2018
HANDBOOK

Remote Vocational Training Scheme Ltd.
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BACKGROUND

Prior to 1999, if General Practitioners were located in a rural or remote location where no supervision was available, they had to leave their community to access vocational training. Not surprisingly these towns were struggling to retain their doctors.

The government of the day listened to the concerns of doctors and their communities and got to work on a solution. The Pilot Remote Vocational Training Stream (PRVTS) was born in late 1999. Originally it was a joint training initiative of RACGP and ACRRM with just eleven registrars starting their training in January 2000.

In the early days, the program certainly had its share of sceptics, but the program was a success right from the start, proving to be a win-win solution for both doctors and their communities.

In 2003 the 'P' was dropped from the name as the pilot came to its successful end, and the Remote Vocational Training Scheme (RVTS) was born.

In 2006 an independent company, Remote Vocational Training Scheme Ltd, was established to manage the program and deliver training. The then Department of Health and Ageing provided funds for RVTS Ltd to expand its training cohort to 15 registrars per year. In late 2007, the Department announced a further expansion to 22 registrars per intake from 2011. This intake forms the basis of the program's Remote Stream.

2014 saw an extension of the program to include an annual intake of 10 doctors working in Aboriginal Community Controlled Health Services (ACCHSs). The extension is supported by the National Aboriginal Community Controlled Health Organisation (NACCHO) and this has now become the program's AMS Stream.

Since its inception RVTS has delivered training to more than 301 doctors in over 232 communities. The organisation is accredited as a training provider for the delivery of training toward the FRACGP/FARGP and FACRRM qualifications by RACGP and ACRRM respectively. From its humble beginnings, the RVTS has become an integral part of General Practice training in Australia, helping communities retain their medical workforce through the provision of high quality training.

As an RVTS registrar you are a member of a unique group. I am sure that you will find RVTS training relevant, comprehensive, supportive, and above all, enjoyable.

Dr Patrick Giddings
CEO RVTS Ltd

RVTS STAFF

An up-to-date listing of RVTS staff can be found on the RVTS website
Below are staff details as of August 2018:

	Pat Giddings CEO and Director of Training Albury NSW

	Tony Trevaskis Operations Manager Albury NSW

Medical Educator Team

	Karin Jodlowski-Tan Glossodia NSW		**Lorri Hopkins** Albany WA
	Ronda Gurney Sunshine Coast QLD		**Mike Eaton** Dardanup WA
	Sonia Singh Halls Head WA		**Taras Mikulin** Curlewis VIC

	Murray Towne Mareeba QLD		**Christina Herceg** Nowra NSW
	David Baker Sunrise Beach QLD		**Vishal Arya** Queanbeyan NSW

Supervisor Liaison Officers

	Mark Sykes *Supervisor Liaison Officer AMS Stream* Toowoomba QLD		**Claire Cupitt** *Supervisor Liaison Officer Remote Stream* Paddys River NSW

Registrar Liaison Officers

	Abhi Ramroop *Registrar Liaison Officer* Cowes VIC		**Meryl Nicol** *Registrar Liaison Officer* Yarrabah QLD

Cultural Educator and Cultural Mentor Liaison Officer

	Marlene Drysdale *Cultural Educator and Cultural Liaison Officer* Morwell VIC

Administration/Education Support Team

	Julie Kukainis *Training Support Manager* Albury NSW		**Veeraja Uppal** *Special Projects Development Officer* Melbourne VIC
	Clara Smith *Quality Officer* Port Macquarie NSW		**Michelle Potter** *Executive Assistant* Albury NSW
	Linda Baker *Administrative Assistant* Albury NSW		**Debra Hargreave** *RTC, Registrar/Supervisor Recruitment/ Support* Albury NSW
	Janet Dennis *RTC, CTVs* Albury NSW		**Jane Delaney** *RTC, Exam Support & Remediation* Albury NSW
	Nik Palmer *RTC, Webinars* Albury NSW		**Leanne Evans** *AMS Support Coordinator* Albury NSW
	Joanne Murphy *AMS Stream RTC* Albury NSW		**Alanna Kirley** *Workshop and Events Coordinator* Albury NSW
	Leanne Basham *Education Support Officer* Leopold VIC		

MANAGEMENT OF RVTS LTD

Members of the Board

- Dr Tom Doolan (Chair) – Kilcoy, QLD
- Dr Tim Francis – (Deputy Chair) Congarinni, NSW
- Dr Tom Heaney – Mornington, VIC
- Dr Vladislav Matic – Sydney, NSW
- Dr Rodney Ormond – Bayview, NT
- Dr Eugene Wong – Cairns, QLD

Information about the Directors can be found at http://rvts.org.au/about/about_board

Membership of RVTS

RVTS Ltd is a company limited by guarantee. It has 3 classes of primary membership.

- Class A has one member; the Royal Australian College of General Practitioners
- Class B has one member; the Australian College of Rural and Remote Medicine
- Class C is made up of RVTS registrars and supervisors

All RVTS registrars and supervisors are encouraged to apply for admission as primary class C members. Members are entitled to vote at general meetings of RVTS Ltd as well as nominate as directors of the RVTS Ltd Board. The company constitution allows for two Class C nominees to be appointed to the board.

A membership form can be downloaded at
http://www.rvts.org.au/downloads/Application_for_Membership_class_C.pdf

Staff Roles

CEO/Director of Training

The RVTS CEO/DOT has overall responsibility for managing RVTS Ltd. as well as the development and delivery of the RVTS program. This includes providing advice to the Board, providing direction and leadership towards the achievement of RVTS' purpose, goals and objectives, advocating on behalf of RVTS, overseeing existing programs and working with staff to develop and implement new programs. The CEO/DOT is also responsible for coordination of the medical educator team, education planning, remediation and evaluation.

Medical Educators

RVTS Medical Educators (MEs) are responsible for implementation of the RVTS Education Plan. Individual MEs have responsibility for particular areas of delivery of the RVTS education program. They also provide support to RVTS supervisors.

Cultural Educator

The Cultural Educator assists the DoT with the design implementation and evaluation of integrated Aboriginal and Torres Strait Islander Health in the education program and provides cultural education and support for all RVTS staff. The Cultural Educator also acts as liaison for the Cultural Mentor group and oversees training and development to further enhance the role of Cultural Mentor.

Registrar Training Coordinators

Each registrar is allocated a Registrar Training Coordinator (RTC) for the duration of their training. All RTCs are members of the RVTS administration staff.

The role of the RTC is to be an accessible first point of contact for registrars, providing training advice, monitoring registrar progress and to be a referral point for registrars to specialised training advice within the organisation.

Medical Educator Mentors

Each registrar is allocated an RVTS ME as their Medical Educator Mentor to provide specific medical education expertise in addition to the support provided by the registrars RTC.

Registrar Liaison Officers (RLOs)

Registrar Liaison Officers are appointed from each RVTS training stream. The role of the Registrar Liaison Officer (RLO) is to maintain regular contact with registrars and facilitate their input into future development, implementation and evaluation of the training program. The RLO can be a point of contact for Registrars with questions or concerns regarding their training.

Administration Staff

The RVTS administration staff manage the day to day activities of the program and provide support services for RVTS registrars, supervisors, medical educators and the CEO. This role includes the planning and coordination of training activities, arranging transport and accommodation for those attending RVTS workshops, and providing information to practice staff and communities about the program.

Training Support Manager

Administrative functions supporting the delivery of the education program are managed by the Training Support Manager.

Quality Officer

RVTS is accredited by ACRRM and RACGP to deliver vocational training to their standards. The role of the Quality Officer is to ensure that RVTS continues to meet those standards and that a culture of continuous quality improvement is maintained across the organisation. RVTS is also accredited against the requirements of the International Quality Standard AS/NZ ISO 9001:2015.

RVTS Supervisors

RVTS supervisors provide distance supervision, professional role modelling, one to one teleconference teaching, feedback, regular telephone advice and professional support to the registrar. If possible, registrars are matched with supervisors located in the same or similar geographical region to the location of the registrar. RVTS supervisors are appointed by the RVTS CEO/DOT in consultation with the registrar and must meet certain selection criteria and college accreditation requirements

Supervisor Liaison Officer (SLO)

Supervisor Liaison Officers are appointed for each RVTS training stream. The SLO provides support and advice to supervisors on a wide range of issues relating to education and training and serves as a point of contact between RVTS supervisors and the RVTS management, educators and administration. The SLO may be called upon to represent RVTS at national meetings.

Clinical Teaching Visitors

Clinical teachers visit the registrar at their training practice to complement the teaching provided by the supervisor and medical educators. Clinical Teaching Visits (CTVs) usually involve direct observation of registrar consultations, with feedback and discussion on issues raised. Clinical teachers may be the registrar's supervisor, or an external clinician with specific experience in rural, remote or Aboriginal and Torres Strait Islander practice.

