

# GP Procedural Training Program

# INFORMATION SHEET

## Anaesthetics Advanced Rural Skills Post (ARSP)

### Specific accreditation requirements

Accreditation for ARSPs is through the Joint Consultative Committee in Anaesthesia (JCCA) and is for a period of 3 years.

Hospitals accredited for junior registrar training by ANZCA are automatically accredited for JCCA training.

Approved training post is for a minimum of 12 months. The curriculum is designed for attachments as follows:

- 12 month attachment to an accredited anaesthetic post; or a
- 9 month attachment to an accredited anaesthetic post plus a 3 month attachment to an accredited rural practice with a significant anaesthetic workload.

The training post may include up to 3 months in an intensive care unit.

Trainees are expected to take on the roles and responsibilities of a junior anaesthetic registrar.

### Training supervision

Each post must have 2 supervisors, one specialist anaesthetist and a non-specialist or general practitioner anaesthetist.

Trainees may be under the supervision of other staff in their day-to-day work activities.

It is essential that trainees are exposed to at least 2 specialist anaesthetists.

One to one teaching should occur in the course of the training. Trainees should be encouraged to attend any educational sessions or programs offered to other anaesthetic staff.

Trainees are expected to take responsibility for directing their own learning in the negotiated topics while engaged in unit activities.

Registrars are required to maintain clinical diaries which should be regularly reviewed with their supervisor.

Registrars are required to undertake an EMAC, EMST, ELS or APLS course as part of their training or establish a secure position with a future course.

### Learning plans

To ensure that training needs are adequately covered each trainee should develop a learning plan in negotiation with their supervisors. Final plan contents need to include clear learning goals in regards to the ARSP curriculum. The learning plans should be agreed upon and signed by both supervisors and the trainee. It is suggested that reviews and appropriate modifications should be made on a regular basis.

### Curriculum

The topic list provided is a guide to the areas of anaesthesia practice which should be considered for inclusion in the training programs. The determination of topic coverage should be negotiated and documented in the trainees' learning plan.

1. Pre-operative and General Medical Care
2. General Anaesthesia
3. Local and conduction Anaesthesia
4. Care related to Surgery and Anaesthesia
5. Specific applications of care during Surgery and Anaesthesia
6. Examples of specific applications of care during Surgery and Anaesthesia
7. Post-anaesthetic care
8. Respiratory care
9. The management of pain
10. Resuscitation and emergency care

### Assessment

The assessment should be conducted primarily by the supervisors appointed at the beginning of the training.

Formative assessment is via weekly discussion between registrars and supervisors including review of the trainees' clinical diary and monitoring progress against the curriculum. Summative assessment is to be performed towards the end of the training period. This includes the completion of a training report jointly by the 2 supervisors. Training report is based on:

1. Unit attachment report
2. 60 min viva
3. 3 case commentaries or an original research project which has been internally moderated by supervisors

### Training Posts

Posts available in Wagga Wagga, Bega, Nowra and Goulburn.



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General Practice Training

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# GP Procedural Training Program

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## Emergency Medicine Advanced Rural Skills Post (ARSP)

### Specific accreditation requirements

Accreditation for ARSP's is through the Joint Consultative Committee in Emergency Medicine (JCCEM and ACRRM) and is a period of 3 years.

Approved training post is for 6 or 12 months which may include 3 to 6 months in an accredited emergency department and 3 to 6 months in an accredited intensive care unit.

Training can take place in a teaching hospital emergency department, accredited rural hospitals, retrieval services, or a mixture of these.

Trainees are expected to take on the roles and responsibilities of a junior emergency medicine registrar.

### Training supervision

Each post must have 2 supervisors, one emergency medicine specialist and one rural GP with experience in emergency medicine.

Trainees may be under the supervision of other staff in their day-to-day work activities.

Trainees are expected to take responsibility for directing their own learning in the negotiated topics while engaged in unit activities.

One to one teaching should occur in the course of the training. Trainees should be encouraged to attend any educational sessions or programs offered to other staff.

Registrars are required to maintain clinical diaries which should be regularly reviewed with their supervisor.

Registrars are required to have either previously completed or alternatively, undertake an EMST or ELS course as part of their training.

### Learning plans

To ensure that training needs are adequately covered each trainee should develop a learning plan in negotiation with their supervisors. Final plan contents need to include clear learning goals in regards to the ARSP curriculum. The learning plans should be agreed upon and signed by both supervisors and the trainee. It is suggested that reviews and appropriate modifications should be made on a regular basis.

