

Application for ACCREDITATION as an Advanced Rural Skills Training post with the RACGP 2005



**THE ROYAL AUSTRALIAN
COLLEGE OF
GENERAL PRACTITIONERS**

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Application form for an advanced rural skills training post with the RACGP

This application form is based on The RACGP Standards for Trainers and Training Posts (version 2) 2005

Published by The Royal Australian College of General Practitioners

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Introduction

The Advanced Rural Skills Training Application form is to be completed for the accreditation of advanced rural skills training posts and RACGP trainers.

The aim of an advanced rural skills training post is to allow the GP registrar to further their knowledge and/or skills in an area of interest or an area of weakness. Typically, these posts are undertaken in a hospital or community setting.

This form is used to document the details of the RACGP trainer, the training post and if applicable the non-general practitioner supervisor. An advanced rural skills training post is usually accredited for a three-year period.

There are multiple types of posts that can be undertaken as advanced rural skills training posts and, rather than produce multiple application forms, this form has been designed to be completed for **all advanced rural skills training posts** (listed below):

- **Extended skills posts**
- **Advanced skills posts, including rural, procedural and Joint Consultative Committee posts** (except for obstetrics)
- **Posts for the award of the Fellowship of Advanced Rural General Practice** (formally the RACGP Graduate Diploma in Rural General Practice)

Please email Ms Maree Brislin mbrislin@rancog.edu.au for further information regarding the DRANZCOG or the DRANZCOG Advanced accredited training hospital posts.

Privacy statement

The details you have supplied will be used in the following manner:

- By The Royal Australian College of General Practitioners (RACGP) Vocational Training Accreditation Sub-Committee (VTASC) to assess your application for accreditation, and in monitoring and evaluating the accreditation processes and its outcomes.
- Some parts of the RACGP accreditation database are shared with General Practice Education & Training Ltd (GPET).
- Your details will be sent to your Regional Training Provider (RTP). The College or your RTP will include your name and practice details on their respective websites for the purposes of informing registrars that you and your post are accredited.
- At the discretion of the National RACGP VTASC, information may be accessed by researchers as part of the college evaluation processes.

The College's privacy policy may be accessed at its website www.racgp.org.au and is located at the bottom of the home page.

Your mailing address may be used by the College for the dissemination of circulars and promotional material incidental to its further education programs. If you do not wish to receive such material please tick here.

Completing this application

Extended Skills Post

If the extended skills training post is not RACGP accredited, please complete the Regional Training Provider details, Post details, and Supervisor details.

Advanced Rural Skills Training post

Each section of this application form is to be completed and signed by the Regional Training Provider and the designated Trainer/Supervisor(s).

If completing an advanced rural skills training post please ensure that the specific curriculum requirements can be met.

Please note – this form can be used for any advanced rural skills training post except for a 12-month Obstetrics post. For a list of 12-month accredited Obstetrics posts please contact Ms Maree Brislin mbrislin@rancog.edu.au

The completed applications are forwarded to the:

Rural VTASC
15 Gover Street
North Adelaide SA 5006

If you have any questions regarding the application process, please contact the National Rural Faculty, Freecall, on 1800 636 764

Please note that a learning plan must be completed, signed and submitted to rural VTASC, at the address above, for each advanced skills placement.

- This application is for (please tick):**
- Extended Skills
 - Advanced Rural Skills Training post
 - Advanced Rural Skills Training post for FARGP

Application details

REGIONAL TRAINING PROVIDER DETAILS

Name of Regional Training Provider

Name of Medical Educator

Address:

Postcode:

Telephone: ()

Fax: ()

Email:

DETAILS OF TRAINING POST

Discipline

Date of availability / /

Name of Post

(please print)

Address of post

P/code

Telephone

Fax

Does the post have current accreditation by:

Postgraduate medical council

Yes / No (Please circle)

RACGP

Yes / No (Please circle)

Joint Consultative Committee

Yes / No Please circle)

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Post details (cont)

To be completed by the principal supervisor

Please provide patient details by completing this section.