Cultural Mentors

Registrars enrolled in the AMS Stream will be allocated a cultural mentor from the local community in consultation with the ACCHS. Cultural mentors support registrars to develop culturally safe clinical practice to enable them to provide culturally appropriate, holistic health care to their patients.

Cultural Mentor Liaison Officer

The Cultural Mentor Liaison Officer assists RVTS in the planning and coordination of cultural mentoring activities.

Webinar Facilitators

Webinar facilitators support the presenters or registrars during the weekly webinars and ensure the smooth running of the session. Their role is to ensure the webinar starts and ends on time, that all participants have an opportunity for input and to ensure the presenter is addressing the learning needs of the registrars.

Other Educational Staff

A variety of other staff with expertise in specialty fields are also employed to provide education and training in certain areas of the curriculum. They may include rural or remote GPs, cultural educators, medical specialists, psychologists, technical experts, and consultants.

CODE OF CONDUCT

RVTS expects all registrars and supervisors to demonstrate acceptable professional standards at all times, including treating others with dignity, courtesy, respect and compassion.

Attainment of the skills and capacities commensurate with Fellowship of the RACGP and ACRRM brings with it the responsibility to apply such skills with the highest professional and ethical standards.

It is expected that all interactions between registrars, supervisors and RVTS should be conducted with probity and respect.

Registrars and supervisors are expected to behave in a professional and appropriate manner in all interactions and communications.

- RVTS has zero tolerance with respect to bullying, discrimination and sexual harassment or any other inappropriate behaviours in training and practice. Abusive behaviour, particularly towards RVTS staff, is unacceptable
- Compliance with the requirements of the training program as set out in this Handbook and include satisfactory attendance of scheduled training sessions, supervisor sessions and timely completion of allocated assignments
- It is expected that all work by registrars is original and not the work of others, except when working on collaborative projects
- The privacy and confidentiality of other registrars, supervisors and staff should be respected at all times.

We expect all registrars and supervisors to observe the Medical Board of Australia's code Good Medical Practice: A Code of Conduct for Doctors in Australia and to be aware of their jurisdictional requirements and legal responsibilities, which may vary between states and territories.

PROGRAM OBJECTIVES AND OUTCOMES

The RVTS is a vocational training program, which is available to doctors who under ordinary circumstances could not complete training except by leaving their communities. The three-year (RACGP) or four-year (ACRRM) program allows doctors to access training while they continue to provide general medical services to their community.

The program has 2 streams of training:

1. For doctors working in remote & rural Australia (the Remote Stream)
2. For doctors in Aboriginal Community Controlled Health Services (the AMS Stream)

Both streams train towards fellowship qualifications of the RACGP and/or ACRRM.

The RVTS also enables registrars to train to advanced skills not necessarily required for the FRACGP. Competence in one of these skills is a mandatory requirement for the FACRRM. The RACGP recognises additional training in advanced general practice through its post-vocational Fellowship in Advanced Rural General Practice (FARGP). Registrars can work towards their FARGP at the same time as they train with the RVTS for their FRACGP.

Outcomes

Upon successful completion of training, participants will:

- have attained comprehensive knowledge, skills and attitudes for unsupervised general practice in Australia;
- be awarded the FACRRM and/or the FRACGP and have had the opportunity to train toward the FARGP;
- have remained based in Rural, Remote or Aboriginal and Torres Strait Islander Health practice for the majority of their training time;
- be confident and competent to provide services and leadership in healthcare in a Rural, Remote or Aboriginal and Torres Strait Islander Health setting and be motivated to continue to practice in such settings with well-established lifelong learning skills; and
- have provided comprehensive high quality medical care to Rural, Remote or Aboriginal and Torres Strait Islander Health communities throughout their experience and therefore will be better able to maintain/sustain such services in the future.

ENROLMENT IN RVTS

Following selection into the RVTS Program, all successful applicants are required to complete enrolment documentation.

Medical indemnity

All RVTS registrars must provide proof of current medical indemnity cover relevant to their scope of practice. Most Medical Defence Organisations (MDO's) provide significant discounts to registrars. MDO's do so based on the assumption that there is on-site supervision. It is important therefore that RVTS registrars taking advantage of these discounted rates inform the MDO that they are being supervised remotely. RVTS recommends that registrars obtain acknowledgement of this fact in writing before relying on these arrangements for medical indemnity. It is strongly advisable that even if you are working for a state health system, that you maintain your own medical defence cover. This may provide access to independent legal advice and representation.
Proof of medical indemnity must accompany enrolment documentation and an updated copy of the indemnity must be provided each time that it is varied or renewed.

Medical registration

Current medical registration status will be noted on registrar files within RVTS Registrar Management System (RMS). Registrars must advise their RTC of any change in their medical registration. RTC's conduct annual online AHPRA checks to confirm any conditions of registration.

Orientation

New Registrars to the RVTS program receive orientation via:

- Personal contact from RVTS staff
- the RVTS Handbook
- RVTS Online
- their first Webinar
- their first Education Workshop

Annual Re-Enrolment

Registrars must re-enrol into the RVTS Program each year and supply evidence of medical indemnity annually. An updated copy of the indemnity must be provided each time that it is varied or renewed.

PROGRAM STRUCTURE & DELIVERY

At the commencement of the program each registrar will meet usually via teleconference or webinar with their supervisor and their RTC to develop an individualised learning plan. This plan will be reviewed and revised on an ongoing basis throughout the training program. On completion of the RVTS program it is expected that participants will have met all of the necessary educational requirements to qualify for the award of the FRACGP and/or the FACRRM as well as addressing their individual learning needs.

Compulsory Components of RVTS Training

While it is acknowledged that registrars with full time clinical and on call commitments may have difficulty in attending all RVTS educational activities it is mandatory that registrars attend at least 80% of webinars and 100% of all education workshop sessions.

The following program activities are mandatory for all RVTS registrars:

- Participation in at least 80% of the weekly webinars throughout the core training years[1]
- 100% attendance at all education workshop sessions provided by the program in the core training years. Five-day workshops are held twice yearly.
- Regular supervisor contact
- Participation in twice yearly training review meetings with Supervisor and RTC
- Maintenance of an individualised learning plan on RMS (Registrar Management System)

[1] *Training years other than an Advanced Skills Training year*

- Participation in clinical teaching visits: 3 times in the first year of training; twice in the second year of training; and in subsequent years as required or specified by the Director of Training
- Participation in cross cultural awareness activities
- Successful completion of two recognised Emergency Medicine Skills courses e.g. EMST, APLS or ALS.

In addition to these activities, registrars must successfully complete all programs and assessments as required by ACRRM and/or the RACGP in order to qualify for their respective fellowship awards. Refer to the relevant College for further details.

Recognition of prior learning (RPL) or an assessed need for remediation may influence the registrar's learning requirements. This is determined on a case-by-case basis.

Further requirements for first year cohorts:

- Participation in 360-degree Multi-Source Feedback during first year of training as a formative learning opportunity. The MSF Survey will be independent of the summative assessment requirement for ACRRM Registrars and will be applicable to Registrars completing either or both College pathways. The MSF survey will be fully funded by RVTS, and will be conducted by an external organisation, Client-Focused Evaluation Program (CFEP); and
- Completion of a Core Competency Test (CCT) undertaken as an online test at the start of training. Information gained from the test will assist RVTS to allocate resources to support registrar learning.

The RVTS Compulsory Components of Training policy is available on the RVTS website.

Curriculum

Training during the core training years is in accordance with the RACGP Curriculum for Australian General Practice and the ACRRM Primary Curriculum.
Each advanced skills training discipline has a curriculum provided by the relevant College.

ACRRM Advanced Specialised Training (AST) Curricula are available at:
https://www.acrrm.org.au/advanced-specialised-training-curricula.

RACGP Advanced Rural Skills Training (ARST) curriculum statements can be found at:
http://www.racgp.org.au/education/fellowship/ruraladvantage/essential-fargp-information/

Program Delivery

The program makes use of a range of educational delivery mechanisms to ensure participants receive the best possible educational experience within the context of professional isolation. Some of the key features of the structured teaching and learning activities provided are outlined below:

Supervision

Remote supervision is the hallmark of RVTS training. Most RVTS registrars are supervised at a distance, though each year there are a few exceptions. Remote supervision is provided by phone, email, practice visits and clinical teaching visits. The supervisor is carefully selected, orientated to their new role and offered support and guidance throughout.

