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REMOTE VOCATIONAL
TRAINING SCHEME LTD

**PROGRAM
HANDBOOK
2022**

This Handbook is an interactive document containing hyperlinks to policies, documents, websites and email contacts that will be of assistance during your participation in the training program.

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Version: January 2022

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BACKGROUND

Prior to 1999, doctors located in a rural or remote location had to leave their community to train for GP fellowship. Not surprisingly many 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 a joint training initiative of RACGP and ACRRM, just eleven registrars started their training in January 2000.

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.

In 2017 RVTS began to vary its traditional work force retention model to the targeted recruitment of doctors for communities of high workforce need.

Since its inception RVTS has delivered training to more than 400 doctors and supported over 300 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 and Rural Generalist training in Australia, helping communities retain their medical workforce through the provision of high-quality training.

In this, its 22nd year, we again welcome a new group of registrars to the RVTS program.

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 Pat Giddings
CEO

RVTS STAFF

An up-to-date listing of RVTS staff can be found on the [RVTS website](#)

Below are staff details as of January 2022:



Pat Giddings
CEO
Albury NSW



Tony Trevaskis
Operations Manager
Albury NSW

Medical Educator Team



Ronda Gurney
Director of Training
Sunshine Coast QLD



Marlene Drysdale
Cultural Educator and
Cultural Mentor Liaison
Officer
Morwell VIC



Lorri Hopkins
Albany WA



Taras Mikulin
Curlewis VIC



Murray Towne
Mareeba QLD



Mike Eaton
Dardanup WA



Sonia Singh
Halls Head WA



David Baker
Sunrise Beach
QLD



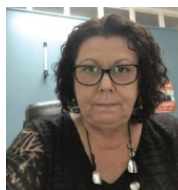
Sidya Raghavan
Clifford Gardens
QLD



Ameeta Patel
Summerland
Point NSW



Sue Nirwal
Kensington
VIC



Fiona Watson
Coral Cove QLD



Sara Fergusson
Mudgee NSW
PEP Medical Educator

Supervisor Liaison Officers



Christina Carroll
Parkes NSW



Akil Islam
Mareeba QLD

Registrar Liaison Officers



Andre Sannazzaro
Cootamundra NSW



Emmon Mubbashir
Katanning WA

Administration/Education Support Team – based out of Albury, NSW



Veeraja Uppal
*Strategic
Development
Manager*
Melbourne VIC



Clara Smith
*Quality &
Governance
Manager*



Xanthus Weber
*Training
Support
Manager*



Sara Wilby
*Registrar
Recruitment &
Selection Officer*



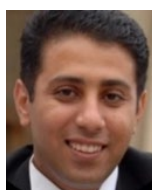
**Debra
Hargreave**
*Supervisor
Recruitment &
Support*



Kerry Dwyer
*Executive
Support
Officer*



Joanne Murphy
*Registrar
Training
Coordinator*



Peter Hanna
*Registrar
Training
Coordinator,
Webinars*



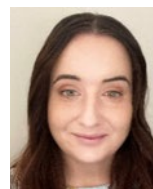
**Joanne
Brancato**
*Registrar
Training
Coordinator,
CTVs*



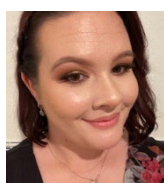
Heidi Presutti
*Registrar
Training
Coordinator,
Exam Support &
Remediation*



Leanne Evans
*Administration
Assistant
Albury NSW*



**Sharon
Renton**
*Workshop &
Events
Coordinator*



Hayley Perceval
*PEP & MDRAP
Coordinator*

(position vacant)
Quality Officer
Albury NSW

MANAGEMENT OF RVTS LTD

Members of the Board

- Dr Jacki Mein (Chair) – Manoora, QLD
- Dr Rodney Omond (Deputy Chair) – Newcomb, VIC
- Dr Sanjaya Kapuwatte – Bathurst, NSW
- Dr Vlad Matic – Sydney, NSW
- Dr David Moniz – Corowa, NSW
- Dr Ross Wilson – Bathurst, NSW

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

Membership of RVTS

The Remote Vocational Training Scheme Ltd (RVTS Ltd) is a company limited by guarantee. The Company provides the governance structure under which the RVTS training program is delivered. 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 registrar and supervisor members

There is an expectation that all RVTS registrars and supervisors join the Company as primary Class C members. Members are entitled to vote at general meetings of the Company 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.

Representation on the RVTS Board of Directors presents registrars and supervisors with professional development opportunities by playing a key role in the governance of the organisation.

