

RACGP Rural Generalist Fellowship FAQs

What is a Rural Generalist?

As per the Collingrove Agreement, a Rural Generalist is “a medical practitioner who is trained to meet the specific current and future healthcare needs of Australian rural and remote communities, in a sustainable and cost-effective way, by providing both comprehensive general practice and emergency care and required components of other medical specialist care in hospital and community settings as part of a rural healthcare team.”

What is the difference between a rural generalist and a rural GP?

Rural and remote communities offer diverse health presentations and provide opportunities for GPs to expand their skills to support their communities. GPs with additional skills often need to provide specialist medical services.

A rural GP is trained primarily in community-based medicine. A Rural Generalist is someone who has done the rural GP training plus an additional year of training in an additional skill that addresses their community need and may involve the provision of secondary care in a hospital environment, while also being skilled to provide emergency services.

The RACGP trains all GPs to be rural ready so you’re able to work anywhere in Australia – every postcode and every community.

Do I need to become a Rural Generalist to practice in a rural location?

No, all doctors trained to the RACGP Fellowship qualification are rural ready and can practise as rural GPs in rural locations. Rural Generalists work to an extended scope of practice with skill sets that are informed by the needs of the community they serve. This includes community general practice as well as the provision of emergency medical care and procedural and non-procedural services across primary and secondary healthcare settings which are generally delegated to separate specialities in urban practice, such as Aboriginal and Torres Strait Islander health, adult internal medicine, anaesthetics, child health, mental health, obstetrics, palliative care and surgery.

Rural Generalists and rural GPs often work together as leaders and as part of primary care teams.

Regardless of your chosen scope of practice, the RACGP offers GP training and support to suit you.

Why should I complete my Rural Generalist training with the RACGP?

We’re the largest representative of rural GPs in Australia. With more than 21,000 members of the RACGP Rural Faculty, including more than 10,000 GPs living and working in rural areas we represent 4 out of 5 rural GPs. As an RACGP GP in Training, you’ll have access to this community and a strong network of support.

We’ve been training rural GPs for over 60 years. Our training adheres to high standards and provides a clear learning pathway encompassing general practice, hospital and additional skills to prepare you well for a career in primary care.

RACGP's Rural Generalist (RG) Fellowship offers you the opportunity to gain experience in hospital and community-based care settings so you're well equipped to work across both. You will develop the depth and breadth of skills required for both settings.

We offer flexibility. If your situation changes down the track, you can opt in or out of RG training later without any penalty. If you decide to opt out of RG training, you will complete the Fellowship of the RACGP and will be able to work unsupervised anywhere in Australia. As an RACGP Rural Generalist you can choose to work in private practice, hospitals, the Royal Flying Doctor Service, Australian Defence Force, retrieval medicine, Aboriginal Medical Services or even overseas in places like Antarctica.

Why is the change happening?

The RACGP rural generalist qualification, FARGP, has been updated to align with the National Rural Generalist Program with a robust and modern curriculum. This updated RACGP Rural Generalist Fellowship will replace the FARGP.

The RACGP is part of a joint application to the Australian Medical Council (AMC) and Medical Board of Australia (MBA) seeking formal recognition of Rural Generalist medicine as a specialised field within the specialty of general practice. Part of this process is a nationally consistent approach to Rural Generalist training.

What's the advantage of the RG compared to the FARGP?

- Strengthened core emergency training and additional rural skills training to better prepare you for working as a Rural Generalist in your community
- Access to training benefits including an extra 52 FTE weeks for additional leave and extensions of training time if required
- Should the AMC recognition application be successful then the RG Fellowship will be recognised as a specialised field within the specialty of general practice. We're advocating for improved Medicare recognition for the services provided by rural generalists and rural GP's who are appropriately trained to deliver additional specialised services to their communities.

What are the requirements for the RACGP Rural Generalist Fellowship?

The RG Fellowship features the following training requirements:

1. 12 months full-time equivalent (FTE) hospital term (can be postgraduate year 2 (PGY2) or above)
2. 18 months FTE community-based GP term (minimum of 12-months FTE must be in a rural MMM3-7 location)
3. 12 months FTE Additional Rural Skills Training (ARST)
4. six-month core emergency medicine training
5. (optional) six-month extended skills term in either a hospital, community GP or community non-GP setting

What's the difference between the Fellowship in Advanced Rural General Practice (FARGP) and the RACGP Rural Generalist Fellowship?

The RG Fellowship includes strengthened core emergency training and additional rural skills training to better prepare you for working as a Rural Generalist in your community. Please see the table below that outlines the differences in training requirements.

