This is a live document which contains hyperlinks to websites, documents, policies and email contacts.

Please always refer to the electronic version available on the MCCC website.
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<th>Page</th>
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</thead>
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<td>Financial assistance</td>
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</tbody>
</table>
1  CEO welcome

Congratulations on choosing a career in general practice and welcome to MCCC. Our region encompasses the western part of Victoria, extending from the South Australian border to Melbourne and north to the New South Wales border near Corryong; taking in a small area of New South Wales near Holbrook.

The MCCC GP Training Program is based on an apprenticeship model where you will learn in-practice, under the supervision of an experienced GP Supervisor who will support you, providing formal and informal learning and teaching opportunities.

This work-based learning is supplemented and consolidated by further learning and teaching activities, developed and implemented by our highly skilled and experienced medical education team.

These learning opportunities include attendance at workshops, participation in synchronous online webinars and asynchronous eLearning modules and activities (supported by our Moodle learning platform) as well as the development and implementation of your own learning plan.

As a registrar you are learning with a cohort of peers; enabling you to share your experiences, support each other and develop collegiate networks that will remain throughout your career. In addition to the support provided by the medical education team, your supervisors and your peers, you will have:

- Regular meetings with a training advisor (TA) who will provide individual guidance and mentoring
- Access to a registrar liaison officer (RLO) who can provide information and general assistance
- Support from the skilled administration team based in our five offices in Bendigo, Geelong, Parkville, Warrnambool and Wodonga.

When you enter the AGPT program with MCCC GP Training, you enter a relationship of mutual obligation. We will provide a range of programs and funding to assist you to become part of your profession and we expect that you will treat that support with respect.

This relationship of mutual obligation involves a responsibility for you to:

- Make yourself familiar with the contents of this handbook
- Adhere to AGPT, MCCC, RACGP and ACRRM policies and requirements
- Adhere to the MCCC Professionalism Policy
- Meet the requirements of the MCCC GP Training education program by fully participating in all educational activities
- Work with MCCC GP Training to ensure that administrative aspects of your enrolment with the Department of Health are addressed and maintained
- Treat MCCC GP Training stakeholders with courtesy and respect.

We look forward to being part of your training journey as you embark on a rewarding, challenging and successful career in general practice.

Greg McMeel
Chief Executive Officer
2 General information

Acronyms and definitions

The medical education sector has an abundance of acronyms. Please click here to view the MCCC Acronyms, Abbreviations and Definitions document referred to in this handbook.

Important resources

This handbook is not intended to replace the vocational training information and requirements of the AGPT, RACGP or ACRRM websites. Please ensure you take the time to explore these websites, which will inform you about your rights and responsibilities.

www.agpt.com.au  
Australian GP Training Program website

www.acrrm.org.au  
Australian College of Rural and Remote Medicine

www.gpra.com.au  
GP Registrars Association

www.gpsupervisorsaustralia.org.au  
GP Supervisor Association

www.mccc.com.au  
Murray City Country Coast website

www.racgp.org.au  
Royal Australian College of General Practitioners

Education support platforms

Access the education support platforms detailed below via the mccc website. Passwords are emailed early in training and ‘how to’ documentation is available on MeL.

<table>
<thead>
<tr>
<th>SWAN</th>
<th>MCCC Training Records and Administration System</th>
</tr>
</thead>
</table>
|      | Feedback reports  
Learning Plan  
To Do List  
RCTIs (timesheet, leave etc) |
| Support | swan@mccc.com.au |

<table>
<thead>
<tr>
<th>MeL</th>
<th>MCCC eLearning</th>
</tr>
</thead>
</table>
|      | Learning Programs based on both the RACGP and ACRRM Curricula  
Mandatory learning activities  
Learning activities to be completed with your supervisor  
Recommended learning activities and resources  
Exam preparation resources  
Practice exams  
Library |
| Support | mel@mccc.com.au |

<table>
<thead>
<tr>
<th>MCCC website</th>
<th></th>
</tr>
</thead>
</table>
| Policies & procedures  
Resources including this handbook  
Where you can train  
Registrar Placement  
Forms  
Noticeboard – key dates  
FAQs |

Important: Please ensure your address, phone and email details are always current on SWAN throughout your training. Having your current information is also essential for MCCC when pre-populating and printing your provider number applications.
## MCCC contact details

**Phone**  
1300 6222 47

**Email**  
info@mccc.com.au

**Fax**  
03 9999 4588

**Senior MCCC Registrar Liaison Officer (RLO)**  
Jayde Cromarty  
RLO@mccc.com.au

**ACRRM RLO**  
Sean Warfe  
Sean.Warfe@mccc.com.au

### Metro west  
Level 2, 369 Royal Parade  
Parkville VIC 3251

<table>
<thead>
<tr>
<th>Role</th>
<th>Name</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regional Head of Education</td>
<td>Dr Thanh Nguyen</td>
<td><a href="mailto:Thanh.Nguyen@mccc.com.au">Thanh.Nguyen@mccc.com.au</a></td>
</tr>
<tr>
<td>Registrar Liaison Officer</td>
<td>Dr Tessa Page</td>
<td><a href="mailto:RLO.MW@mccc.com.au">RLO.MW@mccc.com.au</a></td>
</tr>
<tr>
<td>Registrar Education &amp; Practice Support</td>
<td>James Garland</td>
<td><a href="mailto:James.Garland@mccc.com.au">James.Garland@mccc.com.au</a></td>
</tr>
<tr>
<td>Education &amp; Program Support</td>
<td>Lorraine O’Callaghan</td>
<td><a href="mailto:Lorraine.OCallaghan@mccc.com.au">Lorraine.OCallaghan@mccc.com.au</a></td>
</tr>
</tbody>
</table>