Application for membership is included in the Registrar Enrolment, and Supervisor Appointment processes. If you missed the opportunity to apply, a membership form can be downloaded at: rvts.org.au/downloads/Application_for_Membership_class_C.pdf

Staff Roles

CEO

The RVTS CEO has overall responsibility for the management of RVTS Ltd. and includes providing advice to the Board while leading the company to the achievement of its purpose goals and objectives and ensuring that the company's operations meet all legal and contractual obligations.

Director of Training

The Director of Training (DoT) is responsible for the delivery of the RVTS Education Plan and for coordinating the medical educator team, education planning, remediation and program evaluation.

Medical Educators

RVTS Medical Educators (MEs) are responsible for implementation of the RVTS Education Plan. Each ME oversees delivery of particular areas of the RVTS education program and provides support to RVTS registrars and supervisors. All medical educators are practicing general practitioners/rural generalists.

Cultural Educators

The Lead Cultural Educator assists the CEO and the DoT with the design implementation and evaluation of integrated First Nations Health in the education program and provides cultural education and support for all RVTS staff. The Lead Cultural Educator oversees a team of Cultural Educators and Cultural Mentors. The Lead 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 Medical Educator Mentor to provide specific medical education expertise in addition to the support provided by the registrar's RTC. Medical Educator Mentors are drawn from the wider medical educator group.

Indigenous Doctor Mentors

Indigenous doctors training with RVTS are assigned an Indigenous Doctor Mentor as an additional support. The Mentor ensures that Indigenous doctors have reliable access to guidance and advice throughout the duration of their training.

Registrar Liaison Officers

Registrar Liaison Officers (RLOs) are appointed representatives of the registrar group. The role of the 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.

Quality and Governance Manager

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

Training Support Manager

The Training Support Manager leads the RTC team and coordinates the administrative functions supporting the delivery of the education program.

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, the DoT and the CEO. This includes the planning and coordination of training activities, arranging transport and accommodation for those attending RVTS face-to-face workshops and events, and providing information to practice staff and communities about the program.

RVTS Supervisors

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

Supervisor Liaison Officer

Supervisor Liaison Officers (SLOs) are appointed representatives for the RVTS supervisors. The SLOs provide support and advice to supervisors on a wide range of issues relating to education and training and serve 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 teaching visits](#) are workplace based observations of registrar consultations to complement the teaching provided by the supervisors and medical educators. The observation includes feedback and discussion on issues raised. Teaching visits are generally undertaken in person but may be conducted via web-based video conferencing by means of a tele-CTV arrangement. Clinical teachers may be the registrar's supervisor, or an external clinician with specific experience in rural, remote, or First Nations practice.

Cultural Mentors

Cultural mentors support registrars to develop culturally safe clinical practice to enable them to provide culturally appropriate, holistic health care to their patients.

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 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.

It is the responsibility of each participant engaged in the RVTS training program to abide by the [RVTS Code of Conduct - Registrars and Supervisors](#), 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.

It is also recognised that Registrars and Supervisors as members of the Australian College of Rural and Remote Medicine and/or the Royal Australian College of General Practitioners are required to meet the expectations associated with holding Fellowship of the College/s as stipulated in the relevant Codes of Conduct, and to comply with the policy of their respective college relating to Academic or Educational Misconduct

Registrars will be asked to acknowledge that they have read, understood and agree to abide by the [RVTS Code of Conduct](#) as part of the enrolment and annual re-enrolment processes.

PROGRAM OBJECTIVES AND OUTCOMES

The RVTS is a General Practice/Rural Generalist 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 two 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 the FARGP at the same time as they train with the RVTS for the 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 First Nations 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 First Nations 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 First Nations 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, successful applicants are required to complete enrolment documentation.

Medical indemnity

All RVTS registrars must provide evidence of current medical indemnity cover relevant to their scope of practice. Most Medical Defence Organisations (MDOs) provide significant discounts to registrars 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 advised that you maintain your own medical defence cover even if you are working for a state health system. 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 is noted on registrar files within the RVTS Registrar Management System (RMS). It is important that registrars advise their RTC of any change in their medical registration status, including any conditions or additional notation. RTC's conduct annual online AHPRA checks to ensure that registrars do not have any conditions on their registration.

