

## Mandatory Hospital Term Requirements guide

For an overview of readiness for general practice please visit the overview provided in the [AGPT Registrar Handbook](#). This guide provides further detail on the mandatory hospital term rotations. This is a guide only. Registrars should discuss their specific circumstances with their training coordinator.

### Medicine term

#### Requirements of the post

- The completion of a full term (10–12 weeks) in a general medicine discipline with a satisfactory level of performance confirmed by your supervisor.
- Rotations may include cardiology, respiratory, gastroenterology, endocrinology, geriatrics, rheumatology, renal, dermatology, neurology and ICU.
- Clinical experience, including:
  - managing inpatients with a range of medical conditions, including acute and chronic conditions
  - screening patients for common diseases
  - discussing healthcare behaviours with patients.
- If completing an equivalent medicine term, it should offer a broad medical experience.

#### Specific competencies to be covered

- Diagnosis and management of a range of common acute and chronic diseases and presentations, including:
  - bacterial infections (eg urinary tract infections, pneumonia, bacteraemia, sinusitis)
  - viral infections (eg upper respiratory tract infections, pneumonia)
  - cardiovascular disease (eg ischaemic heart disease, acute coronary syndrome, heart failure)
  - diabetes (types 1 and 2)
  - aged care.
- Patient-centred communication.
- Informed and shared decision-making.
- Identifying and managing sick patients.
- Effective interactions with other health professionals to provide high quality care for patients.
- Effective communication in teams.
- Working with emergency and critical care teams.
- Critical thinking and incident prevention.

### Surgery term

#### Requirements of the post

- The completion of a full term (10–12 weeks) in a surgical discipline with a satisfactory level of performance confirmed by your supervisor.
- Rotations must offer a broad surgical experience and may include general surgery, orthopaedics, otolaryngology (ENT) and urology. Plastic surgery, paediatric surgery and gynaecology might be considered on a case-by-case basis by the Censor.
- Clinical experience, including:
  - using sterile techniques
  - management of intravenous fluids
  - perioperative care
  - exposure to common features of surgical illness, including the metabolic response to trauma, shock, infection and neoplasia
  - caring for patients with a broad range of acute and elective surgical conditions.

**Specific competencies to be covered**

- Diagnosis and management of a range of common surgical conditions including, but not limited to:
  - post-surgical complications (eg infections, post-operative bleeding)
  - perioperative blood management
  - blood product/transfusion protocols
  - surgical prophylaxis
  - recognition and management of acute surgical illness, including the deteriorating patient
  - common and important surgical conditions at all stages of life.
- Patient-centred communication.
- Informed and shared decision-making.
- Identifying and managing sick patients.
- Effective interactions with other health professionals to provide high quality care for patients.
- Effective communication in teams.
- Working with emergency and critical care teams.
- Management of perioperative risks.
- Critical thinking and incident prevention.

**Emergency medicine term****Requirements of the post**

- The completion of a full term (8–12 weeks) in emergency medicine, within the last five years, with a satisfactory level of performance confirmed by your supervisor.
- The emergency department should operate 24 hours per day and ideally have an onsite emergency physician. (We recognise that while some rural hospitals don't have an onsite emergency physician, they do have remote access to one and an appropriately qualified rural doctor onsite.)
- Specific experience, including:
  - common and important emergency presentations at all stages of life
  - application of relevant treatment guidelines and protocols to emergency patient care
  - participation in resuscitation and trauma management.

**Specific competencies to be covered**

- Identifying and managing sick patients, including patients with acute undifferentiated illness.
- Performing a range of procedural skills in an emergency setting.
- Developing an understanding of effective teamwork in emergency situations.
- The diagnosis and management of a range of common and important emergency presentations.

**Paediatrics term**

The paediatrics hospital term is essential for all registrars to develop competence in detecting and managing serious and potentially serious illness throughout childhood: in the neonatal period, infancy, early and middle childhood and, where relevant, adolescence and young adulthood. The accepted patient range is 0–17 years inclusive.

In routine general practice most children can be managed at home. This means that considerable responsibility lies with parents and medical advisers to ensure children don't deteriorate to a point where significant morbidity or even mortality ensues.

In more severe presentations, hospital admission may be required after initial emergency management. Following hospital assessment, less severe cases can be managed in an ambulatory setting after coordinated transfer from an emergency department or hospital to general practice and/or community services, when parents and carers take on a greater role.

Therefore, in addition to the specific skills needed to manage these presentations, registrars need to develop patient management skills, including co-management with parents, carers and ancillary medical staff.