### North east  
Level 4, 111 - 113 Hume St  
Wodonga VIC 3690

<table>
<thead>
<tr>
<th>Role</th>
<th>Name</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regional Head of Education</td>
<td>Dr Ursula Read</td>
<td><a href="mailto:Ursula.Read@mccc.com.au">Ursula.Read@mccc.com.au</a></td>
</tr>
<tr>
<td>Registrar Liaison Officer</td>
<td>Dr Amanda Cohn</td>
<td><a href="mailto:RLO.NE@mccc.com.au">RLO.NE@mccc.com.au</a></td>
</tr>
<tr>
<td>Registrar Education &amp; Practice Support</td>
<td>Loretta Mahoney</td>
<td><a href="mailto:Loretta.Mahoney@mccc.com.au">Loretta.Mahoney@mccc.com.au</a></td>
</tr>
<tr>
<td>Education &amp; Program Support</td>
<td>Samantha Delphin</td>
<td><a href="mailto:Sam.Delphin@mccc.com.au">Sam.Delphin@mccc.com.au</a></td>
</tr>
</tbody>
</table>

### North west  
Level 1, 10-16 Forest Street  
Bendigo VIC 3550

<table>
<thead>
<tr>
<th>Role</th>
<th>Name</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regional Head of Education</td>
<td>Dr Rachel Lee</td>
<td><a href="mailto:Rachel.Lee@mccc.com.au">Rachel.Lee@mccc.com.au</a></td>
</tr>
<tr>
<td>Registrar Liaison Officer</td>
<td>Dr Nikhil Puppala</td>
<td><a href="mailto:RLO.NW@mccc.com.au">RLO.NW@mccc.com.au</a></td>
</tr>
<tr>
<td>Registrar Education &amp; Practice Support</td>
<td>Lyn-Marie Richards</td>
<td><a href="mailto:Lyn-Marie.Richards@mccc.com.au">Lyn-Marie.Richards@mccc.com.au</a></td>
</tr>
<tr>
<td>Education &amp; Program Support</td>
<td>Terri Mathot</td>
<td><a href="mailto:Terri.Mathot@mccc.com.au">Terri.Mathot@mccc.com.au</a></td>
</tr>
</tbody>
</table>

### South west  
Level 1, 49 Kepler Street  
Warrnambool VIC 3280

<table>
<thead>
<tr>
<th>Role</th>
<th>Name</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regional Head of Education</td>
<td>Dr Margaret Garde</td>
<td><a href="mailto:Margaret.Garde@mccc.com.au">Margaret.Garde@mccc.com.au</a></td>
</tr>
<tr>
<td>Registrar Liaison Officer</td>
<td>Dr Jennifer Brommeyer</td>
<td><a href="mailto:RLO.SW@mccc.com.au">RLO.SW@mccc.com.au</a></td>
</tr>
<tr>
<td>Registrar Education &amp; Practice Support</td>
<td>Jannah Wright</td>
<td><a href="mailto:Jannah.Wright@mccc.com.au">Jannah.Wright@mccc.com.au</a></td>
</tr>
</tbody>
</table>
4 MCCC’s Educational Approach

MCCC’s education program is based on the traditional teacher-student or apprenticeship model of training developed over many years by RACGP and ACRRM. This workplace based approach involves you working as an independent member of a practice’s medical team under the supervision of an accredited supervisor. The level of supervision is matched to your experience and learning needs.

Workplace based (or in-practice) learning and teaching is augmented by the out-of-practice learning program. MCCC does not consider in-practice and out-of-practice learning as separate domains, rather that they are inexorably entwined.