Orientation

New Registrars to the RVTS program receive orientation via:

- Personal contact from RVTS staff
- RVTS Handbook
- RVTS Online – Orientation module
- Their first Webinar
- A one day virtual workshop

Annual Re-enrolment

All 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

On completion of the RVTS program it is expected that participants will have met all 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 training 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 training webinars throughout the core training years¹.
- 100% attendance at all compulsory bi-annual education workshop sessions provided by the program in the core training years, completing six workshops in total.
- Regular supervisor contact.
- Participation in twice yearly training review meetings with Supervisor and RTC.
- Participation in clinical teaching visits:
 - Three in the first year of training (minimum of two);
 - Two in the second year of training (dependent on RPL); 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 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. The MSF Survey will be applicable to Registrars completing either or both College pathways². 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 an Early Training Assessment (ETA) 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.

¹ Training years other than an Advanced Skills Training year

² The compulsory RVTS MSF survey meets the requirements for ACRRM assessment though registrars preparing for FACRRM may wish to undertake the ACRRM specific MSF on a separate occasion.

Curriculum

Training during the core training years is in accordance with the RACGP Curriculum for Australian General Practice and the ACRRM Rural Generalist Curriculum.

Each advanced skills training discipline has a curriculum provided by the relevant College.

ACRRM Rural Generalist Curriculum, including Advanced Specialised Training (AST) disciplines, is available at: acrrm.org.au/resources/training/curriculum

RACGP Curriculum for Australian General Practice is available at: racgp.org.au/education/registrars/fellowship-pathways/curriculum

RACGP Advanced Rural Skills Training (ARST) guidelines and curriculum statements can be found at: 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. 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 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.

Registrars and supervisors are encouraged to reflect on the supervisory relationship, and provide feedback via:

- A survey within the first 6 months of training to determine the quality of the supervisory bond that has formed
- Annual feedback to the RTC.

Registrars joining RVTS via Targeted Recruitment may be provided additional supervision early in training depending on need.

Webinars

In the core training years, Registrars undertake structured 60-90 minutes 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 undertake intensive education workshops, delivered as face-to-face/virtual events. 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. Over the three core years of the program there are approximately 30 days of face-to-face/virtual workshop learning.

Attendance at the workshops is compulsory except for registrars undertaking advanced skills training who do not normally attend the education workshops during that period.

Workshops are delivered to two workshop streams:

- i. **Rural Generalist Stream**
 - for all registrars training toward FACRRM and others that have hospital and emergency medicine commitments.
- ii. **Rural and First Nations General Practice Stream**
 - for those registrars in predominantly office-based practice.

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. These activities are generally conducted as virtual workshops.

RVTS Online

RVTS Online is the program's Learning Management System found at: online.rvts.org.au/login/index.php.

It is accessible via PC and Mac or via a smartphone app.

RVTS Online acts as a home for a variety of learning resources including self-directed modules, support material for the webinar series, workshop resources, 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 clinical practice. The visit is usually at the registrar's practice but may also occur in other settings such as the local hospital or remote clinic. The visit may also be undertaken virtually as a Tele-CTV, when appropriate to do so. Feedback to 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.

Registrars are encouraged to meet with their supervisor within two weeks of the CTV to review the report, develop plans to address any concerns, and to consider further learning opportunities.

In the first year of training three CTVs are usually conducted (minimum of two CTVs is required). On average, one CTV each six months is conducted during the second year of training (dependent on RPL); and in subsequent years CTVs are scheduled as required or specified by the 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. The miniCEX is a workplace-based assessment used to evaluate registrar direct contact with patients and aims to guide learning and improve clinical performance through structured feedback from an assessor. It can help identify ways to improve practice in areas such as communication, history taking, physical examination and professional practice.

The formative miniCEX consists of two key components:

1. A short encounter between registrar and patient which is observed by a clinical teaching visitor. This encounter generally consists of a focused history taking and examination and takes approximately 15-20 minutes.
2. Discussion of patient management and of the visitor's feedback to the registrar assists in planning for future patient encounters. This takes approximately 5-10 minutes.

RVTS has mechanisms in place to shift to virtual delivery of the Clinical Teaching Visit program via Tele-CTVs during periods of COVID restrictions. Face-to-face visits during such periods must be approved by the Director of Training and be conducted in accordance with defined parameters.

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 or, increasingly, as a substitute for the face-to-face visits. During the COVID -19 pandemic Tele-CTVs have been used extensively and this practice has proven effective.

Additional Educational Supports

Registrar training progress is reviewed within the first six months of training, then twice annually during Training Reviews.

The purpose of review at the beginning of training is to discuss the outcomes of various formative assessments (e.g. MSF, Early Training Appraisal quiz, miniCEX) that are undertaken early in training. The outcomes of these formative assessments are reviewed with the registrar's RTC and ME Mentor, and feedback is provided to registrars on their progress. The review and feedback is kept on the registrar training record.

