which would attract sanctions under clause 27 of the RACGP Constitution have addenda on your current Ahpra medical registration that prevent you from undertaking unsupervised comprehensive Australian general practice
Administrative requirements	
<input type="checkbox"/>	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, we may withhold your certificate of completion and if applicable, withdraw you from the program.)
<input type="checkbox"/>	During your training you must hold current Australian medical registration at all times and disclose* any addenda or regulatory authority activity, whether in Australia or otherwise, that: <ul style="list-style-type: none"> 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 (as per the Medical Board of Australia's guidelines)
<input type="checkbox"/>	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 as per the [Academic Misconduct Policy](#)

Applying for Fellowship

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

You must apply for Fellowship

- within three years of successful completion of all Fellowship exams, and
- within one calendar year of completing all training program requirements.

The Fellowship application form will become available on your assessment statement once you'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.

Once you've met the requirements of Fellowship, you'll automatically receive a program time extension of up to 12 calendar weeks in which to submit your Fellowship application. Refer to the section on [Extension while awaiting Fellowship](#).

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

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) is no longer available to new applicants. Registrars already undertaking dual Fellowship will be supported to complete their training. Transfers continue to exist as per the [Training Transfer Policy](#).

After you've been admitted to Fellowship

Applying for 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. For more information and to apply, refer to the [Ahpra website](#).

Applying for a new Medicare provider number

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

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. We invite you to make the most of all that your membership offers, including use of the post-nominal 'FRACGP', and access to:

- the [CPD program](#)
- [gplearning](#)
- [Australian Journal of General Practice](#)
- [John Murtagh library](#)
- business management tools (eg [Standards for general practices](#))
- [recruitGP](#)
- and the national and regional [faculties](#).

Registrar safety and support

Your safety and wellbeing

Work health and safety

We recognise our responsibility to promote the safety and wellbeing of registrars and minimise risk factors as far as practicable throughout the training program. This is supported by our [GP in Training Safety and Wellbeing Policy](#).

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

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

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

Stress and fatigue in general practice

Our policy position statement, [Stress and fatigue in General Practice](#) covers important information about what stress and fatigue means in clinical general practice and suggestions for effective discussions between registrars and supervisors on managing stress and fatigue.

Signs of burnout include:

- low energy or motivation
- feeling isolated or trapped
- decreased work satisfaction
- loss of empathy
- feeling exhausted or drained

Look for warning signs of fatigue and burnout in both yourself and your colleagues.

Support for your wellbeing

- Connect with your training team. Your wellbeing is a key focus of your RACGP training team. Reach out to them for advice and support.
- Connect with your peers. A support network is an important part of selfcare. Out-of-practice workshops are a great place to meet other registrars, develop friendships and find a registrar study group.
- [The GP Support Program](#) is a free service available to all RACGP members. You can access professional advice to help cope with personal and work-related issues that can impact on your wellbeing, workplace morale, performance and safety, and psychological health.
- The [RACGP Wellbeing Hub](#) provides a range of resources and support services to help you thrive during your training. This includes support for your physical and mental health, financial and legal concerns, placement challenges and exam preparation.
- [General Practice Registrars Australia \(GPRA\)](#) is an independent organisation protecting the rights of general practice trainees. It offers wellbeing advice. Membership is free.
- [Indigenous General Practice Trainee Network \(IGPTN\)](#) is an advocacy network for Aboriginal and Torres Strait Islander GPs in training that provides professional, educational, cultural and exam preparation support that is led by peers. Each year, in addition to offering online learning and networking opportunities, IGPTN runs two national workshops and all Indigenous GPs in training are invited to attend. Indigenous GP Fellows are engaged to provide support, education and mentorship. IGPTN members support each other by sharing their experiences and knowledge. The support of Indigenous peers during general practice training has a significant and positive impact on the whole training experience. For more information also see the information on the RACGP website about [IGPTN](#).
- [Australian Indigenous Doctors Association \(AIDA\)](#) offers networking and professional development opportunities. It also provides mentoring which allows members to support and guide each other academically and culturally through their medical studies and careers as Indigenous medical doctors.
- [DRS4DRS](#) is an independent program providing confidential support and resources to doctors and medical students across Australia, including helping you find your own GP and providing coordinated access to mental health and wellbeing resources, training on becoming a doctor for doctors, community news and navigation to state and territory helplines and referral services. Confidential phone advice is available 24 hours a day for any doctor or medical student in Australia.
- [CRANaplus](#) Bush Support Services provides a free and confidential telephone counselling service for rural and remote health practitioners and is available 24 hours a day, seven days a week (1800 805 391). The service is staffed by psychologists, including two Aboriginal psychologists. CRANaplus membership isn't required to access the service.