The medical education team

<table>
<thead>
<tr>
<th>Director of Medical Education and Training (DMET)</th>
<th>Our DMET Angelina Salamone ensures the education and training provided by MCCC is innovative and meets the standards of both colleges, the requirements of the greater primary health care network and the needs of you, the registrar.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regional Head of Education (RHE)</td>
<td>The Regional Heads of Educator oversees the implementation of the Education Program in each region, supporting the regional team of Medical Educators as well as working closely with supervisors, practices and you! Your RHE will work directly with you if there are concerns, issues or special requests that cannot be managed by the REAPs or Training Advisors.</td>
</tr>
</tbody>
</table>
| Medical Educators (MEs)                        | Our medical educators have significant experience in general practice and education are involved in:  
  ● The planning, creation, implementation and review of the out-of-practice component of your learning  
  ● Assisting you to develop and maintain an active plan for learning  
  ● Sharing their skills, knowledge and experience  
  ● Working closely with your supervisors and the greater education team, to support your learning across the entire program.  
  Medical educators may also be training advisors, external clinical visitors or supervisors within a practice. |
| Supervisors                                    | Supervisors play a key role in registrar training. Your supervisor is an experienced general practitioner who works in a practice or post that has been accredited by either or both colleges. |
| Training Advisor (TA)                          | You will be allocated a Training Advisor to support you during your training. They will conduct a Training Advisor Review Meeting (TARM) once or twice a semester for an hour, either in person or via interactive technology.  
  The role of the TA is to:  
  ● Review your portfolio to ensure the registrar is up to date with the submission of all requirements  
  ● Oversee the development and review of your individual learning plan and recording of those on SWAN or alternate recording methods  
  ● Provide mentorship/career guidance |
MCCC appoints a number of registrars as registrar liaison officers (RLOs). RLOs maintain regular contact with GP 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 who have questions or concerns regarding their training. They are also a link to, and are able to represent local registrars to, General Practice Registrars Australia (GPRA). The details of your RLO are on page 5 of this handbook.

MCCC’s cultural educators and mentors work with registrars to break down cultural barriers and provide knowledge about Aboriginal culture. More information can be found under the Aboriginal and Torres Strait Islander section on the MCCC website.

## 5 AGPT program

Doctors wishing to be vocationally registered as a general practitioner in Australia must gain Fellowship of the Royal Australian College of General Practitioners (RACGP) or the Australian College of Rural and Remote Medicine (ACRRM). The awarding of Fellowship comprises the successful completion of MCCC education program requirements and college-related assessments. MCCC is the accredited provider of the AGPT program in Western Victoria.

### College membership

Once selected into the MCCC training program via RACGP or ACRRM or both, you MUST become a paid member of the relevant college throughout your training, even if you are in hospital training.

**IMPORTANT:** Any training time without a valid membership will not count toward training time. The membership type must be reflective of your stage of training ie registrar.

Should you take leave from the program, it is your responsibility to notify the college to defer and then restart your membership. Any training time without a valid membership will not count toward training time.
6 Registrar’s pathway

**Extended Skills and Advanced Skills Training/Advanced Specialist Training**

MCCC has a number of extended and advanced skill posts advertised on the MCCC website. You are required to apply to MCCC for pre-approval to undertake this type of training before applying for directly to the hospital for the position.

Our [Rural Manager](#) is able to assist with advice about these posts.

**What is the Rural Generalist (RG) Program?**

MCCC supports registrars wishing to train on the Rural Generalist program. A number of pathways have been developed for registrars committed to this pathway. For further information refer to the [AGPT Rural Generalist Policy](#) on the MCCC website or contact our [Rural Manager](#).

The Rural Generalist program enables participants to access an extra year to extend their training and/or Consolidation of skills (CoS).

**Working in Aboriginal and Torres Strait Islander Health**

MCCC has a dedicated team that delivers and supports Aboriginal and Torres Strait Islander Health Training and those registrars identifying as Aboriginal and/or Torres Strait Islander. Please see details below or contact the [Aboriginal and Torres Strait Islander Health Program Manager](#) for further information.
What Aboriginal Health training opportunities does MCCC offer?

There are many opportunities to work within accredited Aboriginal Controlled Community Health Organisations (ACCHOs) located across MCCC’s geographic footprint. To find out more about placements in Aboriginal Health, and for a full list of accredited training posts, visit our website.

Registrars working within these ACCHOs will gain:

- A unique opportunity to explore and understand another culture
- The opportunity to experience types of medicine that registrars may normally get exposure to e.g. management of complex chronic conditions
- Support from our core team of Cultural Educators and Cultural Mentors as well as Supervisors and Practice staff.

Please Note: MCCC usually places registrars entering GPT3 and GPT4 in Aboriginal Health posts.

‘Culcha Camp’ Experience

Registrars have the opportunity to experience a ‘Culcha Camp’ prior to their placement. ‘Culcha Camps’ allows the registrar to fully immerse themselves into Aboriginal culture and take part in activities such as cooking bush food, camp fire yarning and art.

Are you an Aboriginal and/or Torres Strait Islander registrar?

Our team of Cultural Educators and Cultural Mentors are available to provide you with additional support if required.

7 Commencing training

The MCCC calendar is available on the MCCC website, which provides information on current semester dates and out-of-practice workshops for the year.

2019 dates

<table>
<thead>
<tr>
<th>Semester 1, 2019</th>
<th>4 February 2019 – 4 August 2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Semester 2, 2019</td>
<td>5 August 2019 – 2 February 2020</td>
</tr>
</tbody>
</table>
Hospital and/or Core Clinical experience needed

Before commencing training in general practice through either college, it is mandatory that you will have completed a minimum amount of training time, core rotations and evidence of a breadth of experience in an accredited Australian/New Zealand hospital. Details of the experience required can be found in the following documents:

MCCC Hospital Experience Assessment Policy and Procedure
RACGP Vocational Training Pathway – Requirements for Fellowship Policy
Paediatric Term Requirement
ACRRM Fellowship Training Handbook

MCCC will conduct a Hospital Experience Assessment on each registrar to determine if they are considered Practice Ready.