You may find it's not possible to do a specific paediatrics term; however, other options may be adequate alternatives, such as certain emergency terms. Talk to your training coordinator as early as possible if you think you'll have difficulty completing the paediatrics requirement and they'll support you to find an alternative. Please note that a hospital rotation located in a general practice does not count as a stand-alone paediatrics term.

### Requirements of the post

- Direct supervision by a paediatrician, an appropriately experienced GP, and/or an emergency medicine physician.
- A high proportion of paediatric emergency attendances.
- The opportunity to learn to recognise, diagnose, and manage the seriously ill child.
- The opportunity to see patients as the first point of medical contact ('hands on').
- The opportunity to follow up patients, where practical, during admission and after discharge (eg where there is an obligation to notify of an abnormal result received after discharge) to develop an appreciation of the complete natural history of acute illnesses.
- Exposure to a broad spectrum of acute paediatric presentations.

### Specific competencies to be covered

You must demonstrate exposure to, and an understanding of, a range of the following clinical situations:

- Recognise and manage children with the following five acute clinical presentations, which represent the most common undifferentiated acute health problems:
  - the febrile child
  - the child with acute abdominal pain
  - the vomiting child
  - the child with breathing difficulties
  - the dehydrated child.
- Recognise and initiate and/or continue the management of the following severe acute clinical presentations:
  - the fitting child
  - the child with altered consciousness
  - the poisoned/bitten child
  - the child presenting with trauma and/or burns
  - the child at risk of abuse.
- Manage the sick child together with the family, carers and the extended healthcare team.
- Develop effective and appropriate safety nets with parents and carers to enable them to detect and manage a deteriorating situation and prevent any adverse outcomes.
- Communicate with children, young people and their families, and provide support, advice and follow-up.

### Paediatrics evidence requirements

- In addition to providing an end-of-term assessment form and a statement of service from the JMO Manager (or equivalent), including the dates of the rotation, you must provide documentary evidence of completion of **one** of the following:
  - a full paediatrics term (10–12 weeks) in an accredited post, such as general paediatrics or paediatric-only emergency department,  
  
Note: completion of a full paediatrics subspecialty term (10–12 weeks) may not fully meet the RACGP paediatrics term requirements. This includes terms such as NICU, ENT, neurosurgery, surgery, cardiology, and many others. Please discuss this with your training program team, as you may need to complete some additional clinical experience and/or educational activities.
  - a half paediatrics term (5–6 weeks) plus an approved full emergency department term (10–12 weeks)

- two terms in an approved emergency department. One term may be undertaken in Post Graduate Year 1 (PGY1) if the other is undertaken in Post Graduate Year 2 (PGY2) or later.

Note: An **approved emergency department**, for the purposes of paediatrics hospital training, must have a minimum 20% paediatric presentations. The registrar must then demonstrate that:

- they saw a minimum of 20% paediatric presentations
- the term provided sufficient experience in assessing and managing paediatric cases
- they gained adequate skills.

Emergency departments accredited for paediatrics by the Australasian College for Emergency Medicine (ACEM) automatically meet this requirement. For more information, visit the [Where Can I Do My Training?](#) page on the ACEM website.

- the coursework and exam for the Sydney Child Health Program or Graduate Diploma in Child Health or Graduate Certificate in Child Health at the [Sydney Children's Hospital Network](#) provided the registrar has also had adequate clinical exposure to children, such as one of the following:
  - an approved emergency department term (10–12 weeks)
  - a half paediatrics term (5–6 weeks)
  - general practice hospital allocated rotation (10 weeks)

Note: evidence of completion of coursework and the exam must be provided prior to commencing general practice terms.

- If your paediatrics experience was gained at an approved emergency department, you must provide **one** of the following supporting documents to demonstrate adequate experience and safe practice in assessing and managing paediatric cases to satisfy the RACGP assessor that you have gained adequate skills:
  - a signed [RACGP Paediatric experience in a mixed emergency department declaration](#) for each term
  - A personal [2-week logbook](#) for each 10-week rotation in a mixed emergency department. The logbook should include patient demographics, a brief summary and reflection and be signed off by a supervisor.
  - evidence/de-identified data from the emergency department or hospital administration confirming that you managed a significant paediatric caseload with a minimum of 20% paediatric presentations during the rotation.

**Version History**

Version	Date of effect	Amended by
1	06/11/2023	Education Policy and Guidance Lead
Amendment details	<ul style="list-style-type: none"><li>Publication of guide in PDF format.</li></ul>	