### Curriculum

The topic list provided is a guide to the areas of emergency medicine which should be considered. The determination of topic coverage should be negotiated and documented in the trainees' learning plan.

1. Airway/breathing emergencies
2. Circulatory emergencies
3. Toxic emergencies
4. Metabolic/endocrine
5. Paediatric
6. Orthopaedic emergencies
7. Environmental emergencies
8. Emergency anaesthesia
9. Ophthalmology
10. Psychiatry
11. Ear, nose & throat
12. Wound
13. Obstetric
14. Rural communities

### Assessment

The assessment should be conducted primarily by the supervisors appointed at the beginning of the training.

Formative assessment is via weekly discussion between registrars and supervisors including review of the trainees' clinical diary or log book of cases and procedures. Progress should be monitored against the curriculum.

Summative assessment is to be performed towards the end of the training period. This includes the completion of a training report jointly by the 2 supervisors. Training report is based on:

1. Unit attachment report
2. Two cross table vivas of 1 hour duration with fellow of AC of EM/ICU/Anaesthetics and a GP supervisor
3. 2 Case History reports either of written or grand round presentations, (approx 1,200 words).
4. Successful completion of the EMST course or ELS course.

### Training Posts

Training Post available in Wagga Wagga.



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## *Mental Health Advanced Rural Skills Post (ARSP)*

### Specific accreditation requirements

Accreditation for ARSP's is through the RACGP Training Post Standards Committee and is for a period of 3 years.

Approved training post can be either 6 or 12 months.

Trainees are expected to take on the roles and responsibilities of a junior registrar.

### Training supervision

Due to the multi-disciplinary nature of mental health work, a range of people and agencies should be accessed to adequately teach this advanced rural skills training. This could include psychiatrists, psychologists, other GPs with experience in the field, accredited counsellors in particular fields, mental health workers, social workers, consumer groups and resource people with particular areas of expertise.

In general, each trainee will have 2 supervisors, one mental health specialist and one rural GP supervisor.

Trainees may be under the supervision of other staff in their day-to-day work activities.

One to one teaching should occur in the course of the training. Trainees should be encouraged to attend any educational sessions or programs offered to other staff.

Trainees are expected to take responsibility for directing their own learning in the negotiated topics while engaged in unit activities.

Trainees are required to maintain clinical diaries/log books which should be regularly reviewed with their supervisor.

### Curriculum

The topic list provided is a guide to the areas of practice which should be considered for inclusion in the training programs. The determination of topic coverage should be negotiated between the trainee and their supervisors.

1. Acute presentations
2. The nature of rural communities
3. The scope of mental illness
4. Practical skills
5. Resource management
6. Self care

### Assessment

The assessment should be conducted primarily by the supervisors appointed at the beginning of the training.

Formative assessment is via weekly discussion between trainees and supervisors including review of the trainees' clinical diary/log books and monitoring progress against the curriculum.

Assessment of trainee's response to various case scenarios should also be assessed over the course of the training post.

It is recommended that videotaping of counselling sessions and peer review occur on a regular basis.

Summative assessment is to be performed towards the end of the training period. This includes the completion of a training report jointly by the supervisors. Training report is based on:

1. Unit attachment report
2. 3-5 pieces of work which demonstrates the experienced gained and the mastery of core subject matter.

### Training Posts

There are training posts in Wagga Wagga and Goulburn.



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## Obstetrics - DRANZCOG, DRANZCOG Advanced

### Specific accreditation requirements

Accreditation for a DRANZCOG training post is through the Joint Consultative Committee in Obstetrics (JCCO). Post must be accredited by JCC before the commencement of training.

Hospitals wishing to apply for accreditation of a DRANZCOG training post must apply to the JCCO.

Hospitals must normally deliver at least 300 babies /year/training post and provide paediatric support.

The hospital Obstetric unit should also have at least one staff member with a FRANZCOG.

Hospital based training is usually a 6 or 12 month post. DRANZCOG are either 6 months or 12 months. DRANZCOG Advanced posts are of 12 month duration.

Training must be completed not more than 2 years before application to sit the exam. Interrupted training of two 3 month periods is accepted providing the interval between these periods is less than 2 years.

Part-time requires prospective approval by the JCCO. Such training should not be less than half-time and the duration of the training period must be extended appropriately.

Each hospital must be able to offer each trainee at least:

- 6 hours family planning
- 70 hours in antenatal clinics or equivalent
- 70 hours in Gynaecology clinic or equivalent
- Personal conduct of the management of labour and delivery of at least 25 women
- Supervision of the management of labour and delivery of at least 20 additional women
- 5 instrumental deliveries
- 10 dilation and curettage of the uterus.