Can I claim Recognition of Prior Learning instead?

Those registrars who are entering the training program after extensive experience in hospital medicine may be able to gain recognition of this experience and exemption from the hospital terms by applying for Recognition of Prior Learning (RPL).

Registrars on either college pathway must complete and submit their RPL documentation according to the relevant college’s RPL policy. The following documents will provide further information:

RACGP Recognition of Prior Learning policy
RACGP Applying for Recognition of Prior Learning Guidance Document
ACRRM RPL Application Form
ACRRM Fellowship Training Handbook

Note: The RPL process is different from the Hospital Experience Assessment. You will be advised by MCCC when this process is to begin.

Please ensure you keep all Hospital Medical Officer Feedback reports and obtain Statements of Service (letters from your hospital), detailing all your training.

8 Hospital registrar education program

MCCC has a cohort of registrars who are completing their hospital terms in both the MCCC region and hospital settings across Australia. MCCC has developed a program and strategies to assist in the transition from the hospital environment to general practice.

During the hospital year of training, you will be employed by the hospital or area health service. The onus is on you to find suitable hospital employment. You will have a training advisor to support you through this year, as well as the training operations team.

If you are a registrar completing your hospital terms, you are expected to participate in the Hospital Registrar Education Program. You will be provided with details regarding this program.
What’s required?

### Hospital training/core clinical training (CCT)

<table>
<thead>
<tr>
<th>Requirements</th>
<th>Hospital registrar education program</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Registars must:</strong></td>
<td></td>
</tr>
<tr>
<td>• Attend one training advisor review meeting per semester. This is a college requirement and those who do not comply will be unable to progress</td>
<td></td>
</tr>
<tr>
<td>• Maintain a learning plan throughout the year. This activity is explained during the first training meeting and you will be required to present and discuss your learning plan at your training advisor review meetings.</td>
<td></td>
</tr>
<tr>
<td>An electronic version of the learning plan is available on SWAN.</td>
<td></td>
</tr>
<tr>
<td><strong>You are required to enter a minimum of two learning needs and activities each month.</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Highly recommended</strong></td>
<td></td>
</tr>
<tr>
<td>Participate in an educational webinar series, with two being conducted each semester.</td>
<td></td>
</tr>
</tbody>
</table>

### Assessment reports

Submit HMO assessment or hospital supervisor report at the end of each rotation completed during hospital training/CCT year.

---

9 **Registrar placement**

**How am I matched to a practice?**

Registrars are allocated to practices through the Registrar Placement process. You will be notified by email when the Registrar Placement period commences, along with guidelines and a list of available practices. A brief overview of the process is:

1. Registrars apply to practices they have an interest in
2. The practice will select from applicants to shortlist for interview
3. Registrars and practices submit their preferences
4. MCCC allocate the placements and notify the outcomes
5. Further placements will occur if need be.

Registrar Placement is a complex process that endeavours to address the requirements of both the practice and registrars. There is no facility to accommodate registrars and practices making private arrangements for a placement.

Further information is available in the [MCCC TR 007 Practice Match Policy and Procedure](#).
10 Before your first placement

Once you have been placed in a practice, contact the practice manager and supervisor at least two months before term begins. Ideally, meet face-to-face prior to commencing at your practice and discuss employment terms and conditions.

MCCC recommends that accredited teaching practices in our region use the National Terms and Conditions for the Employment of Registrars (NTCER) to develop contracts with registrars undertaking GP training. Download the 2017/18 NTCER.

For reference you can access the NTCER Employment Agreement template contract which is compliant with the NTCER. Please note this is for information only, your employment contract will come from the practice.

Visit the GPRA website for more details.

Please Note If you agree to sign an alternative award or agreement it must comply with the minimum standards outlined in the 2017/18 NTCER. Employment agreements are between the employer and the employee (eg the practice and the registrar).

As soon as you are advised of your placement you must attend to:

Registrar to provide to practice

- Current certificate of medical registration from AHPRA
- Proof of adequate current Medical Indemnity Insurance (including procedural if required)
- Provider number (refer below)
- 19AB exemption (entitlement to Medicare benefits) if appropriate
- Tax File Number declaration form
- Details of nominated superannuation fund and fund membership number.

Practice manager to provide to registrars

- Contract and other appropriate forms for signing
- Tutorial for practice software
- Password for billing
- Documents supporting VMO application process (where applicable).

How to get you provider number

Prior to your first placement in general practice it is vital that you have a Medicare provider number (a number specific to each site in which you will practice). This gives you access to Medicare payments. Without it your practice cannot be paid.

Medicare cannot and will not backdate applications received after you have commenced work.

MCCC will provide you with a pre-populated placement form for each provider number you are required to obtain and will submit the form to Medicare on your behalf. Medicare will then advise you when your provider number has been generated. MCCC are unable to be contact Medicare on your behalf once the application paperwork has been submitted; it is your responsibility to ensure you have a provider number prior to beginning in-practice.
These terms focus on the transition from tertiary care to primary care; consolidating and increasing skills in the general practice environment. These terms must be in an accredited teaching practice with MCCC over an 18-month (FTE) period.