1. Out of 100 patients how many would you see in an **average** week?:

- _____ In practice
- _____ At home
- _____ In a nursing home
- _____ In hospital

2. Out of 100 patients how many would you see in an **average** week who are:

- _____ Caucasian
- _____ Aboriginal
- _____ Torres Strait Islanders
- _____ South Sea Islanders
- _____ Other Ethnic Group, please specify: _____

3. Out of 100 patients how many would you see in an **average** week who are:

- | | |
|--------------------------|---------------------|
| _____ Aged 0 – 4 years | <u>Total</u> |
| _____ Aged 5 – 15 years | _____ Male |
| _____ Aged 16 – 25 years | _____ Female |
| _____ Aged 26 – 64 years | |
| _____ Aged over 65 years | |

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Post details (cont)

To be completed by the principal supervisor

4. List the 5 most common presentations you see in an **average** week (from least to most common).

Presentations
1.
2.
3.
4.
5.

What type of work will registrars be undertaking? (e.g. typical health concerns of patients seen)

Advanced Rural Skills Training post in Anaesthesia only

If exact figures are not available, please give as accurate an estimate as possible.

Operating theatres:

- Anaesthetic staffing _____
- Number of Trainees _____
- Number of Theatres _____
- Level of Activity _____
- Monitoring Systems _____

Recovery areas:

- Permanent Nursing Staff _____

Intensive care:

- Staffing - Medical _____
- Nursing _____

- Procedures carried out in ICU _____
- Teaching Activities _____
- After Hours Involvement of Registrars _____

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SUPERVISOR DETAILS

Name of supervisor Qualifications
(please print)

Postal address P/code

Telephone Email address

What advanced skills are you currently practising?
.....
.....

Please include:

- Copy of a current registration certificate.
- Copy of your curriculum vitae (signed and dated)

Please circle

I have NOT been removed from the register for conduct, health or performance reasons under any jurisdiction at any time in my career. True / False

AND

I am NOT currently under investigation or the subject of disciplinary proceedings under any jurisdiction. True / False

AND

I am NOT currently subject to any conditions, limitations or restrictions from any jurisdiction. True / False

(Please note that if you have answered "False" to any of the aforementioned questions the Chair of VTASC will contact you to discuss the subject further).

I will ensure that registrars have adequate insurance coverage and are registered with the state or territory medical council for the clinical work to be undertaken. True / False

I agree to meet standard T.50 as stated in the RACGP 2005 standards for extended skills posts (available at: <http://www.racgp.org.au/vocationaltraining/standards>) and to assist registrars to meet their learning plans for terms undertaken True / False

Signed Date / /

Advanced Rural Skills Training post in Anaesthetics, Obstetrics, Surgery only - GP Mentor details

Name of mentor Qualifications
(please print)

Postal address P/code

Telephone Email address

Please include:

- Copy of a current registration certificate.
- Copy of your curriculum vitae (**signed and dated**)

Application for approval as an RACGP Advanced Rural Skills Training post

Advanced Rural Skills Training post only - GP Mentor details (cont.)

I have NOT been removed from the register for conduct, health or performance reasons under any jurisdiction at any time in my career.

Please circle
True / False

AND

I am NOT currently under investigation or the subject of disciplinary proceedings under any jurisdiction.

True / False

AND

I am NOT currently subject to any conditions, limitations or restrictions from any jurisdiction.

True / False

(Please note that if you have answered "False" to any of the aforementioned questions the Chair of VTASC will contact you to discuss the subject further).

Signed

Date / /

Agreement to provide educational requirements

The Supervisor(s) agree to provide the requisite educational activities to the Registrar in the Post.

Name of post

Hospital/Practice

Signed

Date / /

Signed

Date / /

The Hospital/Practice agrees to develop (as required) and implement policies and procedures, which ensure that service requirements are compatible with the training requirements of registrars.

Signature of Responsible Officer

Date / /

Educational Commitment for an Advanced Rural Skills Training post only

Does the supervisor and RTP have a copy of the relevant advanced rural skills curriculum? Yes No

If no, please comment:
.....
.....

Is the supervisor/Regional Training Provider familiar with the curriculum requirements? Yes No

If no, please comment:
.....
.....

The Regional Training Provider agrees to oversee the post and provide mentorship and support to the registrar in the post.

Signature of RTP Director / Medical Educator

Date: / /

Training post teaching plan

To be completed by the principal supervisor

Supervisor name:

Dates of term:

Term Name:

Topics of education I plan to guide registrars through

.....
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How will registrars learn at this post?

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How I plan to assess the registrar's education

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.....
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Signature

Date / /