Trainees are expected to take on the roles and responsibilities of a junior obstetric registrar.

### Training supervision

Each post must have a supervisor who is a specialist obstetrician and is actively involved in obstetric practice in the hospital. An additional GP supervisor is required for a DRANZCOG Advanced post.

Trainees may be under the supervision of other staff in their day-to-day work activities.

One to one teaching should occur in the course of the training. Trainees should be encouraged to attend any educational sessions or programs offered to other staff.

Registrars are required to maintain clinical diaries/log books which their supervisor should regularly review.

Prospective trainees should also contact the College (tel: 03 9417 1699) or refer to the detailed DRANZCOG/DRANZCOG information on their website <http://www.ranzcog.edu.au> - click on GP (Diploma).

### Curriculum

The topic list provided is a guide to the areas of obstetric practice which should be considered for inclusion in the training programs.

1. Attitudes and general skills
2. Communication and counselling skills
3. Documentation
4. Ethical and legal
5. Epidemiology and research
6. Women's health issues
7. Obstetrics - Periconceptional care
  - Antenatal care
  - Labour
  - Puerperium and postnatal
  - Perinatal mortality and morbidity
8. Neonatology
9. Gynaecology
10. Family Planning

### Assessment

A DRANZCOG training booklet is available for the recording of learnt training skills and procedural experience. The booklet contains the clinical procedures log book and the 2 certificates which need to be signed by supervisors as a statement that training has been satisfactorily completed.

A formal examination has to be passed for the trainee to be awarded the DRANZCOG. Trainees in positions which have not been prospectively accredited by the JCCO are not eligible to sit the DRANZCOG examination.

DRANZCOG Advanced trainees need to undertake an additional 6 months training, completion of 5 written case studies, and undergo an exit interview with the State Reference Committee Chair.

### Training Posts

Training posts are available in Wagga Wagga, Goulburn and Griffith.



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## *Surgery Advanced Rural Skills Post (ARSP)*

### Specific accreditation requirements

Accreditation for ARSP's is through the Joint Consultative Committee in Surgery (JCCS) and is for a period of 3 years.

Approved training post is for 12 months and is designed for four attachments:

1. general surgical unit
2. orthopaedic surgical unit
3. rural practice
4. appropriate unit in a location where the Registrar is likely to work.

The duration and form of each attachment is not specified, as attachments can be taken concurrently. Attachments and attachment learning content is negotiated between the trainee and the supervisors.

Trainees are expected to take on the roles and responsibilities of a junior surgical registrar.

### Training supervision

Each post must have 2 supervisors, one surgical specialist and one rural GP supervisor.

Trainees may be under the supervision of other staff in their day-to-day work activities.

One to one teaching should occur in the course of the training. Trainees should be encouraged to attend any educational sessions or programs offered to other staff.

Trainees are expected to take responsibility for directing their own learning in the negotiated topics while engaged in unit activities.

Trainees are required to maintain clinical diaries which should be regularly reviewed with their supervisor.

Trainees are required to undertake an EMST course as part of their training or establish a secure position with a future course.

### Learning plans

To ensure that training needs are adequately covered each trainee should develop a learning plan in negotiation with their supervisors. Final plan contents need to include clear learning goals in regards to the ARSP curriculum. The learning plans should be agreed upon and signed by both supervisors and the trainee.

It is suggested that reviews and appropriate modifications should be made on a regular basis.

### Curriculum

The curriculum is focussed on the areas of assessment, triage and management of common surgical conditions

1. Management
  - Initial assessment
  - Management plans
  - Post operative care & follow up
2. Common surgical conditions
  - recognition and appropriate management (full condition list is available in ARSP curriculum statement)
3. Common surgical skills and procedures
  - Trauma skills
  - Minor procedures
4. Common practices in surgical management

The curriculum list is a guide to the areas of surgical practice which should be considered for inclusion in the training programs. The determination of topic coverage should be negotiated and documented in the trainees' learning plan.

### Assessment

The assessment should be conducted primarily by the supervisors appointed at the beginning of the training.

Formative assessment is via weekly discussion between registrars and supervisors including review of the trainees' clinical diary and monitoring progress against the curriculum.

Summative assessment is to be performed towards the end of the training period. This includes the completion of a training report jointly by the 2 supervisors. Training report is based on:

1. Unit attachment report
2. 30 min viva
3. 5 written case study reports for each attachment. 2 case study reports from each attachment should be submitted to a panel of external moderators.

### Training Posts

Surgery Training Posts have been accredited in the Riverina, primarily based in Griffith.



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