You will receive direct supervision and teaching from the accredited supervisors at the practice. A high level of supervision, graduated responsibility and an increasing patient load is expected during your training, as well as being given an orientation at each new practice.

**Practice orientation**

A thorough orientation to your practice is essential. This is usually provided by the practice manager, practice nurse and supervisor.

For GPT1/PRRT1 registrars, it is suggested that at least the first day in general practice (preferably more) be spent in orientation, sitting in with supervisor consultations and the first formal teaching session. You are likely to need some time with the practice manager as well, to ensure paperwork (eg prescriber number and insurance) is complete.

Depending on your experience, a plan for when you will see your first patients and the timing of bookings can be made.

The [Registrar Orientation to GPT1/PRRT1 guidance document](#) provides a detailed checklist of what you can expect in your practice orientation.
12 GP term education program

The AGPT program comprises both in-practice and out-of-practice learning and teaching opportunities. Specifics for each are detailed below.

In-practice teaching

Part of a GP registrar’s learning includes in-practice teaching. These learning activities will reflect your needs. You, in consultation with your supervisor/s (and medical educators), should develop a plan for learning that is practical, relevant and individualised. It is recommended that this occurs early in each six-month term using a digital learning plan.

The principal/lead supervisor is responsible for planning and coordinating the education of their registrars. This task can be performed alone or in conjunction with other members of the practice team such as other accredited supervisors/other doctors, the practice manager, allied health/Aboriginal health worker, practice nurses.

In-practice teaching should include a range of methods varied throughout the term:

- Direct observation with feedback on observed consultations
- Joint consultations with feedback on observed consultations
- Case-based teaching (eg discussions on clinical problems and interesting cases)
- Tutorial/educational sessions on specific topics including cultural education
- Review of recorded consultations with feedback on what is observed
- Demonstration and participation in clinical procedures
- Selected or random case analysis or random investigation analysis
- Patient scenario discussions
- Audits of clinical work.

In-practice teaching must meet be regular, scheduled and uninterrupted and must meet the following requirements:

<table>
<thead>
<tr>
<th>Employment hours</th>
<th>Consulting hours (minimum)</th>
<th>Teaching hours GPT1/PRRT1 (minimum)</th>
<th>Teaching hours GPT2/PRRT2 (minimum)</th>
<th>Teaching hours GPT3/PRRT3 (minimum)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full-time</td>
<td>38 hrs</td>
<td>27 hrs</td>
<td>3 hrs/week</td>
<td>1.5 hrs/week</td>
</tr>
<tr>
<td>Part time</td>
<td>14.5 hrs (min)</td>
<td>10.5 hrs</td>
<td>3 hrs/week pro rata</td>
<td>1.5 hrs/week pro rata</td>
</tr>
</tbody>
</table>

For GPT1/PRRT1s and GPT2/PRRT2s, a minimum of **one hour** per week, in the first 12 months is **face-to-face, protected, non-clinical teaching time**. For GPT3/PRRT3s this must be a minimum of 45 minutes.

The remainder of the weekly in-practice teaching may include: observed supervisor consultations with feedback, small group discussions with members of the supervision team, educational practice meetings, journal club, discussions resulting from clinical consultations, critical incident debriefing and joint nursing home and home visits.

**Corridor discussions** are considered part of supervision and can make up **NO more than 10 per cent** of the teaching time.

Teaching forms part of your ‘ordinary hours’ and is part of your paid employment (National Terms and Conditions of Employing a Registrar – GPRA).

It is important to note the difference between **employment** and **consultation** hours in the table. See section 15 Training Time, for further details.
Out-of-practice

The out-of-practice education comprises a series of learning programs which align with the curricula from both the RACGP and ACRRM. The learning programs are available on MeL.

The learning programs are delivered via the following methods:

Core eLearning Program

MCCC Medical Educators have developed a Core eLearning Program which is organised into 12 week blocks. These online learning activities link to other out-of-practice activities and learning in-practice

The Core eLearning Program include:

- Mandatory learning activities which have been specifically created or curated by the Medical Education Team – your completion of these activities will be monitored
- Learning activities to be completed with your supervisor in-practice – the completion of these activities will also be monitored
- Recommended learning activities and resources to support your learning
- Access to a comprehensive resource library which is maintained by the Medical Education Team

Face-to-face learning

Face-to-face learning and teaching occurs in a series of workshops linked to the learning programs. Workshops are run in each region and focus on content that is difficult to manage in other modes, and optimises opportunities to learn with and from your peers and medical educators.

Workshops are compulsory. A schedule of your workshops has been emailed to you and to your practice manager. It is worth noting that workshop dates and other significant training events can be found on the MCCC website.

Webinars

MCCC GP Training also facilitates a series of small group webinars throughout your training. These webinars are:

- Mandatory
- Facilitated by a medical educator
- Link to the online learning activities and workshop content.

A schedule of the webinars will be emailed to you and your practice manager in mid-January.