Supervisor registrar contact time is as follows:

- First six months – one hour per week
- Second six months – one hour per fortnight
- Thereafter – one hour per month, excluding advanced skills training

Registrar contact with the supervisor has a range of purposes including:

- Assistance with case review (emergencies and common presentations)
- Mentorship
- Assistance with the development of the registrar learning plan
- Review of general problems
- Discussion and assistance with completion of RVTS Online modules and assignments
- Clinical audit and patient / nurse / community feedback processes

Webinars

In their core training years, Registrars undertake structured 60-90 minute teaching sessions, held each week via a facilitated webinar, and often with the assistance of guest experts.

Assistance is provided for exam preparation via group webinars for registrars enrolled in FACRRM or FRACGP exams.

Further information on Webinars is included in Appendix 2.

Education Workshops

Twice each year, program participants meet for intensive five-day compulsory education workshops. Workshops cover a range of areas including: procedural skill development, communication skills, professionalism, fellowship examination preparation, emergency medicine training, information technology for remote learning, cultural training and specific clinical topics best learnt in a face-to-face environment. Over the three core years of the program there are a total of 30 days of face-to-face learning. Registrars undertaking advanced skills training do not normally attend the education workshops**.**

Additional Workshops

From time to time, RVTS will run additional workshops particularly in relation to exam preparation. Whilst attendance at these workshops is not mandatory, it is highly recommended.

RVTS Online

RVTS Online is the program online Learning Management System https://online.rvts.org.au/login/index.php.

It acts as a home for a variety of learning resources including a series of self-directed modules developed by RVTS, support material for the webinar series, interactive discussion areas and much more.

Additional online resources

RVTS provides access to a range of online learning support including:

- Access to ACRRM online resources through registrar membership of ACRRM for those training toward FACRRM
- GPLearning through registrar membership of RACGP for those training toward FRACGP. In particular, modules leading to FARGP and assistance with studying for the FRACGP exam.
- A selection of other resources

Clinical Teaching Visits

Clinical Teaching Visits (CTVs) are generally half day visits to registrars by supervisors or other experienced GPs. The visit entails direct observation of the registrar in patient contact, usually at the registrar's standard practice, but may also occur in other settings such as the local hospital or remote clinic. Feedback for the registrar is provided at the time of the visit. A report by the visitor is prepared with copies sent to the registrar and their supervisor.

CTVs take place 3 times in the first year of training; twice in the second year of training; and in subsequent years as required or specified by Director of Training.

It is an RVTS requirement that CTV visitors will complete at least three miniCEX at each visit regardless of which fellowship registrars are completing.

Tele-CTVs

Tele-CTVs are very similar to CTVs. They make use of web based videoconferencing rather than the visitor being onsite. They may be used to complement the face to face visits.

Learning Plans

Each registrar is required to develop a learning plan and maintain it on the RVTS Registrar Management System (RMS). It is anticipated that Learning Plans will migrate from RMS to the RVTS learning management system, RVTS Online throughout 2018.

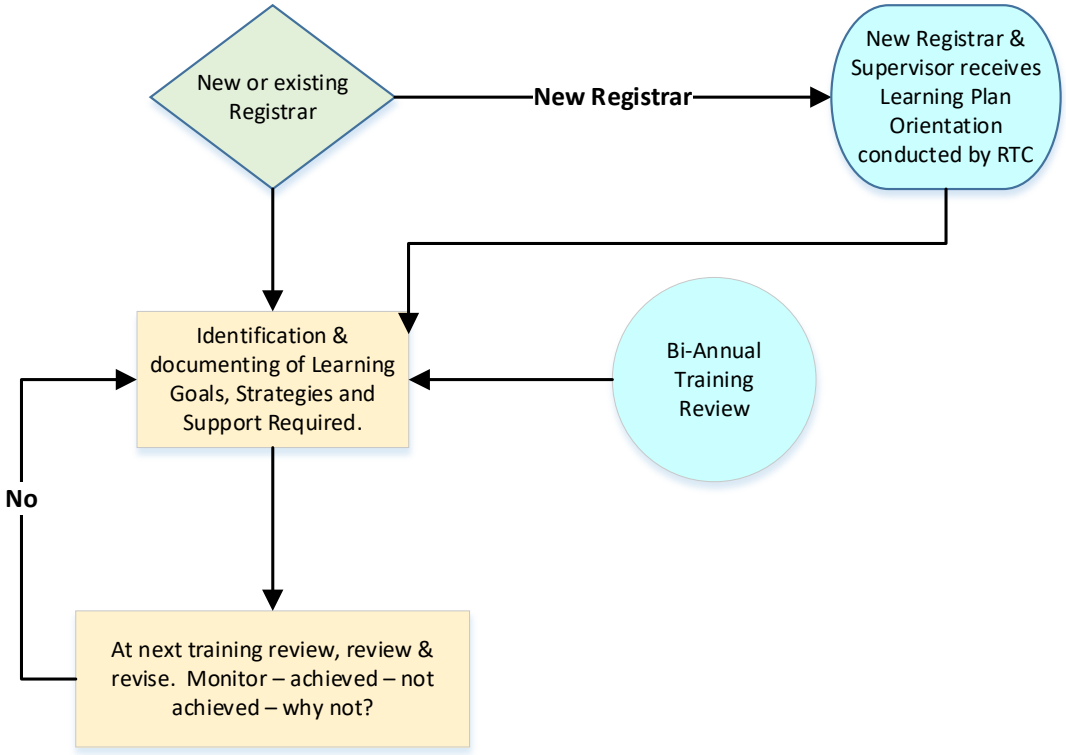
A learning plan is a plan setting out the participant's proposed learning activities for a specified period. It may be laid out under a range of headings such as:

- What I need/want to learn;
- My learning strategies; and
- How I will know I have succeeded.

Development of a learning plan is regarded as an important aspect of adult, self-directed learning. It is a requirement for all participants to have a current learning plan at all stages of their training. Failure to do so may compromise their ability to achieve Fellowship status for both Colleges**.** The registrar's learning plan will be reviewed as part of each training review.

Refer: Process flowchart for the preparation of registrar learning plans.

Process for Preparation of Registrar Learning Plans



Training Plans

A Training Plan outlines how the registrar will meet College requirements over the duration of their training and is reviewed as part of the 6 monthly Training Review.

All registrars completing ACRRM training are required to complete an ACRRM Training Plan prior to the commencement of the training year.

Training Reviews

The registrar, their RTC and supervisor will meet twice yearly to conduct a Training Review. Training reviews will follow a set agenda to allow for confirmation of the recorded information, review of progress and further updates to the learning plan. This approach enables each individual's learning pathway to be tailored to meet their specific needs as well as ensuring that all participants attain the educational and professional competencies required by the respective colleges.

Emergency Medicine Training

All registrars are required to successfully complete two emergency medicine courses such as EMST, APLS, and ALS. Fellowship of ACRRM and RACGP have specific course requirements. For up to date details, refer to the ACRRM and RACGP websites. On successful completion RVTS will reimburse the course registration fee. Refer to the RVTS Emergency Medicine Course reimbursement policy on RVTS Online.

Further emergency medicine training is provided via sessions at each education workshop.

Advanced Skills Training

The RVTS enables registrars to also train in advanced skills.

Satisfactory completion of an approved advanced skill training year is a requirement for the FACRRM. Further information can be found on the ACRRM website at: http://www.acrrm.org.au/training-towards-fellowship/curriculum-and-requirements/advanced-specialised-training

Training in procedural, emergency and other hospital based skills is generally undertaken at tertiary teaching hospitals or regional base hospitals.

The RACGP recognises additional training in advanced rural skills through its post-vocational Fellowship in Advanced Rural General Practice (FARGP). Registrars can work towards their FARGP at the same time as they train with the RVTS for their FRACGP. This advanced skills training is elective and can take up to 18 months to complete.
Further information on FARGP and ARST curriculum information can be found on the RACGP website at: http://www.racgp.org.au/education/fellowship/ruraladvantage/essential-fargp-information/

Both ACRRM and the RACGP will consider recognition of prior learning (RPL) for advanced skills training.

Registrars should discuss advanced skills training options early on in their training. Advanced skills training is in addition to the three core training years and may be undertaken at any stage in training.

Recognition of Prior Learning

Recognition of Prior Learning (RPL) provides registrars the opportunity to shorten their training time by obtaining credit for previous work activities deemed to be equivalent to certain

components of each college's training requirements. RPL must be applied for in the first 6 months of entering the training program.

RPL is determined on an individual basis by each College and not by RVTS.
Applications are submitted through RVTS, however the Registrar is responsible for compiling the application. Applications for RPL must be completed within 6 months of commencement of training.

RACGP: RPL may be granted toward the FRACGP for prior hospital experience and prior general practice experience. Determinations are made by the RACGP Rural Censor. Up to 50**%** of requirements leading to the FARGP may also be approved for RPL.