Training requirements	RACGP Rural Generalist Fellowship	FARGP
Rural GP terms	12 months full time equivalent (FTE of general practice terms in a rural (MMM3-7) setting	12 months full time equivalent (FTE of general practice terms in a rural (MMM3-7) setting
Additional Rural Skills Training (ARST)	12 months FTE of skills training in an accredited training post with the Rural Generalist Fellowship curriculums	12 months FTE of skills training in an accredited training post Candidates who enrolled in the FARGP prior to 2022 can choose an ARST and undertake either the old or revised Rural Generalist Fellowship curriculum
Emergency medicine	Core-emergency medicine training including 6 months FTE of training in an accredited emergency medicine facility with appropriate supervision	Completion of 2 emergency skills courses, online case studies and skills self-assessment
Learning plan and reflection	Online skills self-assessment, reflection and learning activities	Online skills self-assessment, reflection and learning activities
Community project	Optional activity unless required by ARST curriculum (Aboriginal and Torres Strait Islander health)	Optional activity unless required by ARST curriculum (Aboriginal and Torres Strait Islander health)

Please visit our [webpage](#) for additional training information.

I'm currently enrolled in the FARGP – do I have to transition to RG, or can I complete the FARGP?

If you enrolled in the FARGP prior to 1 July 2022, you can complete the FARGP as it currently stands. Upon successful completion of your training, you'll be awarded the FARGP which can be used as a post-nominal.

I'm currently enrolled in the FARGP. How do I transition to the RG Fellowship?

From 1 July 2022, digital application forms will be available on the RACGP Rural [website](#). Once we've reviewed your application, we'll contact you regarding your future training requirements under the RG Fellowship. Please ensure you notify your RTO or RVTS of your intention to transition to the RG Fellowship. You must apply by 31 December 2023.

I completed the FARGP a few years ago and would like to obtain the RG Fellowship. How do I do that?

From 1 July 2022, digital application forms will be available on the RACGP Rural website. You'll be asked to provide documentation to support your application. Once we've reviewed your application, we'll be in touch to guide you on the next steps.

Can I obtain RPL for the Core-Emergency Medicine Training (core-EMT)?

Yes. You'll need to demonstrate you have achieved the outcomes in the core-EMT [curriculum](#) and the skills listed in the logbook. Evidence can include, but are not limited to, statements of service, logbooks, case studies, assessments and supervisor reports.

I'm nearing the end of my FARGP training and I'm thinking about switching over to RG. Should I complete the FARGP now and obtain the RG Fellowship later? Or should I transition now?

Every case is different, and it will vary with the Additional Rural Skills Training (ARST) you are completing and your prior experience in emergency medicine.

In general, if you're nearing the completion of your Fellowship training and you're credentialed to provide emergency services in a rural hospital it may be better for you to complete your FARGP and then apply to obtain the FRACGP-RG via the [recognition of prior learning \(RPL\) process](#).

If you have completed most of the FARGP requirements and you have sufficient experience in emergency medicine and are confident you can satisfy the core-EMT criteria, you may be able to seek RPL for your core-EMT requirements and can apply to transition and complete the remainder of your training as an RG.

If you've completed most of your FARGP training requirements except for the emergency medicine component, you can either complete the FARGP now and apply to obtain the RG after gaining further experience in a rural emergency department or take the training opportunity offered by the core-EMT and transition now to complete training as an RG.

Keep in mind that there will be no charge for those enrolled in the FARGP to transition over to RG, but there will be a fee for those who've completed the FARGP to obtain the RG later.

I want to do RG and I'm undertaking the ARST in emergency medicine. Do I still need to do the RG core-EMT?

Yes. The core-emergency medicine training is an additional component of the RG Fellowship. All RG trainees must complete the core-EMT no matter what ARST they undertake. If you are undertaking an emergency medicine ARST, the core-EM module is a pre-requisite and means that you will likely be required to spend a minimum of 18 months in emergency medicine training.

I'm a practising GP in an MMM3+ location without the FARGP. I work a few hours at the local rural ED each week unsupervised. Can this count towards core-EMT? If so, what supporting documentation do I need to provide?

Yes, this type of work may count towards some components of the core-EMT. You will need to provide evidence to verify the nature of the emergency services you provided and the length of time, and other emergency upskilling you have completed. You may also need to complete some components of the core-EMT such as the logbook or provide evidence of how you have obtained those skills. Each case will be individually assessed, and we'll support you in this process.

I obtained my FARGP several years ago with an ARST not in emergency medicine. Since then, I have been practising rurally and have gained significant emergency medicine experience but am not hospital credentialled. Will this satisfy the core-EMT requirement?

To receive recognition for prior learning and experience this needs to be either supervised training or by obtaining hospital credentialing. If you are able to obtain letters of support to verify the nature of the emergency services you provided and the length of time, and other emergency upskilling you have completed, it may count for some components of the core-EMT requirements.