IMPORTANT: Work with your practice manager to ensure that workshop and webinar times have been clearly marked in the patient booking system as it is compulsory that you attend.
Self-directed learning

You are required to take the initiative in identifying and meeting your learning needs by implementing appropriate learning strategies. Both the RACGP and ACRRM Curricula are broad and require you to take the lead in managing your own learning. The online modules, workshops and webinars will provide opportunities for you to develop knowledge and skills in a range of critical areas but you will need to take the initiative to revise, extend and consolidate your learning through practice-based learning and independent study.

You will need to create and maintain an active plan for learning (detailed further below) which will be crucial to your success as a self-directed learner.

Your learning plan

Both the RACGP and ACRRM mandate the development and maintenance of an electronic, active learning plan. You are required to document a minimum of two learning needs and activities each month. This assists you to:

- Identify the areas where you should focus your plan for learning
- Develop and set learning goals
- Identify strategies, tools and resources to support your learning
- Evaluate to ensure you are meeting your learning goals.

ACRRM registrars are also required to:

- Complete a Procedural Skills Log Book which must be available for presentation (with the learning plan) as part of your application for Fellowship at the conclusion of your training.
- Submit a training plan as part of their Recognition of Prior Learning application.

Consequently, it is important to begin work on it as soon as possible.

MCCC encourages you to use SWAN as the platform for your learning plan to enable your supervisor and training advisor to support your learning needs.

However, your learning plan can be maintained in any electronic (not paper based) format of your choosing eg a spreadsheet or Word document. ACRRM also provide a training plan template on its Resources page or via RRMEO.

Your training advisor and supervisor can assist you to develop and maintain your learning plan (and log book if applicable). They will be reviewed occasionally and will need to be kept up-to-date to be lodged for final review with your completion of training paperwork.

For further information please see policy ED 018 Management of Registrar Learning Needs and Learning Plans. RACGP also have a Guidance Document on developing a learning plan.

Mental health skills training

You are required to complete a General Practice Mental Health Standards Collaboration (GPMHSC) accredited MHST (Primary Pathway) in GPT1/PRRT1.

The suggested timing of this is after the Core Skills 1 workshop. Registrars undertaking GPT1/PRRT1 in semester 1 are required to complete MHST by the end of their GPT1/PRRT1 term. Registrars commencing GPT1/PRRT1 in second semester are required to complete MHST prior to the MCCC Mental Health workshop in their region.

Details of accredited mental health training courses are available here:

- RACGP Registrars
- ACRRM Registrars
13 Assessments

The MCCC General Practice Learning Program features formative assessment occurring throughout the program and summative assessment facilitated by the RACGP or ACRRM.

Formative assessment is embedded in the teaching and learning program; enabling feedback that is timely, relevant and enhances learning. It draws on a range of methods appropriate to context and purpose, supporting continuous development of skills, knowledge and behaviours. The assessment processes reflect the standards of both colleges and the Department of Health and informs entrance to, and progression through, the different terms. It also will allow opportunities for educational enhancements such as interventions, remediation and extension to the learning activities and experiences for each registrar.

Summative assessment measures whether a particular level of competence or performance has been reached at a particular point in time and is the assessment you will undertake with your chosen college. Registrars undertaking joint pathways will be required to pass the assessments of both colleges.

Assessment activities for all terms are outlined in the following handbook sections.

Assessment Activities

<table>
<thead>
<tr>
<th>Activity</th>
<th>Brief overview</th>
<th>GPT1/PRRT1</th>
<th>GPT2/PRRT2</th>
<th>GPT3/PRRT3</th>
<th>ES/PRRT4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initial assessment</td>
<td>Completed early in the GPT1/PRRT1 term, includes MCQ and clinical scenarios at orientation workshop. A supervisor report, a practice manager report and initial ECTV are also required</td>
<td>Completed by the 6th week; discussed weeks 8 -10.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Further assessment</td>
<td>Completed early in the GPT2/PRRT2 term and includes MCQ, DISQ patient survey*, ECTV, supervisor report and practice manager report</td>
<td>Completed by the 6th week; discussed weeks 10 - 12.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ECTV</td>
<td>The ECT visitor or delegate will contact you or your practice manager to arrange your visits. It is still your responsibility to ensure all your ECTVs are completed. Contact MCCC if your visit has not been arranged.</td>
<td>Two visits per GP term* 1st ECTV to be held within six weeks of starting training.</td>
<td>Two visits per GP term, the first of which forms part of the further assessment above.*</td>
<td>One visit GP per term.*</td>
<td>Additional visits may be required at the discretion of the medical education team.</td>
</tr>
<tr>
<td>MiniCEX</td>
<td>MiniCEXs may be incorporated into ECTV visits.</td>
<td>Five required by the end of PRRT Year One.</td>
<td></td>
<td></td>
<td>A total of nine completed by the end of Year Two.</td>
</tr>
</tbody>
</table>
This will require the visitor to complete separate reports. ACRRM registrars will need to be aware of the type of MiniCEX reports needed and that different supervisors are also a requirement.

Feedback provided to the RTO on the registrar’s progress. A minimum of two per training term.

Feedback from the registrar about their training One per semester |

You will be allocated a training advisor. Your TA will conduct a review meeting with you. The timing of these visits will be determined on an individual basis. Minimum one per semester.