ACRRM: Determinations of RPL toward FACRRM are made by the ACRRM Censor. No more than two years of RPL will be granted towards FACRRM.

Achieving RPL can be a lengthy process, as a large amount of documentation and attention to detail is required by registrars in the application process.

Further information and RPL Application Kits are available through Registrar Training Coordinators.

Cultural Training

The RVTS Cultural Orientation Manual is an online resource designed to provide an introductory overview of the history and important cultural safety considerations when working with Aboriginal and Torres Strait Islander people. The RVTS Cultural Mentor group made a significant contribution to the development of this resource.

The RVTS education program also delivers cultural training within the webinar and workshop programs throughout the 3 years of training, supported by the cultural mentors and guest presenters.

RACGP and ACRRM have both produced online cultural awareness educational modules. You are strongly advised to enrol in a cultural awareness module as cultural awareness is assessed as part of both College exams. Start working through it at your own pace when time permits and aim to complete it by the middle of your first year with RVTS. Practice staff may also benefit from completing these modules.

If you are thinking of progressing to achieve FACRRM, it is advisable to choose the 'Cultural Awareness - PIP Indigenous Health Incentive' module, as it also counts as one of the four compulsory online modules that needs to be completed before a FACRRM can be awarded.

Please contact the RVTS office if you need further assistance.

Table 1. on the following page provides a summary of the available cultural awareness modules. All modules include relevant case studies which give you an opportunity to apply the cultural awareness knowledge you have gained.

Table 1. **Cultural Awareness Modules**

Module	College	Link	No of hrs	PIP Incentive	Cost	Comments
Cultural awareness – PIP Indigenous Health Incentive	ACRRM	http://www.acrrm.org.au/search?query=Cutural+Awareness&collection=acrrm-meta-public Login and search for the module.	15	Yes	Yes	Counted as a compulsory FACRRM module. Please contact RVTS office for details if you wish to be reimbursed for the cost of the module.
Introduction to Aboriginal and Torres Strait Islander cultural awareness in General Practice	RACGP	http://gplearning.racgp.org.au/User/Course/Stage/8962 Login and search for the module.	6	Yes	Nil	Also suitable for practice staff.
Introduction to cultural awareness.	ACRRM	http://www.acrrm.org.au/search?query=Cutural+Awareness&collection=acrrm-meta-public Login and search for the module.	4	No	Nil	Abridged version suitable for medical students & practice staff. Does not count as compulsory online module for FACRRM

REGISTRAR SUPPORT

Remoteness underscores the importance of ensuring that registrars are well supported and have reliable access to guidance or advice throughout the duration of their RVTS training. Each registrar has a designated training coordinator at the commencement of and throughout their training. Each registrar is allocated a supervisor. The supervisor is available for the duration of training, usually by phone, email or online communication such as Skype. The supervisor may also provide a mentoring role.

Registrar progress and learning/support needs will be discussed at each Training Review. The program also cultivates an environment to foster learning and support through peer interaction among fellow registrars. This is encouraged through weekly webinars, educational discussion forums and the face to face educational activities. The Registrar Liaison Officers represent registrars both within and outside of the organisation.

The **Registrar Support Chart** on page 23, highlights the importance of the connection between the RTC and Registrar.

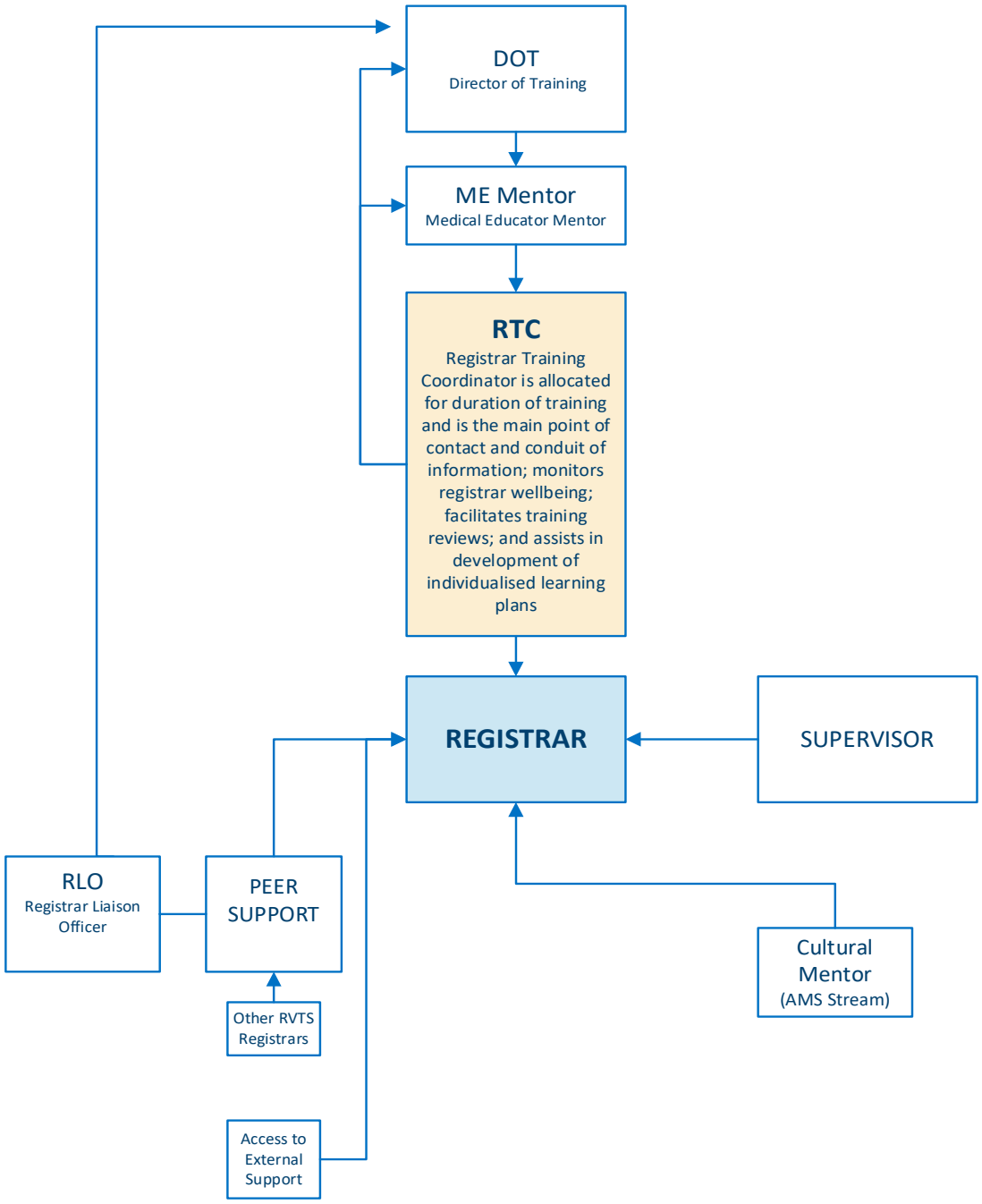
Psychological Support is provided free on a 24-hour basis for registrars and their family through The Bush Support line on 1800 805 391. The service offers anonymity and confidentiality and is available to all rural health workers. For further information refer: https://crana.org.au/support/about-bush-support-services/

Counselling Services are available via phone or in person through the RACGP's GP Support Program by calling 1300 361 008. This is a 24/7 service for trauma or crisis counselling or to make appointments for face to face sessions.

Help is available on a wide range of issues including handling work pressures, managing conflict, grief and loss, relationship issues, concerns about children, anxiety and depression, alcohol and drug issues, and traumatic stress. The service is provided by a 3rd party – IPS Worldwide. Doctors must quote their RACGP membership number to access the service.

For further information refer:
http://www.racgp.org.au/yourracgp/membership/offers/wellbeing/

RVTS REGISTRAR SUPPORT CHART



ASSESSMENT

Assessment is progressive throughout the RVTS program. It is both formative and summative.

Formative Assessment provides feedback to learners in order to guide progress. It includes twice yearly training reviews involving the registrar, their supervisor and their RTC; clinical teaching visits including mini clinical evaluation exercises (MiniCEX); a Multi-Source Feedback (MSF) exercise; and a Core Competency Test (CCT) undertaken at the start of training. Fellowship of ACRRM also requires AST formative assessment specific to the discipline being undertaken as outlined in the curricula.

Summative Assessment measures whether competence has been achieved at the end of either part or the entire educational program. Put simply, summative assessment is 'pass' or 'fail' in nature.

Award of either FACRRM or FRACGP requires satisfactory completion of RVTS training in conjunction with the assessment requirements of the relevant College.