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

The RACGP expects all registrars, medical educators, supervisors and training site staff to behave in a professional manner and to treat each other with dignity and respect. Unfortunately, there may still be occasions where bullying or

harassment occurs while undertaking training activities. You may also feel unsupported by your supervisor either personally or educationally.

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

If the matter isn't resolved through your training site, or you feel unable to report it to them, you can raise the issue with your supervisor, medical educator, training coordinator or registrar liaison officer, depending on who you feel comfortable speaking to about the issue. They'll guide you through the next steps, including the option to submit a formal complaint.

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

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

Adverse events (including critical incidents)

Under Australian Medical Council requirements, the RACGP is responsible for ensuring the safety of registrars and patients. An adverse event must be reported to us via the TMS adverse event module if it involves a registrar or impacts their training. This process is not an investigation but provides the RACGP the opportunity to support, educate and explore the event with the relevant stakeholders. It also 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, critical incidents and near misses whether they involve registrars, supervisors and/or the training site itself. 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 to patients, registrars, GP supervisors, training site staff, training program staff or the associated organisations involved in program delivery.

Reporting an incident or event

It's your responsibility to report incidents and events via the TMS adverse event module as soon as possible. The privacy of your report will be protected (your report will only be 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 support 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.

Support for particular groups of registrars

Rural registrars

If you're with the rural stream, we recommend you live in the rural community where you work to help you and your family connect with your rural community. Your training coordinator and medical educator can give you information about available support, such as funding, family support, accommodation and local champions.

Aboriginal and Torres Strait Islander registrars

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

Culturally and linguistically diverse registrars

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

ADF registrars

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



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

Educational support

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

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

Educational interventions are an opportunity to resolve 'blind spots' and address individual 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. Your RACGP training team will work with you to identify and implement the most appropriate, targeted educational support or intervention for your circumstances.

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

Our educational support has a stepped approach:

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

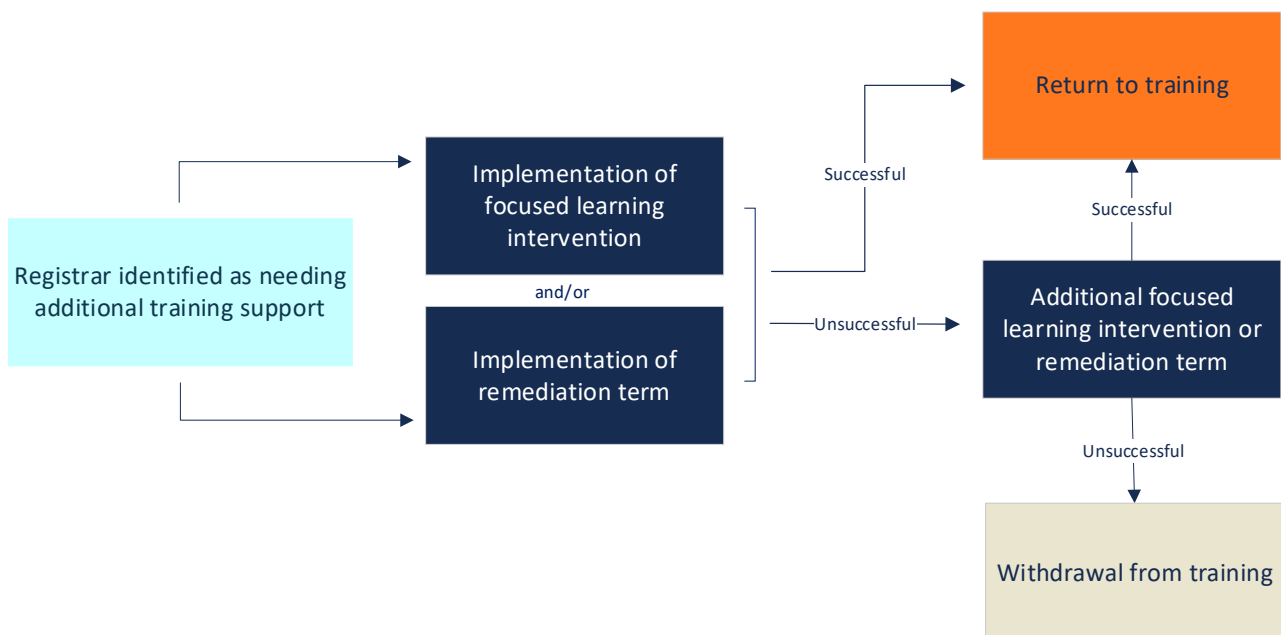


Figure 3. Educational support: focused learning interventions and remediation

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.

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

- undertake another FLI
- undertake remediation
- withdraw from training

Remediation

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

Remediation terms can occur at any time in training. There is evidence that early identification of the need for remediation results in shorter remediation terms and better learning outcomes. A remediation term is usually undertaken while continuing to work in community general practice. Most remediation terms can be conducted in the registrar's current 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.

Applying for remediation

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.

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 we identify 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 suspended 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. For more information about withdrawal, refer to the section on [Involuntary withdrawal](#).

Legal and professional issues

If you have a legal, ethical or other professional issue during your training, you should 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. For more information, refer to the guide: [Social media in general practice](#).

RACGP faculties

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

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

We encourage you to join our GPs in training faculty to connect with your peers across the country, as well as your local 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 \(Cth\)](#) as per the NTCER ([National Terms and Conditions for the Employment of Registrars](#)). It's your responsibility to know your entitlements.

We manage 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 we'll recognise 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).

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 prior to 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 also be implications for your training plan, sitting Fellowship exams and your completion of training. 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 calendar 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 as per the [Withdrawal Policy](#).

For information on leave and CPD requirements, see the [CPD Guide for GP Training](#)

Category 1 – 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

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

- Category 1 leave isn't counted in the registrar's program time, as you're entitled to this leave by law.
- You can start your training program on category 1 leave.

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

Category 2 – Additional leave from the program

Category 2 leave is available for situations 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 prior to the leave start date and when practical included in the training intention (as part of the RACGP placement process).

- Category 2 leave is counted in your program time, unless the RACGP advises otherwise. The RACGP regional team will consider if you have enough time remaining in your program time before approving the leave.
- You can start your training program on category 2 leave.

Category 3 – ADF service leave

Category 3 leave applies to mandatory ADF postings for ADF registrars. It doesn't count towards program time. 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 Guide](#) for more information.

Category 4 – Deferral of commencement of training

Category 4 leave may be available to defer the commencement of your training for the following reasons:

- you'd like to start training in the second semester of the intake year
- the RACGP is unable to match you to an appropriate training site
- you're unable to secure appropriate hospital training terms
- your provider number is not issued in time for the commencement of training

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

- Category 4 leave is not counted in the program time.

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.

To ensure you meet the Medical Board of Australia's registration standards, especially for recency of practice, a return to training medical clearance may be required.

Extension of program time

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

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

Extension while awaiting Fellowship

Once you've met the Fellowship requirements, you'll automatically receive a program time extension of up to 12 calendar weeks in which to submit your Fellowship application. Additional extensions are considered on a case-by-case basis.

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.

- 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.

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 Guide](#) for more information.

Extension for training and assessment purposes

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

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

Extension to undertake an academic post

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

Extension to transition to another program

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

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

Further extension of program time

If you require an additional extension of your program time, a further extension of program time may be granted at the RACGP's discretion for:

- cultural needs, considerations and commitments for Aboriginal and Torres Strait Islander registrars
- special circumstances for international medical graduates

- extenuating and unforeseen circumstances experienced by you or a significant family relation
- an approved remediation term to ensure all education and training requirements are met (as per the [Registrar Support and Remediation Policy](#))

Training transfers

You can apply to transfer between:

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

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

A transfer within the first 26 calendar weeks of starting training won't be considered unless there are extenuating and unforeseen circumstances or the request is to work in a priority area of workforce need. Refer to the [Training Transfer Policy](#).

Transfer between training regions

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

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

If we identify a need to transfer, your training coordinator will manage an application for transfer on your behalf. Your regional lead medical educator will need to approve the transfer.

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

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

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

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 Guide](#) for more information.