A learning plan is developed with your supervisor and needs to be maintained for Completion of Training. At the start of each semester. A specific ESP learning plan is developed with the supervisor.

This document is designed to assist you with prospectively planning your training or developing a ‘training plan’. To be reviewed at each TA meeting. This is a different requirement to your learning plan.

Online learning modules for ACRRM registrars only Completion of four RRMEO modules during training (these are part of ACRRM summative assessments). A list of recommended modules is available on RRMEO

There may be a variety of logbooks required dependant on CCT and your AST. Please refer to the ACRRM website for details. As part of your training towards Fellowship, you are required to complete a procedural skills logbook.

CFET provides you with feedback from patients and colleagues. The requirement for CFET is ‘satisfactory completion’.

# ACRRM registrars will also undertake the Colleague Evaluation Feedback Tool (CFET) at the same time in order to complete requirements for ACRRM summative multi-source feedback

* FTE: part-time registrars will have 2 visits per term, full-time equivalence.

**Competency benchmarking**

MCCC GP Training has developed a Registrar Competency Benchmarking document to summarise the RACGP and ACRRM knowledge, skills and capabilities required at various stages of training towards Fellowship. This summary has been designed to contract the extensive number of required competencies cited by both colleges into statements that are more readily accessible and useful.
It is important that you familiarise yourself with this document. Our medical education team will use the benchmarking at set points during your training to compare you to an ‘expected’ competency – indicating your safety, progression of learning and proficiencies.

The competency benchmarks also assist to identify registrars who are below expected competencies and who may benefit from additional support from the Pastoral and Learning Support (PALS) team (PALS is further detailed on p. 27).

**Initial assessment (GPT1/PRRT1) and further assessment (GPT2/PRRT2)**

As part of the formative assessment program, you will be involved in an Initial Assessment Process.

The Initial Assessment Process enables the medical education team to work with you and collate information about your learning needs, areas of strength, and capacity to perform at an expected GPT1/PRRT1 level. You will receive further information about the process during the orientation period.

MCCC undertakes a further assessment at the beginning of your GPT2/PRRT2 term to help you identify learning gaps and add to your learning planner, give you feedback on how you are progressing through training, and to identify if you may benefit from extra support.

Details of the IA and FA process and activities can be found in the [Initial and Further Assessment Dates 2019.1 document](#) and further information will be provided to you by the Education Program Support Officer in your region.

**External Clinical Teaching Visits**

During your general practice terms, you will receive a minimum of five external clinical teaching visits (ECTVs) conducted by a medical educator or an experienced GP supervisor.

There will be at least two visits per semester for GPT1/PRRT1 & GPT2/PRRT2 and one per semester for GPT3/PRRT3. Visits may continue into GPT4 as required. For ACRRM registrars, these ECTVs will form part of the formative miniCEX requirements.

The visit will be scheduled by your practice manager and the ECT visitor. The practice manager will add the session to your diary and you will be sent a confirmation email with the date and time by MCCC once arranged. Please liaise with your practice manager regarding patient bookings, especially if you are an ACRRM registrar and require specific patients.

During ECTVs the medical educator or visiting supervisor will observe you consulting in your practice, provide feedback and assist you to identify your learning needs. The visits take around 3.5 hours and the format can vary depending on your level of training. The visitor will observe between three and five patients and in first GPT2/PRRT2 visit, they will also complete some random case analysis through review of patient notes.

A written report will be available to you, your supervisor and your training advisor on SWAN following the ECTV.

**DISQ written reflection and colleague evaluation feedback tool**

Written reflection on the results of the DISQ survey is mandated for ACRRM registrars and strongly recommended for RACGP registrars - a form is included with the results of your DISQ. ACRRM registrars will also undertake the Colleague Evaluation Feedback Tool (CFET) at the same time in order to complete requirements for ACRRM summative multi source feedback.
MiniCEX (for ACRRM registrars only)

A minimum of nine patient consults must be reviewed using the ACRRM MiniCEX form.

The nine consults must include a:

- Minimum of five physical examinations, each from a different body system
- Detailed history taking of at least one new patient or detailed updating of patient database information on a returning patient (of at least medium complexity)
- Reasonable range of types of consultations, age groups and both genders.

The nine MiniCEXs must be conducted by a minimum of three different reviewers.

For further criteria around these visits please visit the ACRRM website.

Examination preparation

Examination preparation for both colleges’ summative assessments (written and clinical) is provided as an optional activity for all MCCC registrars enrolled in the relevant examinations.

ACRRM and RACGP also run exam preparation workshops and details of these can be found on the respective college websites.

Examinations

Eligibility to sit the appropriate college exams is not an automatic process. Each college has specific requirements regarding time and core content completion that must be met prior to enrolling for the exams. The information about these requirements can be found on the respective college websites.

Exam enrolment information and exam dates can be found on the examination pages of the colleges’ websites, see the following links.