Summative assessment for Fellowship of ACRRM requires successful completion of:

- Multiple Choice Questions (MCQ) Examination;
- Structured Assessment using Multiple Patient Scenarios (StAMPS) Examination;
- Summative MSF; and
- Case Based Discussion

Further information on ACRRM assessment requirements can be found at:
https://www.acrrm.org.au/assessment

Summative assessment for Fellowship of RACGP requires successful completion of all components of the FRACGP examination, including:

- Applied Knowledge Test (AKT);
- Key Feature Problems (KFP); and
- Objective Structured Clinical Examination (OSCE)

Further information on RACGP Assessment requirements can be found at:
http://www.racgp.org.au/assessment/examination

Eligibility to undertake assessment

RVTS strongly encourages registrars to undertake exams in their second year.

RACGP
Registrars must have completed at least 12 months of training with RVTS before being eligible to undertake any RACGP assessment component.

Further details on eligibility to undertake RACGP assessment are available in the RACGP *Registrar Handbook and Fellowship Exams Candidate Handbook* available on the RACGP website.

ACRRM
Registrars must have been enrolled in FACRRM Vocational Pathway for at least 12 months before being eligible to sit the ACRRM MCQ and MSF, and 2 years to undertake Case Based Discussion and StAMPS. RPL may reduce this time.

Although ACRRM in certain circumstances allows registrars to undertake exams in their first year of training, only in exceptional circumstances will RVTS recommend that a registrar sits at this time.

Further information on assessment for Fellowship of ACRRM is available in the ACRRM Fellowship Assessment Handbook.

TRAINING TIME WITH RVTS

Required training time for FACRRM is 4 years full time equivalent (FTE) and for FRACGP 3 years full-time plus an optional additional year to complete FARGP. Recognition of prior learning can reduce this time. A registrar must attend a maximum of 6 workshops and 3 years of webinars over the duration of their training. In exceptional circumstances training time with RVTS can be extended to 4 years for FRACGP and to 5 years for FACRRM/FARGP.

Failure to complete training in this timeframe will likely lead to exclusion from the RVTS program and loss of provider number. Registrars must be aware that options for provider numbers beyond this training time are very limited.

It is imperative therefore, that registrars consider undertaking exams in their 2nd year of training.

Completion of Training - FRACGP

Fellowship of the RACGP requires completion of the following:

- All mandatory RVTS educational activities – refer page 14
- Three years of training with RVTS – RPL may reduce this time
- Successful completion of all FRACGP exam components
- Successful completion of training in management of trauma and advanced life support (ALS)
- Completion of paediatric requirements
- Completion of Cardiopulmonary Resuscitation (CPR) course within 12 months prior to applying for Fellowship
- Maintenance of unconditional medical registration
- An ‘end of training’ interview

Completion of Training - FACRRM

Training requirements with ACRRM are:

- All mandatory RVTS educational activities – refer page 14
- All ACRRM formative and summative assessment components
- Four years full-time training or equivalent part-time training (RPL may reduce this)
- Core Clinical Training, Primary Rural and Remote Training and Advanced Specialised Training
- At least twelve months experience in community practice and primary care for registrars who commenced training in 2014, and at least 6 months for registrars who commenced training in earlier years
- At least six months FTE experience in Hospital and Emergency Care. Refer ACRRM Fellowship Training Handbook
- At least twelve months experience practising in a rural/remote environment for registrars who commenced training in 2014, and at least 6 months for registrars who commenced training prior to 2014
- Four RRMEO modules approved for training
- Emergency medicine courses – see ACRRM website for details.

Applying for Fellowship

On completion of all mandatory components of RVTS training and any programs or assessments required by ACRRM and RACGP a registrar is eligible to apply for Fellowship of one or both colleges.
All applications for Fellowship are approved by RVTS then forwarded to the College censors.
A six-month extension of access to Medicare via placement approval can be granted while awaiting award of Fellowship.

Extra training assistance and remediation

A number of support mechanisms are in place to assist registrars with their training, including additional resources for registrars identified as having problems which cannot be readily corrected in the normal course of their training.
Registrars who do not progress as expected may require a period of remediation. In these circumstances successful fulfilment of a remediation plan is required for registrars to be able to continue with RVTS.

In rare circumstances it may be determined that the registrar has issues that cannot be remediated. In this situation the registrar might be advised to not continue training with RVTS.

Registrars should familiarise themselves with the following policies which are of particular importance as they progress through training:

- Performance and Progression
- Registrar in Difficulty, and
- Withdrawal from Training

Each of these policies can be found on the RVTS website at:
http://rvts.org.au/resources/policies

LEAVE FROM OR CHANGE TO TRAINING CONDITIONS

Part-time training

Registrars are able to undertake training whilst working on a part-time basis (henceforth referred to as 'part-time training'). Registrars are required to have prior approval from the RVTS CEO/DOT to undertake part-time training. Part-time training is not possible for time fractions less than 0.5 full time equivalent. Fulfilment of training time will be calculated on a pro-rata basis.

Further information is available on the RVTS website at http://rvts.org.au/resources/policies

Moving training location

The RVTS is a vocational training program, which is available to doctors who under ordinary circumstances could not complete vocational training except by leaving their communities. RVTS is therefore a workforce retention program with training and support as the *modus operandi*. The expectation is that a registrar will remain in their training location for the duration of training and will only move in exceptional circumstances.

It is a mandatory requirement that all registrars complete three years of full time equivalent training in an approved location as outlined in the eligibility criteria. A further 12 months training is available to registrars in advanced skills curricula and may require the registrar to move to a larger centre.

The complete RVTS Policy on moving training location is available at http://rvts.org.au/resources/policies

Leave from Training

Registrars must advise their RTC when taking leave from their workplace. A registrar is considered to be on leave if they are absent from their workplace during a period where they would normally be working. Application to RVTS must be made for any leave in excess of 4 weeks leave annually.

Registrars must apply for leave prospectively (in advance) on an RVTS *Registrar Leave application form* available on the RVTS website at: http://rvts.org.au/resources/forms/form_registrars.
The form is to be submitted to the RVTS office. Notification of the granting of leave will be provided in writing by the CEO/DOT. The RVTS policy for Registrar Leave from training is available at: http://rvts.org.au/downloads/policies/Registrar_leave_policy.pdf

While registrars are on leave they usually don't participate in weekly webinars or RVTS workshops unless by prior approval.

It should be noted provider numbers under the RVTS training program require the Registrar to be supervised while accessing Medicare benefits. The use of the provider number is not permitted during leave from the RVTS training program without the prior approval of the RVTS CEO/DOT.

Parental Leave

Up to 12 months leave from training is available to the parent of a newborn child or a recently adopted child. The registrar must be the primary carer of the child. While on parental leave, a registrar may, by prior arrangement, continue to participate in weekly webinars and/or attend RVTS workshops. This will count towards meeting the mandatory training requirements as listed on page 14. It will not, however, count towards training time. This policy may be varied in exceptional circumstances by applying to the CEO/DOT in writing.
Registrars seeking to take parental leave are required to submit a Registrar Leave Application with supporting documentation.

DEFERRAL FROM COMMENCEMENT OF TRAINING

Generally, deferral of the Commencement of Training on the RVTS Program is not permitted. Deferral of the Commencement of Training will only be considered in extenuating and unforeseen circumstances and managed in accordance with the Deferral from Commencement of Training policy.

MEMBERSHIP OF RACGP AND ACRRM

Registrar membership of colleges allows access to a number of vital education and support services and it is for this reason that RVTS funds membership of the College of the chosen training pathway during training. Registrars are required to select the preferred college pathway upon enrolment, and membership application forms must be completed and forwarded to RVTS for processing.

RACGP membership entitles registrars access to the following:

- The John Murtagh Library - services include answering questions on health/medical topics, assistance with literature searches, as well as free delivery and collection of books, videos, CD-ROMs, kits and slides via courier Australia wide.
- Check program distributed with Australian Family Physician (Australian Journal of General Practice).
- gplearning - an interactive, online QA&CPD service with over 200 activities.
- DynaMed – electronic, clinical decision support tool
- Clinical guidelines and practice resources.

ACRRM membership provides:

- Access to online learning modules such as Tele-Derm and 150 Shades of Radiology.
- Country Watch – a weekly update on rural medical news and events via fax or email.
- Free downloads of clinical protocols and guidelines.

Registrars must be financial members to undergo assessment with either college. Whilst RVTS funds membership to the College of choice it is the registrar's responsibility to ensure that they have current membership as training time may be affected if a membership lapses.