As additional support mechanisms, registrars may be invited to participate in additional educational interventions to further support their training. Such additional activities must be approved by the Director of Training, and may include:

- **Consultation Observation Visits**
Registrars may be offered a 'consultation observation' where they can observe clinical consultations undertaken by an experienced GP such as the supervisor or other clinical teacher. These are undertaken as a virtual activity making use of web-based videoconferencing to remotely observe a clinical consultation.
- **Simulated Standardised Patient Scenario**
Registrars may be invited to review their consultation skills via role playing clinical scenarios with a supervisor or other clinical teacher. This is undertaken as a virtual activity.
- **Random Case Analysis (RCA) / Case Based Discussions (CBD)**
Registrars are encouraged to complete RCAs and CBDs with their supervisor on a regular basis, and may be invited to complete a RCA or CBD with another clinical teacher. This activity is undertaken as a virtual meeting.

Learning Plans

Both Colleges require registrars to plan their learning.

Registrars undertake twice yearly training reviews with their RTC and supervisor. Assistance with development and review of the registrar's learning plan forms part of this activity.

Development of a learning plan is regarded as an important aspect of adult, self-directed learning.

RVTS supports registrars to develop their own learning plan which sets out their 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*
- *How I will know I have succeeded*

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, supervisor, and at times, the medical educator mentor, will meet twice yearly to conduct a Training Review. The Medical Educator Mentor will attend the first Training Review.

Training reviews 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 individual learning pathways to be tailored to meet the specific needs of each registrar as well as ensuring that all participants attain the educational and professional competencies required by the respective colleges.

A training review report is developed after each meeting and is kept on the registrar training record.

Emergency Medicine Training

All registrars are required to successfully complete two emergency medicine courses, examples include; REST, 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: 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: 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

Registrars can apply for Recognition of Prior Learning (RPL) for previous work activities deemed to be equivalent to certain components of each college's training requirements.

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 (RTCs).

Cultural Education program

Cultural Education is an essential part of RVTS Training. Each registrar is allocated a Cultural Educator in their first year to support them in this important area.

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 First Nations people. The RVTS Cultural Mentor group has 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 educators, cultural mentors, and guest presenters.

Additional resources are available via RVTS Online, including the 'Cultural Orientation' module which has been developed from the collaborative effort of the RVTS Cultural Mentor group. This resource aims to provide an introductory overview of the history and important cultural safety considerations when working with First Nations people. The module includes information extracted from various publicly available resources used in cultural safety training around Australia. We recommend that you read further from the resources and references listed throughout the module, and to discuss what you have read with your local cultural mentor/s, to assess the applicability of the information to your local circumstances.

Reference should also be made to the [Nomenclature Principles pertaining to Aboriginal and Torres Strait Islander peoples](#).

RACGP and ACRRM have both produced online cultural awareness educational modules.

You are strongly advised to enrol in a cultural awareness module as this topic 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 training toward 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.

The table below 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	acrrm.org.au/search/find-online-learning/details?id=1058&title=Cultural+Awareness+-+Pip+Indigenous+Health+Incentive Login and search for the module.	15	Yes	Yes	Counted as a compulsory FACRRM module.

Introduction to Aboriginal and Torres Strait Islander cultural awareness in General Practice	RACGP	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	acrrm.org.au/search/find-online-learning/details?id=1042&title=Introduction+To+Cultural+Awareness 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

Registrars are encouraged to reflect on what they have learned, and cases that they have managed or seen, via a Reflective Journal. This journal can be reviewed and discussed with the Cultural Educator.

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 workshop based educational activities. The Registrar Liaison Officers represent registrars both within and outside of the organisation.

The **Registrar Support Chart** on page 22, highlights the importance of the connection between the RTC and Registrar.

Resources

RVTS Employee Assistance Scheme (EAP)

RVTS has extended access to the EAP to registrars and supervisors. Confidential counselling is available to individuals who are experiencing difficulties dealing with the current environment. Support is available via phone or video. Call the EAP provider directly on 1300 796 640, let them know you are with RVTS and arrange a chat. There is no cost for this service.

Rural doctor support services

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: crana.org.au/mental-health-wellbeing/overview

Counselling Services

The **RACGP's GP Support Program** offers counselling services via phone or in person 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 third party – IPS Worldwide. Doctors must quote their RACGP membership number to access the service. For further information refer: racgp.org.au/racgp-membership/member-offers/the-gp-support-program

Immediate support – Lifeline Australia 13 11 14 lifeline.org.au/

Doctor's Health Advisory Service – DHAS programs exist in various forms according to state and territory. Essentially it provides confidential advice relating to stress, mental illness drug and alcohol problems, personal and financial difficulties.