Transfer between training streams

We take into account both your needs and workforce needs when considering your application to transfer between 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 in MM 2–7 locations.

If it's not possible to undertake your extended skills term, core emergency medicine training, additional rural skills training or remediation term in an RACGP-approved post in those areas, 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.

You may apply for a transfer (temporary or permanent) from the rural stream to the general stream in the following circumstances:

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

If we identify a need to transfer, your training coordinator will manage an application for transfer on your behalf.

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

Section 19AB exemption to enable transfer

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

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

Transfer between training programs

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

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

Transfer between training colleges

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

- If you transfer from ACRRM to the RACGP, you must join the rural stream. Complete the [AGPT Program Inter-College Transfer application](#) and submit it to ACRRM. Refer to the [Training Transfer Policy](#) for more information.
- 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.

Withdrawal and re-entry

Voluntary withdrawal

There may be circumstances where you need to withdraw from the program. Discuss your intention with your training coordinator and medical educator before starting any formal withdrawal process, so that we can 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 as 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).

For more information on cooling off periods see the [Withdrawal Policy](#).

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

Involuntary withdrawal

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

- Clinical competence – You haven't met and maintained an appropriate level of clinical competence at each milestone of training, as assessed by your local RACGP training team and regional team.
- Capacity – You're unable to continue your training program because:
 - you're unable to maintain appropriate Ahpra general registration throughout the program
 - addenda have been added to your medical registration which restrict your ability to continue in the program
 - you have any other restrictions that impact your ability to practise
 - you've exhausted your Fellowship exam candidacy
- Compliance – If you haven't complied with the education and training requirements of the training program, you may be withdrawn from the program, for example:
 - Unsuccessful completion or not complying with the requirements of an approved remediation term
 - not responding to correspondence from any RACGP staff member about your enrolment in the program
 - not meeting your program time requirements
 - not being able to meet the required standards to enable you to be admitted to Fellowship and obtain registration as a specialist GP
 - deferring commencement of training for more than 52 calendar weeks
 - not maintaining financial membership of the RACGP throughout training
 - breach of any program training requirement (as per the training program agreement/written correspondence)
 - if you're on an accepted temporary Australian visa but don't obtain permanent residency or citizenship of Australia or New Zealand prior to completion of training
- Professional conduct – If you fail to demonstrate a high level of professional behaviour, for example:
 - a finding of serious academic misconduct: cases of substantiated academic misconduct for which the sanctions imposed fall under clauses 7.4 f, k, m, n or o of the [Academic Misconduct Policy](#)
 - a finding of professional misconduct (as defined in the [Health Practitioner Regulation National Law Act 2009](#))

We'll advise you in writing before you're withdrawn and your local training team will offer support throughout the withdrawal process.

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

Re-entry

If you're involuntarily withdrawn from the training program, we may set certain conditions about if and when you can re-apply to join the AGPT Program. These conditions will be outlined to you as part of the withdrawal process (eg if we determine you can re-apply, you may need to satisfactorily complete remedial activities, etc.). Re-entry is at the discretion of the censor. Refer to the [Training Programs Entry Policy](#) for more details.

After withdrawal

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

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

Disputes and complaints

Dispute of a decision

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

If you're unhappy with the outcome of a decision, 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 are able to be resolved in this informal mediation process.

However, you may decide you need to raise a formal dispute if you're unable to reach an agreed outcome with your training coordinator and medical educator and apply to the regional team to dispute the decision.

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

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

Reconsideration of a decision

From time to time the RACGP makes decisions about matters other than those which relate to your training program. If you're unhappy with the outcome of a decision that isn't related to your training program, you may apply for a reconsideration of the decision. Reconsiderations are handled by the RACGP national team.

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

- Reconsiderations are managed under the [Dispute, Reconsideration and Appeals Policy](#). Review the policy before applying for reconsideration of a decision.
- The RACGP national team will only consider an application for reconsideration of a decision that isn't related to your training program (eg exam results). If you want to dispute a decision relating to your training program, refer to the section on Dispute of a decision.

- You have 10 business days after we notify you of the original decision to apply for a reconsideration, or two business days if it's related to entry to a training program.
- Reconsideration applications attract a fee as they're not related to your training program. You'll need to pay this fee before the decision can be reconsidered.