MEDICARE ACCESS DURING TRAINING

Registrars in approved training placements are able to access the consultation items on the Medicare Benefits Schedule which attract A1 Medicare benefits. For this to be achieved, a placement approval form (also known as 3GA placement approval) must be completed and signed by the registrar and lodged with RVTS. Placement approval must be obtained for each location where the registrar has a provider number. The placement approval is for a specific period of time and further placement approval must be sought prior to expiry. **It is the registrar's responsibility to ensure that their placement approvals are completed prior to expiry dates.** Registrars and their practice are advised to keep a record of approved placement expiry dates to ensure continued eligibility to access Medicare.
Medicare Australia will not backdate applications which are received after commencement of a placement. The documents for Medicare access are available via the RVTS website or on request from the RVTS office. On application, approval to continue to access Medicare can be extended to cover the period between completion of training and the award of FRACGP or FACRRM.

Ongoing training in the RVTS program and access to a Medicare Provider Number is subject to continued Commonwealth funding of the program. Any business decisions based on access to an RVTS provider number must take this into account.

It should be noted provider numbers under the RVTS training program require the Registrar to be supervised while accessing Medicare benefits, and the use of the provider number outside the RVTS training program is not permitted without the prior approval of the RVTS CEO/DOT.

Remote Area Exemption for Radiology

This program allows registrars to be able to claim higher Medicare benefits for taking and reporting certain X-rays when there are no local specialist radiology services.
Registrars must be enrolled in the RACGP QI/CPD or ACRRM PDP and QA&CME radiology program with either RACGP or ACRRM to attract Medicare benefits for services rendered under a Remote Area Exemption. Further information is available from the following:
ACRRM - http://www.acrrm.org.au/continuing-development/professional-development-requirements/remote-area-radiology-exemption-program
RACGP - contact the National QI&CPD Unit on (03) 8699 0510.

GRANTS AND SUBSIDIES

General Practice Rural Incentives Program (GPRIP)

Registrars are eligible for the General Practice Rural Incentives Program (GPRIP). Details can be found at http://www.humanservices.gov.au/health-professionals/services/general-practice-rural-incentives-program/?utm_id=9
Modified Monash Model (MMM) eligible locations are now classified as MMM3-7. Refer to the Doctor Connect website at:
http://www.doctorconnect.gov.au/internet/otd/publishing.nsf/Content/Classification-changes

Rural Procedural Grants Program

Grant for Procedural GPs Practising in Surgery, Anaesthetics and/or Obstetrics

This program supports procedural rural doctors in RRMAs 2-7 for skills maintenance and upskilling in anaesthetics, obstetrics and surgery covering both formal (courses) and informal (clinical attachments) delivery modes. It is in the form of a grant of $20,000 per doctor per financial year based on 10 days training at $2,000 per day.
The program is not normally available to registrars unless it can be demonstrated that the registrar has pre-existing qualifications in the areas of Surgery, Anaesthetics or Obstetrics at the start of their training or has completed this training as part of their training program and are currently certified to practise unsupervised.
Further details can be found at:
http://www.humanservices.gov.au/health-professionals/services/rural-procedural-grants-program/?utm_id=9 or
http://www.acrrm.org.au/continuing-development/assistance-and-grants

Grant for GPs Practising Emergency Medicine

Doctors practising emergency medicine in rural and remote areas are able to access grant payments for upskilling in emergency medicine. The grant payment is calculated on a maximum of $6,000 per GP per financial year for 3 days of upskilling or skills maintenance activities. The total grant payable will be based on a rate of $2,000 per day.
To be eligible for the Emergency Medicine grant before completion of Fellowship training, a registrar must have completed a twelve-month advanced skills post in line with the curriculum and assessment requirements of each college in emergency medicine training and must have clinical privileges to practise unsupervised in that discipline. RVTS must certify that registrars have completed the training requirements before their application for registration to the program can be assessed.

Further details can be found at:
http://www.medicareaustralia.gov.au/provider/patients/rural-programs/rural-procedural-grants.jsp or
http://www.acrrm.org.au/continuing-development/assistance-and-grants/rpgp

General Practitioner Procedural Training Support Program

The General Practitioner Procedural Training Support Program (GPPTSP) is a workforce support program designed to improve access to obstetric and anaesthetic services for women living in rural and remote communities by supporting rural GPs to attain procedural skills.
Successful applicants receive a $40,000 (GST exclusive) Commonwealth subsidy to support training in either obstetrics or anaesthetics. RVTS registrars may be eligible to apply.
Obstetric training is to the Advanced Diploma of the RANZCOG. Further details are available at https://www.ranzcog.edu.au/Training/Certificate-Diploma/GP-Procedural-Training-Support-Program
The Anaesthetic component is administered by ACRRM and enables GPs to gain Advanced Rural Skills Training in Anaesthesia. Further details are available at http://www.acrrm.org.au/continuing-development/assistance-and-grants/general-practitioner-procedural-training-support-program-(gpptsp)

Other rural workforce training subsidies - check with your local rural workforce agency in your state or territory:

State	*Organisation*	*Phone number*
SA	Rural Doctors Workforce Agency	08 8234 8277
Vic	Rural Workforce Agency Victoria	03 9349 7800
NSW	Rural Doctors Network	02 4924 8000
WA	Rural Health West	08 6389 4500
QLD	Health Workforce Queensland	07 3105 7800
NT	Primary Health Network Northern Territory	
	Darwin	08 8982 1000
	Alice Springs	08 8950 4800
TAS	HR+	03 6332 8600

CONCERNS AND COMPLAINTS

At any time, concerns or issues can be raised through an informal process to resolution. The aim is to resolve day-to-day issues as early and effectively as possible to avoid any undue escalation.
Informal processes may include one or more of the following actions:

- initiating a discussion with the person against whom you have a concern and attempting to resolve the matter amicably; and/or
- speaking to the relevant Registrar Training Co-ordinator; and/or
- speaking to the relevant Medical Educator Mentor; and/or
- speaking to one of the Registrar Liaison Officers (RLOs), or Supervisor Liaison Officers (SLOs), for confidential support and advice.

Where resolution of an issue or concern cannot be met through informal processes stakeholders may choose to make a formal complaint under the RVTS Complaints Management policy http://rvts.org.au/downloads/policies/Complaints_Policy.pdf

The RVTS Reconsideration, Review and Appeals Policy can be accessed at: http://rvts.org.au/downloads/policies/Reconsideration_Reviews_and_Appeals_Policy.pdf

GIFTS AND GRATUITIES

RVTS has a Gifts and Gratuities policy that clearly defines the parameters relating to the acceptance of gifts and gratuities by any RVTS personnel.

Any RVTS employee who receives a gift through the course of their employment from a Registrar, Supervisor, supplier or associate of the RVTS is required to disclose the nature and value of the gift to the Chief Executive Officer.

RVTS acknowledges staff are appreciated by Registrars, Supervisors, Medical Educators and others however gifts that exceed the boundaries of 'acceptable social niceties' will be returned in line with the RVTS Policy.

APPENDIX 1

Other Useful Information & Resources

The RVTS Privacy Policy can be found at: http://rvts.org.au/downloads/policies/Privacy_policy.pdf

Useful Resources

In addition to this handbook, it is recommended that registrars embarking on vocational training through the RVTS utilise the following resources:

RACGP Curriculum

The curriculum document outlines the knowledge base to be covered toward attainment of the FRACGP and FARGP. http://curriculum.racgp.org.au/

ACRRM Primary Curriculum

This is intended for those who may wish to pursue attainment of the FACRRM. The document covers the knowledge base for the FACRRM, which provides recognition of specialist skills in Rural and Remote Medicine as a distinct specialty area. This encompasses some more advanced specifically 'rural' skills. http://www.acrrm.org.au/PrimaryCurriculum/Default.htm

General Practice Registrars Association (GPRA)

GPRA provides access to:

- Training and employment advice, support and advocacy
- Exam study assistance and webinars run by registrars for registrars
- Other resources and communications

Membership is free and is available to RVTS registrars. Join online at http://gpra.org.au.

RACGP John Murtagh Library

The RACGP John Murtagh Library has a unique and specialist collection of General Practice related resources, and a team of experienced and helpful staff. Eligible users can send requests for resources, information, journal articles and literature searches via the website, email, fax or phone. Users can also directly access electronic resources (including full text articles from hundreds of journal titles) via the website. To find out what is available refer to the RACGP web site at: http://www.racgp.org.au/library. A document delivery service for items not in the collection, literature searching, an Aboriginal and Torres Strait Islander service for doctors working with Aboriginal and Torres Strait Islander patients and a current awareness journal service are also offered. Access is provided to electronic databases such as the PubMed, Proquest and DynaMed.

To use any of the services you must first register. Contact the library at:

- email library@racgp.org.au
- Tel: (03) 8699 0519
- Fax: (03) 8699 0400 (RACGP fax number)

The RACGP library staff are happy to help you search Medline, but will also do the search for you. This is an invaluable service for literature reviews and can be very helpful in completing your FARGP project.