Location	Service	Hours	Contact
NSW	DHAS	24/7	02 9437 6552
ACT	DHAS	24/7	02 9437 6552
NT	DHAS	24/7	08 8366 0250
QLD	DHAS	24/7	07 3833 4352
SA	Doctors' Health SA	24/7	08 8366 0250
VIC	Victorian Doctors' Health Program	Business hours	03 9280 8712
WA	DHAS	24/7	08 9321 3098
TAS	Victorian Doctors' Health Program	Business hours	03 9280 8712

DRS4DRS - website and state/territory-based helplines. DRS4DRS is an independent program providing confidential support and resources to doctors and medical students across Australia, by doctors. Confidential phone advice is available 24/7 for any doctor or medical student in Australia via each state/territory helpline and referral service.

Medical indemnity agencies provide support services and counselling programs to their members.

Service	Hours	Contact
Avant Medico-legal Advisory Servicer	24/7	1800 128 268
Avant Personal Support Program		1300 360 364
MDA National medico-legal advice	8.30am- 8.00pm AEDT	1800 011 255
Medical Indemnity Protection Society clinic-legal support	24/7	1800 061 113
Medical Insurance Group Australia Doctors' support service	24/7	1800 777 156

The Medical Benevolent Association assists medical practitioners and their families who are in financial hardship.

Location	Service	Contact
NSW/ACT	The Medical Benevolent Association of NSW	02 9987 0504
QLD	The Medical Benevolent Association of QLD	07 3872 2222
VIC	The Victorian Medical Benevolent Association	03 9496 4205 0476 473 058
SA	The Medical Benevolent Association of SA	08 8232 1250

Other services:

Anxiety and depression

Beyondblue 24/7	1300 22 4636	beyondblue.org.au/
Sane	1800 18 7263	sane.org/

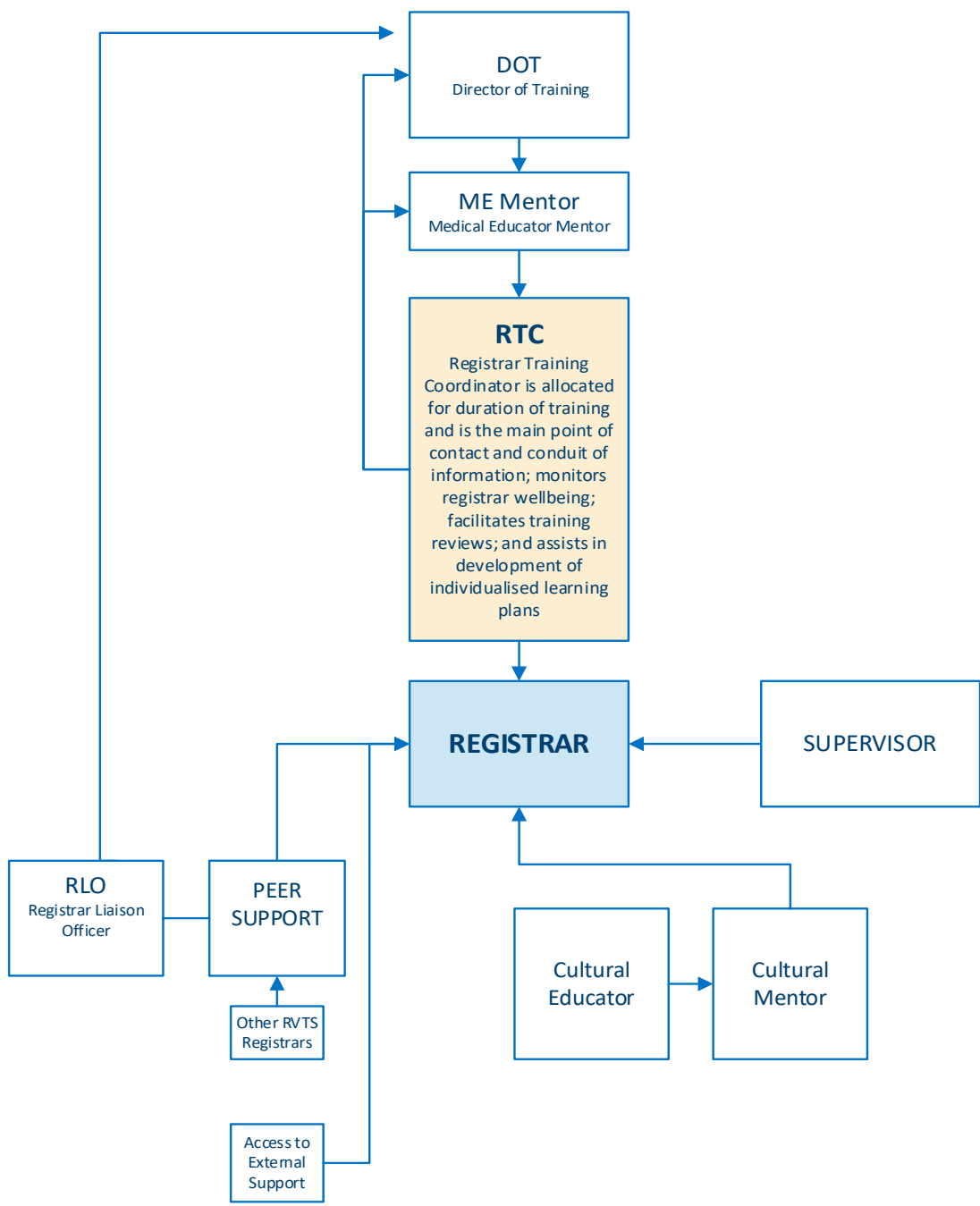
Alcohol and drugs

Alcoholics Anonymous 24/7	1300 22 22 22	aa.org.au/
Narcotics Anonymous 24/7	1300 652 820	na.org.au/multi/
Turning Point	1800 250 015	turningpoint.org.au/about-us
ACT	02 6207 9977	
NSW	1800 422 599 (Regional) 02 9361 8000 (Metro)	
NT	1800 131 350	
QLD	1800 177 833 (Regional) 07 3837 5989 (Metro)	
SA	1300 131 340	
VIC	1800 888 236 (Direct Line)	
WA	1800 198 024 (Regional) 08 9442 5000 (Metro)	

Gambling

Gambling Help Online 24/7	1800 858 858	gamblinghelponline.org.au/
Gamblers Anonymous Australia		gaaustralia.org.au/
NSW	02 9726 6625	
QLD/NT	0467 655 799	
SA	08 8212 6933	
TAS	0431 965 974	
VIC	03 9696 6108	
WA	08 9487 0688	

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 an Early Training Assessment (ETA) 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:

acrrm.org.au/fellowship/discover-fellowship/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
- Clinical Competency Exam (CCE is a new exam which started from the 2021.2 cycle, that permanently replaces the long-standing OSCE, and the interim RCE)

Further information on RACGP Assessment requirements can be found at:

racgp.org.au/assessment/examination

Eligibility to undertake assessment

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](#) or refer to the [Vocational Training Pathway – Examination Eligibility Policy](#) 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 2 years to undertake Case Based Discussion and StAMPS. RPL may reduce this time. Refer to the [Assessment Eligibility Policy](#) for details.

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. Registrars are expected to complete core training and achieve Fellowship within the specified timeframes from commencement of 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 obtaining 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 13](#)
- 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
- Basic Life Support (BLS) course completed within the 12 months prior to commencing training and within 12 months prior to applying for Fellowship
- Maintenance of unconditional medical registration
- An ‘end of training’ interview

Refer to the [RACGP Requirements for Fellowship Policy](#) for details.

Completion of Training - FACRRM

Training requirements with ACRRM are:

- All mandatory RVTS educational activities – refer [page 13](#)
- All ACRRM formative and summative assessment components
- Four years full-time training or equivalent part-time training (RPL may reduce this)
- Core Generalist Training and Advanced Specialised Training with minimum full-time equivalent training in the following areas:
 - ten (10) weeks in paediatrics
 - ten (10) weeks in obstetrics
 - ten (10) weeks in anaesthetics
 - six (6) months in primary care
 - three (3) months in secondary inpatient care
 - three (3) months in emergency care
 - twelve (12) months in rural or remote practice
 - AST – refer relevant discipline
- Four ACRRM Online learning courses approved for training
- Emergency medicine courses – see [ACRRM website](#) for details.

Refer to the [ACRRM Training Program Requirements Policy](#) and the [ACRRM Fellowship Training Handbook](#) 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.

