

AGPT Hospital & Paediatric Competency Requirements

To commence community-based general practice terms

This document applies to doctors from 2026 cohorts onwards.

The electronic version of this document is the approved and most current. Any printed version is uncontrolled and may not be current.

1. Introduction

This document provides details of the competencies a doctor must achieve in their accredited supervised clinical hospital rotations (including any hospital allocated general practice rotations) and paediatrics, prior to commencing general practice terms in the RACGP Australian General Practice Training (AGPT) program.

These requirements are separate to the AGPT program entry requirements and don't have to be met for doctors to commence the hospital training component of the AGPT program. The requirements outlined here are relevant to doctors who wish to commence in the general practice term components of the AGPT program.

Prospective applicants should contact the [Become a GP](#) team with any queries. Upon receiving an offer for the AGPT program, the local [RACGP training team](#) can provide further advice.

2. Context

- 2.1 General practice training involves a combination of hospital training and training in general practice and other community settings under supervision.
- 2.2 Prior to commencing AGPT general practice terms doctors must have obtained general registration and satisfactorily completed a minimum of 52 weeks FTE* of hospital work above an intern level in an accredited Australian or New Zealand hospital. Generally, this means it will be post-general registration. (*See glossary)
- 2.3 Generally, no more than 26 weeks in the same discipline can count towards required hospital-based training.
- 2.4 A maximum of 5 weeks of annual leave (and up to a maximum of 10 days total of all other types of leave such as professional development leave, sick leave, carer's leave, parental leave, leave without pay) can be included in the 52 weeks

3. Requirements to commence community-based general practice terms

3.1. To commence the first general practice term of the AGPT program, doctors need one of the following:

- a) [Australian Medical Council \(AMC\) postgraduate year 2 \(PGY2\)](#) certification (including any combination of experiences that meets the AMC requirements) **and** satisfactory demonstration of paediatric competency (see section 4 below).

OR

- b) For doctors without AMC PGY2 certification:
 - i. general registration **and**
 - ii. a further 12 months of accredited supervised clinical hospital rotations (including any hospital allocated general practice rotations) at PGY2 and above **and** evidence of education, assessment and feedback with satisfactory performance **and**
 - iii. satisfactory demonstration of paediatric competency (see section 4 below).

Note – Clinical hospital rotations must be within 10 years prior to starting the first AGPT general practice term.). Where clinical terms are more than 5 years old you may be asked to demonstrate how you have



maintained competency. Where the terms lack the range and/or depth of experience as expected in the AMC PGY2 certification, further clinical experience may be necessary prior to starting your first community general practice term

Note – Point b) ii is considered to have been met if the clinical hospital rotations were undertaken at PGY2 or above prior to achieving general registration.

3.2 All doctors will require a certificate of completion of [Basic Life Support \(BLS\)](#) in the 12 months prior to starting AGPT general practice terms.

4. Paediatric competency requirements

The following requirements should be read in conjunction with the [RACGP curriculum and syllabus](#) for pre-general practice. Doctors should keep in mind the overall learning objectives of the curriculum as they progress through training.

- 4.1 Doctors require clinical paediatric experience to support the development of competence in the detection and management of serious or potentially serious illness through the full spectrum of the neonatal period, infancy, early and middle childhood and, where relevant, adolescence and young adulthood. (0 – 17 years of age inclusive)
- 4.2 Clinical paediatric experience must include the recognition, diagnosis, and management of the seriously ill child, should include a high proportion of paediatric emergency attendances, and be appropriately supervised by a paediatrician and/or appropriately experienced general practitioner and/or emergency medicine physician.
- 4.3 During their clinical paediatric experience training, doctors must:
 - a) see patients as the initial contact doctor,
 - b) receive authentic, first point of contact clinical paediatric experience ('hands on' experience),
 - c) follow up with patients where practical, during admission and following discharge in order to develop an appreciation of the complete natural history of acute illnesses,
 - d) be exposed to a sufficient number and spectrum of acute paediatric presentations and have direct supervision from accredited supervisors.
- 4.4 Provided requirements 4.1 - 4.3 (above) are met to demonstrate adequate experience and safe practice in the discipline of paediatrics, a doctor must provide documentary evidence of completion of one of the following options:

Option	Clinical experience	Evidence required (each item listed in the relevant row must be provided)
a	<p>10+ weeks paediatric term (classified as including acute and critical illness care and undifferentiated care)</p> <p><i>Completion of a full (10 or more weeks) paediatric subspeciality term may not fully meet the RACGP Paediatric requirements. This includes terms such as NICU, ENT, neurosurgery, surgery, cardiology, and many others. Please discuss this with your RACGP training team as you may need to complete some additional clinical experience and/or educational activities.</i></p>	<ul style="list-style-type: none"> • Satisfactory end of term assessment(s) • If PGY1 or PGY2, the Entrustable Professional Activities (EPAs) required in a term. (At least 5 weeks must be at PGY2 or later).
b	<p>10+ weeks in an accredited Mixed (adult/paediatric) Emergency Department (Mixed ED)* where at least 100 paediatric patients are seen within the term(s)</p> <p><i>The 10 weeks must include at least 5 weeks as a PGY2 or later, but could be made up of 2 or more terms, as long as each has an end of term assessment</i></p>	<ul style="list-style-type: none"> • Satisfactory end of term assessment(s) • A logbook / hospital data extraction of at least 100 de-identified patients (0 – 17 years of age inclusive) where the doctor was involved in the early assessment and management, and that