Recommended Text/Resources for General Practice

- Murtagh J & Rosenblatt J. John Murtagh's General Practice, Current Version
- Royal Children's Hospital Paediatric Handbook (Melbourne), Paxton et al, 7th edition, 2005
- Clinical Sports Medicine – Brukner & Khan
- Therapeutic Guidelines
- Australian Medicines Handbook – yearly updates
- Fitzpatrick's Color Atlas & Synopsis of Clinical Dermatology-6th edition 2009
- Dermatology Atlas
- ACRRM PDA Guidelines
- Royal Children's Hospital Clinical Practice Guidelines
- UpToDate
- Wearne, S. Clinical Cases for General Practice Exams, 2nd edition, 2010

Information Sources

People

If you are seeking an answer to a specific question the first resource to consider is people. Consider your peers, GP supervisor, medical educators, specialist colleagues and health professionals. They may save you the work of searching the literature, or direct you to a key article. They may also help (sometimes inadvertently!) by getting you to clarify your question.

Textbooks

Another good way to start is to look up your topic in one or two good quality textbooks, some of which may give references and useful leads. It is important however, to ensure that the textbooks are not too out of date for your purpose.

Sackett et al (2000) suggest that for a textbook to be dependable for accessing current best evidence it should:

- Be revised frequently (at least once a year)
- Be heavily referenced, at least for declarations about diagnosis and management (so readers can access the original data and can determine the date of the given claim)
- Select evidence in support of a statement according to explicit principles of evidence.

Clinical Practice Guidelines

Clinical Practice Guidelines are systematically developed statements to assist practitioner and patient decisions about the appropriate health care for specific clinical circumstances (Institute of Medicine, 1990). Sackett et al (1997) define clinical practice guidelines as "user friendly statements that bring together the best external evidence and other knowledge necessary for decision making about a specific health problem". They also state that a good clinical guideline should have three properties:

- Define practice questions and explicitly identify all their decision options and outcomes;
- Explicitly identify, appraise and summarise, in ways that are most relevant to decision makers, the best evidence about prevention, diagnosis, therapy, harm, and cost-effectiveness; and
- Explicitly identify the decision points at which this valid evidence needs to be integrated with individual clinical expertise.

The main purpose of guidelines is to achieve better health outcomes by:

- Improving the practice of health professionals
- Better informing consumers about treatment options

Guidelines may also:

- Be used as the basis of education for practitioners and the community
- Contribute to quality assurance processes
- Assist in the resolution of legal disputes and ethical dilemmas

The Internet
The internet is a very convenient and powerful way of accessing a wide range of information. Patients have often searched for their own disease using one of the common internet search engines, and you may also find it an easy port of call. The problem is that the net will throw up all sorts of 'hits' ranging in quality from loopy anecdote to authoritative studies, and it is not always easy to spot the difference.
There are many well known search engines, including Google, Bing and others.

gplearning
An interactive online education service developed by RACGP & available at http://gplearning.racgp.org.au Available to Registrar members of RACGP.

UptoDate
UpToDate is a comprehensive evidence-based clinical information resource available online. RVTS may subsidise a subscription for Registrars who do not have access in their practice. Further information on UpToDate is available at http://www.uptodate.com/.

The Literature
By 'the literature' we mean journals, research papers, reports and abstracts which are published in paper or electronic format. This is a huge and daunting resource. Hence it is not always the first step in searching for information to answer your question. However, after you have got some ideas from people, textbooks or guidelines, the next step is to search the literature, firstly to fill in the gaps and secondly to see what later and more up-to-date information has become available, so it is usual to concentrate on the latest databases, say the past three or six years. The disadvantages of this if you have not first consulted the other 'out-of-date' sources, is that you may miss what is still the best and most relevant information despite it having been published ten years ago. Searching the literature is an educational process, and allows you to refine your questions and your research strategy as you go.

Medical Journals & Publications
A brief check through the contents pages of the last couple of years of journals & publications to which you have easy access may help you find the answers you are looking for. As with textbooks they should not be too out of date, should be peer reviewed, well referenced and incorporate principles of best evidence.

Examples of general practice orientated journals include:

- Australian Family Physician - http://www.racgp.org.au/afp
- Australian Doctor – How to treat sections - http://www.australiandoctor.com.au
- Medical Observer - http://www.medicalobserver.com.au
- Therapeutic Guidelines series - http://www.tg.org.au

- Medicine Today - http://www.medicinetoday.com.au
- Australian Prescriber - http://www.australianprescriber.com
- Australian Journal of Rural Health - http://nrha.ruralhealth.org.au/ajrh
- Electronic Journal of Rural Health - http://www.rrh.org.au

To access a broad range of journals you can visit a medical library. Apart from being able to get access to a number of journals you can also access a computerised listing of all articles published in hundreds of major medical journals from around the world.
The RACGP Library is also an excellent resource, and they can be contacted by phone (03 8699 0519) or email (library@racgp.org.au). They have a vast collection of general practice orientated material available for loan free of charge anywhere in Australia. They also operate a reference journal service (free to all RACGP members). You can access the RACGP John Murtagh Library at http://www.racgp.org.au/library to examine the resources available to you and the links to other useful web sites.

Electronic databases
At some point, you will want to search the primary literature for yourself. It is an educational process, and allows you to refine your question and your search strategy as you go.

The main relevant sources of information are the Cochrane Collaboration database and Medline (including Public Medline (PubMed)).

The Cochrane Collaboration
The Cochrane Collaboration is a library of key reviews performed by collaborating teams of researchers. This is an international effort which seeks to provide a database of all authoritative medical literature published. It provides four sub databases:

- The Cochrane Database of Systematic Reviews (CDSR). A collection of regularly updated rigorous reviews
- The Database of Abstracts of Reviews of Effectiveness (DARE) which seeks to identify and critically appraise reviews on subjects where there is no current Cochrane Review.
- The Cochrane Controlled Trials Register (CCTR) which seeks to list every controlled trial in health care, which meets certain quality criteria, ever published.
- The Cochrane Review Methodology Database (CRMD) which is a bibliography of literature on the subject of reviewing of medical literature.

The great strength of finding an answer in Cochrane is that you can be pretty sure it is authoritative. The problem at this stage is that many of the subjects you may be interested in are not included in the database – the Cochrane Collaboration is very much a work in progress.

Accessing the Cochrane Collaboration Reviews
There are a series of websites internationally devoted to the Cochrane Collaboration reviews. The Australasian site is maintained by the Monash Institute of Health Services Research at the address http://acc.cochrane.org

The NH&MRC have secured an access licence ensuring availability to the full Cochrane reviews for all Australians.

Medline

For some questions, none of the above will provide an answer, or you may want to get a balanced idea of what is available in the literature or what is the current state of play in an issue. To do this you will need to go to the primary source of medical knowledge – published research literature. There are a number of electronic databases, which index the literature, none of which are comprehensive or perfect. The most commonly used is Medline maintained by the National Library of Medicine in the United States. This database now contains over 9 million items. It is one of the most frequently used databases of journal publications, but is not the only, nor even necessarily the best one.

However, finding your way through the online interactive jargon of Medline can be a daunting experience for the novice. Once mastered, however it is like riding a bike – a very useful skill to have. The best way to learn is to get help in a library. The RACGP library is happy to help you search Medline yourself, but will also do the search for you.

The result of the Medline search is a computer printout with authors, title and journal reference. This may be sufficient for your needs (or too much, and you'll need to prune!). You can then go to the back files to pull out the articles you need, or you may ask Medline to go to the next step and print out abstracts. Either way, start with only a few, and then use those as a guide to what is useful to go on if you need to. Check the references at the end of the articles; they may lead you to just what you want.

PubMed

Medline can be accessed by a more user-friendly engine called PubMed available on the internet. Whilst lacking the precision and power of Medline, PubMed is accessible, easier to use and free. It has an extensive online help section, which teaches you how to use it. It can be accessed at http://www.pubmedcentral.nih.gov/, http://www.ncbi.nlm.nih.gov/PubMed/ or through the RACGP Library web site http://www.racgp.org.au/library

APPENDIX 2

Webinars

As mentioned in the Program Delivery section, registrars in their core training years participate in weekly webinars.

Please read the following information and keep for handy reference during webinar presentations.

Attendance

Registrars are allocated to a webinar group at the commencement of training. Only under special circumstances will change be permitted. Application must be made via the Registrar Training Coordinator using the prescribed application form.