Post Fellowship Registrars

RVTS enables registrars to train for both FRACGP and/or FACRRM qualifications. Registrars must indicate their intention to train to dual pathways at enrolment of training, and are required to demonstrate progress towards both fellowships at all times during training. When a 'dual pathway' registrar achieves one or other fellowship, an application to complete a second fellowship must be made to the Director of Training. In most circumstances this will be approved providing there is sufficient remaining training time to complete the further qualification. A registrar who has achieved either FACRRM or FRACGP and is continuing their training will be referred to as a Post Fellowship Registrar. Further details are provided in the Post Fellowship Registrars Policy which is available on the RVTS website at:

rvts.org.au/resources/policies

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 discontinue 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: 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. Registrars are required to have prior approval from the RVTS 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 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.** Registrars who move away from their training location (excluding approved training activities such as AST) will be required to withdraw from RVTS.

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 rvts.org.au/resources/policies

Leave from Training

Statutory leave is an entitlement for all registrars and is agreed between the registrar and their employer in their work contract. 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.

Where registrars apply to their employer for leave from their clinical position for a **period in excess of four consecutive weeks they are required to apply, in advance, to RVTS for leave from training** using an RVTS Registrar Leave application form.

The Registrar Leave form is available on the RVTS website at: rvts.org.au/resources/forms/form_registrars. The form is to be submitted to the RTC. Notification of the approval of leave will be provided in writing by the DoT or delegate. Reference should be made to the [RVTS Registrar Leave policy](http://rvts.org.au/resources/policies) found on the RVTS website at: rvts.org.au/resources/policies

In all instances, any periods of leave from training in excess of four consecutive weeks must be added on to the registrar's training time. Accrued unused leave will not reduce training time. While registrars are on leave they are not entitled to participate in weekly webinars or RVTS workshops except by prior arrangement.

It is recognised that circumstances may arise that require registrars to take additional leave from training.

Provider Number: It should be noted provider numbers under the RVTS training program require the registrar to be supervised while accessing Medicare benefits. The provider number will remain active during leave less than 6 months, but registrars must not undertake paid work using their RVTS provider number without prior permission from the RVTS DoT. For leave longer than 6 months, the registrar's provider number will be suspended.

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 13](#). It will not, however, count towards training time. This policy may be varied in exceptional circumstances by applying to the 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

Registrars cannot commence their training with a period of leave. 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 nominate their College pathway upon enrolment, and membership application forms must be completed and forwarded to RVTS for processing. **Those registrars pursuing dual pathways must demonstrate evidence of progression toward fellowship (both) requirements for RVTS to continue funding registrar membership of a second College.**

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 and other resources via courier Australia wide.
- 'Check' program – an independent learning program produced 11 times a year.
- gplearning - an interactive, online QA&CPD service with over 200 activities.
- DynaMed – electronic, clinical decision support tool
- Australian Journal of General Practice (AJGP) - peer review journal
- 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 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 that 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.

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 - acrrm.org.au/continuing-development/professional-development-requirements/remote-area-radiology-exemption-program

RACGP - contact the National QI&CPD Unit - racgp.org.au/education/professional-development/qi-cpd

GRANTS AND SUBSIDIES

Workforce Incentive Program – Doctor Stream

Registrars may be eligible for the Workforce Incentive Program – Doctor Stream

Details can be found at servicesaustralia.gov.au/organisations/health-professionals/services/medicare/workforce-incentive-program-doctor-stream?utm_id=9

Modified Monash Model (MMM) eligible locations are now classified as MMM 3-7. Refer to the Doctor Connect website at:

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 MMM 3-7 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:

health.gov.au/internet/main/publishing.nsf/Content/work-pr-rpgp

or acrrm.org.au/continuing-development/assistance-and-grants

or racgp.org.au/the-racgp/faculties/rural/rural-procedural-grant

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:

racgp.org.au/the-racgp/faculties/rural/rural-procedural-grants

or

acrrm.org.au/support/grants/rpgp

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 6118 7175
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

INCIDENT REPORTING

RVTS encourages all registrars and supervisors to be proactive in identifying potential problems as early as possible during training to enable early intervention. This includes an awareness of the triggers for common problems that may lead to critical incidents, which are discussed during orientation and with supervisors during supervisor training.

RVTS encourages all registrars to be proactive in bringing incidents to the attention of RVTS. Registrars are required to report:

- any event which creates disruption and/or significant danger or risk, resulting in negative consequences, injury, serious harm or undesired outcome to a patient, registrar, or practice; or
- where registrars, practice staff, or patients feel unsafe, vulnerable and/or under stress.

Registrars must report incidents to their RVTS supervisor, and/or RTC using the [Incident Report Form](#) as soon as practicable, attaching any relevant information relating to incidents impacting their capacity to undertake training or their capacity to work.

In addition to identifying quality improvements, this process ensures compliance with relevant accreditation and training standards, and meets RVTS incident notification obligations.