Appeal of a decision

You can appeal the outcome of a dispute or reconsideration. Important things to note:

- Appeals are managed under the [Dispute, Reconsideration and Appeals Policy](#). Review the policy before applying to appeal the decision.
- You have 20 business days after we notify you of the outcome of your dispute or reconsideration to make an appeal.
- If you're appealing the outcome of a reconsideration, you'll be required to pay a fee. You'll need to pay this fee before the reconsideration decision can be appealed.

Complaints

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

Evaluation of the AGPT Program

Ongoing evaluation of the AGPT Program helps us to continue improving the training program for GPs. 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

We may ask you to participate in evaluation activities, such as short surveys, focus groups and interviews. We hope that you'll support our evaluation activities by sharing your experience of 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 and Aged Care

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 (see ahpra.gov.au).
Candidacy	The three-year period, separate to training program time, during which a registrar can attempt Fellowship exams.
Candidate	The medical practitioner eligible to sit RACGP Fellowship exams.
Clinical competence	Demonstrated ability to consistently perform relevant clinical tasks to the standard prescribed in the Progressive capability profile of the general practitioner .
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.
Completion of training	The point at which the RACGP deems that the registrar has completed their training program requirements, as per the Training Program Requirements Policy .
Comprehensive Australian General Practice	As defined in the Comprehensive Australian general practice guide .

Term	Definition
Conflict of interest	<p>A situation in which it is reasonable to conclude that an individual's or group of individuals' personal interests' directly conflict with the best interests of the GP in training or where individuals' actions may be influenced by their personal interests rather than education and training outcomes. A conflict of interest includes, but is not limited to, when:</p> <ul style="list-style-type: none"> i. close personal friends or family members are involved, ii. an individual or their close friends or family members may make financial gain or gain some other form of advantage, and iii. an individual is bound by prior agreements or allegiances to other individuals or agencies that require them to act in the interests of that person or agency or to take a particular position on an issue.
Core Emergency Medicine Training (Core EMT)	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 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.
Dual fellowship	Fellowship with both the RACGP and the Australian College of Rural and Remote Medicine (ACRRM).
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.

Term	Definition
Extenuating circumstances	Circumstances the RACGP considers on a case-by-case basis, which are outside the registrar's control and which can be shown to have a direct and significant impact on the registrar, eg ability to sit an assessment, performance in an assessment, etc.
Fellowship	Admittance to either: <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> I. Applied Knowledge Test (AKT) II. Key Feature Problem (KFP) test III. Clinical Competency Exam (CCE).
Financial RACGP member	An RACGP member who has: <ul style="list-style-type: none"> I. met the membership category requirements II. had their complete membership application form accepted III. paid their current membership fee in full.
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, will not be considered. Hours worked beyond this definition of full time will not be 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.
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.
Member	As per clause 108.a.xxi of the RACGP Constitution
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 .

Term	Definition
Notifiable conduct	As per the Medical Board of Australia's Guidelines for mandatory notifications about registered health practitioners .
Original decision	A decision that is the subject of a dispute, reconsideration or appeal.
Out-of-practice education	Education that occurs outside of regular clinical practice, 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 will not be considered.
Program team	The training coordinator and medical educator assigned to a registrar.
Program time	The length of time required to complete the AGPT Program.
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 local 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, cultural mentor and an administrator.
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. It includes the regional director of training, senior medical educators, a registrar liaison officer and cultural educator. They may be involved in accreditation of training sites and educational workshops.
RACGP 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	The process by which a registrar receives additional support in order to address performance concerns.
Remediation term	An additional term of program time in which the registrar receives additional support in order to address performance concerns.

Term	Definition
Safety	The condition of being protected from or unlikely to cause danger, risk or injury. Educational safety is defined as a learning environment that values support, respectful communication, bidirectional feedback, reflection and the acquisition of new skills. It meets the learner's current level of competency and learning needs and facilitates growth and learning.
Significant family relation	Anyone with whom the registrar has close familial relations. This may include, but is not limited to, a parent, sibling, spouse/partner/de facto/fiancé(e), child, grandparent and community member.
Special circumstances for International Medical Graduates	Circumstances which are determined on a case-by-case basis by the RACGP and include, but are not limited to communication skills development, and supported learning.
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.
Training stream	Subdivisions of the AGPT Program. These are: <ol style="list-style-type: none"> I. the general stream II. 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.