Role of the participating registrar

Participation - Not Just Attendance:
It is important to remember that participation in at least 80% of weekly RVTS Webinars throughout the core training years, is a mandatory requirement for ALL registrars. If you know you will not be able to attend a particular webinar you must advise your RTC at your earliest convenience.
You should familiarise yourself with each topic beforehand by accessing pre-reading materials provided. If you don't prepare for each webinar you will be at a distinct disadvantage and your learning experience will be suboptimal.
Registrars are expected to present to their peers throughout their training with RVTS. The detailed information on the process to be followed will be provided in advance.

Webinar Etiquette

RVTS webinars are an integral part of our distance-education program. We want webinars to be educational, enjoyable, and a place for peer support. Webinars span the geographical divide, but things can go wrong. Common problems include:

- Excessive background noise;
- Not knowing who is speaking if participants dial in and do not also login using a computer;
- Participants talking over each other; and
- One or two participants dominating the discussion.

Preparation for Webinars

Ahead of the Webinar - Register for the GoToTraining session via the email link from the Webinar Coordinator. Pre-reading material and learning resources will be available via RVTS Online.

For the Webinar - Choose a quiet room. If you have poor bandwidth, connect audio via telephone rather than voice over internet. If using your phone, disable call waiting unless you are on-call for emergencies.

During the Webinar - Webinars are interactive. The facilitator will ask different registrars to share their thoughts or to respond to questions, so please be prepared to participate at any

time. However, you do have the right to pass or ask someone else to answer. If you have connected by phone only, state your name so that people know who is speaking.

We value debate, so if you have a different perspective or piece of evidence please wait for your colleagues to finish their sentence.

Remember to allow everyone to speak. Some people need more time to reflect on responses before speaking. It's okay if there is a gap/silence during webinars.

Confidentiality - Treat all clinical information as confidential. It's important to maintain confidentiality about each other's practice and lives, so that webinars are a safe place for you to share your experiences.

Mute Button - Actively use your microphone mute button, and remember to un-mute yourself before speaking.

Breathing - Some people breathe 'heavier' than others. Most of the heavy breathers don't realise it. (Who, me?) Hold the mouthpiece or headset away from your mouth and nose until you are ready to speak. This may sound silly, but when you're on a call with a heavy breather, you'll know why.

Children and Pets - Unless you can get your dog to woof at exactly the time needed for comic relief, please keep small children and pets out of the room when participating in a webinar as even the slightest background noise will be heard through your microphone or your telephone handpiece. Or better still, remember to mute your line.

Mobile phones - Mobile and cordless phones can create static which other participants can hear. Use a land-line if possible. Remember to charge phones before a webinar or use it connected to the power supply to reduce the risk of failure.

Put on hold - Please do not put the webinar call on hold as you might subject the group to on-hold music!

Being late - Please join in as soon as possible if you have been unexpectedly delayed. You may still get an official welcome, but may not - so as to not disturb the presenter. That doesn't mean you're not welcome. If you are more than 15 mins late, please be careful about asking questions as these may have already been asked by someone earlier.

Trouble-shooting

First, double-check the start time and make adjustments for your time zone. Most difficulties are solved with this first step.
If still unsuccessful, the GoToTraining 24/7 Technical Support number is: 1800 136 402

Role of the registrar as a presenter

Each registrar will be required to develop and present a given topic at least once per year.

Presenting to your peers can be challenging, and for those who are not experienced with webinars or have done little clinical teaching, it may be perceived as even more challenging. Registrar case presentations are not intended to be competitive but are intended to be a collegiate and educational exercise providing an opportunity to practise your presentation skills. Importantly, supervisors and medical educators are all experienced GP teachers and mentors, who are ready and available to help their registrar through this process.

Registrars will be provided with specific and detailed information on how to deliver a case presentation in a specific session at the first workshop they attend.

APPENDIX 3

Online Communication Guidelines

Introduction

In addition to traditional face-to-face meetings, RVTS relies on a number of online tools for communication. For example, RVTS online tools and communication platforms include:

- Go To Training (GTT)
- Go To Meeting (GTM)
- RVTS Online (Moodle)

Through online forums, chat rooms, and webinars all RVTS staff and registrars will have the opportunity to:

- Pose questions;
- Interact with others;
- Get and give feedback;
- Develop and share ideas; and
- Share their personal experiences.

In order for this communication to be effective, interesting, and useful, it is also important to do more than just post your particular ideas. For example, you should read the postings of your colleagues and peers and respond accordingly when you have suggestions or feedback.

Communication between RVTS Staff & Stakeholders

It is important to remember that while the Internet is available 24 hours a day, RVTS staff members, medical educators, registrars, and other stakeholders are not. For example, you can expect a quick response to an e-mail message within hours if sent during the week, but may not get a response for several days if it was sent on the weekend. A phone call might be a better option if an urgent issue surfaces and a prompt response is required.

Maintain Professional Conduct

The classroom is a professional environment where academic debate and learning takes place. RVTS makes every effort to ensure that the online classroom environment is safe for everyone to share their opinions, ideas, and beliefs. In return, all RVTS staff members, medical educators, and registrars are expected to respect the opinions, ideas, and beliefs of others - both in traditional face-to-face classrooms and in online communication.

Guidelines to Remember

As you participate in online discussion forums and chat rooms, it is important to remember some basic things about online communication. For example, consider the following examples of traditional communication:

If you send a letter to someone it is private communication between you and the recipient.
If you put a notice to an online forum it becomes publicly visible by anyone who visits it.
When you chat with friends in a coffee shop, people sitting nearby hear your conversation.
The same principles apply to the online environment. For example:

- E-mail is private communication between the sender and receiver(s) – but can easily be made public by the receiver(s) if they share the message with others;
- Online discussion forums and blogs are also public spaces; and
- Online chat is public and may involve multiple talkers and listeners as well as eavesdroppers.

Verbals & Non-verbals

It is also important to remember that in online communication you do not have the non-verbal cues that you get in traditional face-to-face classrooms and meetings, and neither will the facilitator. The facilitator cannot see the confused, frustrated, or unhappy expressions on your face if you encounter a problem. You MUST remember to communicate these problems with a classroom and/or meeting facilitator so that they can help.

To ensure that the online communication experience goes smoothly, remember that you're responsible for:

- Initiating more contact;
- Communicating often and early; and
- Being direct, persistent, and vocal when you don't understand something.

Emoticons

Emoticons are graphical expressions created by combining specific letters or symbols (such as the symbol :-) to create a smiley face). The use of emoticons in online communication is considered a friendly and informal style of communicating your feelings in text. Be careful not to rely too much on emoticons or symbols in your online communication, as they may not be understood by others or may distract from your intended message.

APPENDIX 4.

List of Acronyms and Abbreviations

ACCHS	Aboriginal Community Controlled Health Service
ACRRM	Australian College of Rural and Remote Medicine
AGPT	Australian General Practice Training
AKT	Applied Knowledge Test
ALS	Advanced Life Support
AMS	Aboriginal Medical Service
APLS	Advanced Paediatric Life Support (Course)
ARSP	Advanced Rural Skills Post
AST	Advanced Skills Training
CBD	Case Based Discussion
CME	Continuing Medical Education
CT	Clinical Teaching
CTV	Clinical Teaching Visit
DOT	Director of Training
EMST	Early Management of Severe Trauma (Course)
FACRRM	Fellowship of the Australian College of Rural and Remote Medicine
FARGP	Fellowship of Advanced Rural General Practice
FRACGP	Fellowship of the Royal Australian College of General Practitioners
FTE	Full time equivalent
GP	General Practitioner
GPR	General Practice Registrar
GPRA	General Practice Registrars' Association
GPRIP	General Practice Rural Incentives Payment
GPS	General Practice Supervisor
GPPTSP	General Practitioner Procedural Training Support Program
HECS	Higher Education Contribution Scheme
IMG	International Medical Graduate
KFP	Key Feature Problems
MA	Medicare Australia
MCQ	Multiple Choice Questions
MDO	Medical Defence Organisation
ME	Medical Educator
MiniCEX	Mini Clinical Evaluation Exercises
NRC	National Resource Centre – RACGP John Murtagh Library
PBS	Pharmaceutical Benefits Scheme
RACGP	Royal Australian College of General Practitioners
RDA	Rural Doctors Association
RHTU	Rural Health Training Unit
RLO	Registrar Liaison Officer
RMS	Registrar Management System
RPL	Recognition of Prior Learning
RRMA	Rural, Remote and Metropolitan Area
RRMEO	Rural and Remote Medical Education Online
RTC	Registrar Training Coordinator
RVTS	Remote Vocational Training Scheme

SLO	Supervisor Liaison Officer
StAMPS	Structured Assessment using Multiple Patient Scenarios
VR	Vocational Registration
WONCA	World Organisation of National Colleges, Academies and Academic Associations of General Practitioners/Family Physicians

Document control

Warning – Uncontrolled when printed! The current version of this document is kept on the RVTS server.

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