

**EDF 0003 Application for Extended Skills Post RPL (RACGP)**

Registrars who have had hospital experience before entering the program can apply to have that experience counted as part of their training time. To be suitable for Recognition of Prior Learning (RPL) the rotation must:

- Be relevant to general practice.
- Include documentation of feedback, assessment in the term with satisfactory completion, and evidence of participation in educational activities including learning aims and objectives for the term.
- Have Australian or New Zealand accreditation.
- Be a maximum of 26 weeks in any one discipline.
- Demonstration that undertaking the post has enhanced skills and is relevant to an individual's training.

RPL is not automatically granted. It is first considered by two MCCC Senior Medical Educators who will only recommend RPL be given if they are satisfied that the Registrar will meet the required general practice standard in a shorter training time. The RPL application is then submitted to the Director of Medical Education and Training (DMET) for signoff and submitted to the Victorian RACGP Censor who determines the suitability of the previous experience to be considered as training time.

In order to demonstrate how you have met the required criteria, the following is required:

- Details of the post.
- Details of educational activities within the post, including the following:
  - The educational activities undertaken.
  - The objectives achieved.
  - A description of the feedback and assessment processes (see the current Guide for GP Registrars) undertaken and attach any written documentation.
- A written essay outlining how the post has helped you to develop skills relevant to general practice and include details regarding the supervision, teaching and feedback and assessment provided within the post.
- A copy of your assessment form from the post. Where this is not available, a letter from the hospital stating that this is the case and a reference from your supervisor in the post is required to be supplied. **Please note you do not need to supply both assessment forms and reference.**
- List of referees.



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**Personal Details**

<b>Name</b>	
<b>Address</b>	
<b>Telephone</b>	
<b>Email</b>	

**Details of the Post**

<b>Title of rotation</b>	
<b>Location</b>	
<b>Dates</b>	
<b>Average number of hours per week</b>	

**Education Activities within the post**

<b>Supervisor name</b>	
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**Learning objectives achieved for this specific discipline/post (with relevance to training program objectives)**






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**Feedback and Assessment**

Describe the feedback processes undertaken (eg. weekly case presentations with feedback from supervisor)


<b>Applicant signature</b>	
<b>Name</b>	
<b>Date</b>	
<b>Witness signature</b>	
<b>Name</b>	
<b>Title of witness</b>	
<b>Date</b>	

*Suitable witness - Medical Supervisor, Director of Training or Medical Superintendent at hospital or institution where discipline/post undertaken.*





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**List of Referees**

The following supervisors are able to discuss my knowledge and skills with particular reference to training for general practice. Names and contact details of two referees are required.

**Referee 1**

<b>Discipline</b>	
<b>Hospital</b>	
<b>Supervisor name</b>	
<b>Address</b>	
<b>Daytime telephone number</b>	

**Referee 2**

<b>Discipline</b>	
<b>Hospital</b>	
<b>Supervisor</b>	
<b>Address</b>	
<b>Daytime Number</b>	



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**Reference proforma**

Dr
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*(Registrar enrolled in the General Practice Training Program)*

<b>Name of referee</b>	
<b>Position</b>	
<b>Name of hospital</b>	
<b>Contact telephone number</b>	
<b>Date of rotation</b>	
<b>Name of rotation</b>	

Dr \_\_\_\_\_ has applied for Recognition of Prior Learning (RPL) to replace the mandatory hospital time required as part of the General Practice Training Program. In order for us to assess the application, further information regarding work performance in the rotation nominated for consideration for RPL is required. In this regard, please complete the following questions:

**What contact did you have with the registrar during the rotation?**


**What were the main duties and responsibilities of the registrar during this rotation?**




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**What assessment and feedback did you provide to the registrar during this rotation?**


**How would you assess the registrar's performance in the job?**


**Describe any particular areas of strength?**


**Describe any particular areas of weakness?**


**Describe the registrar's attitude to work from both a professional and personal perspective?**






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Given the opportunity, would you be happy to work with this registrar again?


**Additional comments**


<b>Signature</b>	
<b>Date</b>	

**Please email completed form to your regional office:**

Metro West: [mw@mccc.com.au](mailto:mw@mccc.com.au)

North West: [nw@mccc.com.au](mailto:nw@mccc.com.au)

North East: [ne@mccc.com.au](mailto:ne@mccc.com.au)

South West: [sw@mccc.com.au](mailto:sw@mccc.com.au)