There is an assumption, if relevant to clinical practice, the Registrar will report the 'incident' to their Medical Indemnity provider, and their Practice Manager to have the incident recorded in the practice's clinical risk management system.

Any incident that is life threatening or poses personal harm to any individual, must be reported immediately.

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 rvts.org.au/downloads/policies/Complaints_Policy.pdf

The concerns in relation to decisions made by RVTS in relation to your training are dealt with via the RVTS Reconsideration, Review and Appeals Policy can be accessed at: 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: 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: curriculum.racgp.org.au/

ACRRM Rural Generalist 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: acrrm.org.au/docs/default-source/all-files/rural-generalist-curriculum_final.pdf?sfvrsn=b0fe42c8_4

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 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: 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
- Clinical Sports Medicine – Brukner & Khan
- Therapeutic Guidelines – tg.org.au/
- Australian Medicines Handbook – yearly updates
- DermNet NZ, All about the skin - dermnetnz.org/
- ACRRM PDA Guidelines
- Royal Children's Hospital Clinical Practice Guidelines - [rch.org.au/clinicalguide/about_rch_cpgs/Welcome to the Clinical Practice Guidelines/](http://rch.org.au/clinicalguide/about_rch_cpgs/Welcome_to_the_Clinical_Practice_Guidelines/)
- UpToDate
- Wearne, S. Clinical Cases for General Practice Exams, 4th edition, 2019
- AITSI. The Little Red Yellow Black Book: An introduction to Indigenous Australia, 4th edition, 2018

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 and available at 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 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 and 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 Journal of General Practice - racgp.org.au/ajgp
- AusDoc – How to treat sections - ausdoc.com.au/
- Medical Observer - ausdoc.com.au/medical-observer
- Therapeutic Guidelines series - tg.org.au
- Medicine Today - medicinetoday.com.au
- Australian Prescriber - australianprescriber.com
- Australian Journal of Rural Health - nrha.ruralhealth.org.au/ajrh
- Electronic Journal of Rural Health - 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 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 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 pubmed.ncbi.nlm.nih.gov/, or through the RACGP Library web site 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 actively contribute to case discussion.

Maintain Professional Conduct

RVTS webinars are an integral part of our distance-education program. We want webinars to be educational, enjoyable, and a place for peer support.

All participants are expected to respect the opinions, ideas, and beliefs of others, as discussed earlier at [page 12](#) and in accordance with the [RVTS Code of Conduct - Registrars and Supervisors](#)

Language

Use of appropriate language in relation to Aboriginal and Torres Strait Islander people and culture conveys respect and acknowledges the social, linguistic and cultural diversity of Aboriginal and Torres Strait Islander people. RVTS provides guidance in the documented [Nomenclature principles pertaining to Aboriginal and Torres Strait Islander People](#) prepared by the RVTS Cultural Educator.

Common problems

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 they cannot be identified;
- Participants talking over each other; and
- One or two participants dominating the discussion.

Preparation for Webinars

Ahead of the Webinar - Register for the session via the email link from the Webinar Coordinator. Pre-reading material and learning resources will be available via the webinar plan in your cohort course on 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, feel free to join the discussion in a respectful manner. 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.

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.

Troubleshooting

First, double-check the start time and make any adjustments for your time zone.

Next, ensure that your device is connected to the internet.

Most difficulties are solved in these first two steps.

If still unsuccessful, Zoom Support and Guides can be accessed online at:

support.zoom.us/hc/en-us

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:

- Zoom
- GoToMeeting (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 and 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 email 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. Refer also: [RVTS Code of Conduct - Registrars and Supervisors](#)

Language

Use of appropriate language in relation to Aboriginal and Torres Strait Islander people and culture conveys respect and acknowledges the social, linguistic and cultural diversity of Aboriginal and Torres Strait Islander people. RVTS provides guidance in the documented [Nomenclature principles pertaining to Aboriginal and Torres Strait Islander People](#) has been prepared by the RVTS Cultural Educator.

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:

- Email 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

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
MMM	Modified Monash Model
NRC	National Resource Centre – RACGP John Murtagh Library
PBS	Pharmaceutical Benefits Scheme
RACGP	Royal Australian College of General Practitioners
RDA	Rural Doctors Association
REST	Rural Emergency Skills Training
RHTU	Rural Health Training Unit
RLO	Registrar Liaison Officer
RMS	Registrar Management System
RPL	Recognition of Prior Learning
RRMA	Rural, Remote and Metropolitan Area
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.

Authorised by: CEO

Current Version Date: January 2022