		<p>included a range of common conditions (such as in section 5.2 below)</p> <ul style="list-style-type: none"> A signed "RACGP Paediatric experience in a mixed (adult/paediatric) emergency department declaration" <p><i>It is also recommended that doctors obtain at least 3 EPAs of patients (0 – 17 years of age inclusive), of which at least 2 are clinical assessment or identification and management of acutely unwell, and 2 of which are in PGY2 or later</i></p>
c	<p>10 weeks in an accredited Mixed ED*</p> <p>AND one of the following:</p> <ul style="list-style-type: none"> a half paediatric term (5–6 weeks in length), <u>or</u> a full hospital allocated general practice rotation (10–12 weeks in length) <p><i>One of the terms must include at least 5 weeks as a PGY2 or later</i></p>	<ul style="list-style-type: none"> Satisfactory end of term assessment(s) A signed "RACGP Paediatric experience in a mixed (adult/paediatric) emergency department declaration"
d	<p>Completion of the coursework and assessments for the Sydney Child Health Program (2017–2023) or Graduate Certificate (awarded upon successful completion of the 1st four subjects of the Graduate Diploma) or Graduate Diploma in Child Health at the Sydney Children's Hospital Network (schp.org.au).</p> <p>AND one of the following:</p> <ul style="list-style-type: none"> 10 weeks in an accredited Mixed ED*, <u>or</u> a half paediatric term (5–6 weeks in length), <u>or</u> a full hospital allocated general practice rotation (10–12 weeks in length) <p><i>The SCHN Essentials Program is a CPD program and does not meet this requirement</i></p>	<ul style="list-style-type: none"> Satisfactory end of term assessment(s) Evidence of completion of coursework and assessments (eg online quizzes) for the Sydney Child Health Program (2017–2023) or Graduate Certificate or Graduate Diploma If an accredited mixed ED is the clinical experience, a signed "RACGP Paediatric experience in a mixed (adult/paediatric) emergency department declaration"

* *Accredited Mixed (adult/paediatric) Emergency Department (Mixed ED): To be approved for RACGP vocational training clinical paediatric experience, mixed (adult/paediatric) emergency departments must have a significant paediatric component with a minimum of 20% paediatric presentations and appropriate supervision. It must be accredited for training purposes by the [Australasian College for Emergency Medicine \(ACEM\)](#) or the RACGP (such as for extended skills or advanced rural skills) or a postgraduate medical training authority in the relevant State or Territory.*

4.5 In exceptional circumstances where a doctor is not able to demonstrate competency in Paediatrics, the RACGP may be able to apply alternative models to ensure adequate experience is obtained and to assess competency.

5 Additional guidance regarding paediatric exposure

5.1 In general practice most children can be managed at home. This means that considerable responsibility rests upon parents and General Practitioners to ensure children do not deteriorate to a point where significant morbidity or even mortality ensues. Some children will need hospital assessment and / or admission, and some

children's care will be transferred back to general practice. This means that as well as specific skills to manage children's presentations, some key generic patient management skills need to be developed, including co-management with parents, carers, and ancillary medical staff.

- 5.2 For these reasons, the doctor must demonstrate exposure to, and an understanding of common and severe paediatric clinical situations, including:
- i. Recognition and management of children with acute clinical presentations, including common undifferentiated acute health problems such as:
 - the febrile child, the child with acute abdominal pain, the vomiting child, the child with breathing difficulties, and the dehydrated child.
 - ii. Recognition and initiation of and/or continuation of management of severe acute clinical presentations, including:
 - the fitting child, the child with altered consciousness, the poisoned/ bitten child, the child presenting with trauma and/or burns, and the child at risk of abuse.
 - iii. Being able to:
 - manage the sick child in conjunction with the family unit, carers, and the extended health care team,
 - develop effective and appropriate safety nets with parents and carers to enable them to detect and manage a deteriorating situation in such a way as to prevent any adverse outcomes, and
 - communicate with children, young people and their families, as well as providing support, advice, and follow-up.
- 5.3 In both hospital and general practice settings, all clinical scenarios listed in section 5.2 of this document can vary from mild to severe, with a diversity of symptom complexes and a highly variable threshold of recognition.

6 Glossary

FTE (Full-time equivalent): The number of hours worked as a proportion of full-time training (when a registrar undertakes part-time training). For each calendar week, the maximum that can be counted is one FTE week.

7 References

- 7.1 [RACGP Standards for General Practice Training 4th Edition](#)
- 7.2 [RACGP curriculum and syllabus](#)
- 7.3 [Australian Medical Council \(AMC\) Guide to Prevocational Training in Australia for PGY1 and PGY2 Doctors](#)