- ACRRM Exams
- RACGP Exams

Please discuss with your training advisor and your supervisor your readiness to sit exams. Refer also to Readiness to undertake an examination (RACGP).
### Semester one key dates 2019

<table>
<thead>
<tr>
<th>Activity</th>
<th>Hospital based registrars</th>
<th>GPT1/PRRT1</th>
<th>GPT2/PRRT2</th>
<th>GPT3/PRRT3</th>
<th>ES/PRRT4</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Pre-Semester</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MCQ – Part of initial and further assessment</td>
<td></td>
<td>7 Jan – 28 Jan</td>
<td>4 Feb – 18 Feb</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2019 Hospital rotations – advise MCCC</td>
<td></td>
<td>Before 18 Jan</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>RACGP KFP exam</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>RACGP AKT exam</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MBS/PBS online modules mandatory</td>
<td></td>
<td>Prior to 3 Feb</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Semester one</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Orientations and initial assessment (Core Skills for NW)</td>
<td></td>
<td>Dates between 5-8 Feb, region specific</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ECTVs (RACGP &amp; ACRRM) MiniCEX (ACRRM)</td>
<td></td>
<td>11 Feb – 15 March</td>
<td>By 29 Mar</td>
<td>One during semester</td>
<td></td>
</tr>
<tr>
<td>DISQ (RACGP &amp; ACRRM)</td>
<td></td>
<td>By 23 June</td>
<td>By 23 June</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Multi-Source Feedback (MSF – ACRRM)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Supervisor report</td>
<td></td>
<td>15 Mar</td>
<td>15 Mar</td>
<td>15 Mar</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>23 June</td>
<td>23 June</td>
<td>23 June</td>
<td></td>
</tr>
<tr>
<td>Training advisor review meetings</td>
<td></td>
<td>25 Mar – 5 April</td>
<td>8 April – 19 April</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Registrar feedback</td>
<td></td>
<td>23 June</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HMO reports</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>RACGP OSCE exam</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>26 May</td>
</tr>
<tr>
<td>ACRRM STAMPS, CBD, MCQ Assessments</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Enrolment dates available [here](#)
15 Training time

All registrars commence their vocational training at 1.0 FTE and are supported to undertake full-time training to obtain college Fellowship.

Any arrangement for the provision of training at less than 1.0 FTE is subject to negotiation between a registrar and MCCC and must be applied for in advance.

To be a full-time registrar you must be employed for 38 hours per week regardless of the training hours needed. Should you wish to work less than 38 hours per week you are considered a part-time registrar.

**Full-time training time is different to full-time employment.** Full-time employment is based on the NTCER, which defines full-time employment as 38 hours a week averaged over four weeks.

Full-time training

Training requirements are mandated by the relevant college and AGPT. The full-time registrar training requirement is calculated at a minimum of 27 hours face-to-face consultation time, over a four-day period per week.

Work periods of less than three consecutive hours, or of less than one month in any one practice will not be considered. Hours worked beyond this definition of full-time will not be considered.

<table>
<thead>
<tr>
<th>FULL TIME</th>
<th>Employment hours (minimum)</th>
<th>Consulting hours (minimum)</th>
<th>Workshops/webinars (in paid time)</th>
<th>Administration time (in paid time)</th>
</tr>
</thead>
<tbody>
<tr>
<td>GPT1/PRRT1 and GPT2/PRRT2</td>
<td>38 hours</td>
<td>27 hours</td>
<td>3.5</td>
<td>2.5</td>
</tr>
<tr>
<td>GPT3/PRRT3 and ES/PRRT4/Elective</td>
<td>38 hours</td>
<td>27 hours</td>
<td>0</td>
<td>2.5</td>
</tr>
</tbody>
</table>

Part-time training

The RACGP specifies a minimum of 10.5 hours face-to-face consultation time over a two-day period. Work periods of less than three consecutive hours, or of less than one month in any one practice, will not be considered by the RACGP. You will need to work additional hours to include practice-based teaching time, educational release time and 2.5 hours pro-rata of administrative time.

Registrars seeking Fellowship of the RACGP cannot train at less than 0.3 FTE as per the college requirements.

Registrars seeking fellowship of ACRRM are not encouraged to train at less than 0.5 FTE as per the college requirements. Face-to-face teaching time for GPT1 and GPT2 is a minimum of one hour regardless of FTE.

With the utmost focus on patient safety, you must progress at the same rate from an educational and clinical perspective irrespective of full or part-time employment conditions. As such, part-time registrars are required to complete educational requirements full-time.
**Patient numbers**

Below is a guide to expected patient numbers for each stage of training. The RACGP has a maximum of four patients booked per hour, except in exceptional circumstances. Sufficient patient contact is essential in developing general practice skills, therefore minimum numbers (marked * in the table below) are given as a guide. It is understood that in some training environments this numbers may vary, e.g. Aboriginal health.

<table>
<thead>
<tr>
<th>PART TIME</th>
<th>Ave patients per hour</th>
<th>Max patients per hour</th>
<th>Min no. consults FTE week*</th>
<th>Max no. consults FTE week</th>
</tr>
</thead>
<tbody>
<tr>
<td>GPT1/PRRT1 and GPT2/PRRT2</td>
<td>2-3</td>
<td>4</td>
<td>50</td>
<td>90</td>
</tr>
<tr>
<td>GPT3/PRRT3 and ES/PRRT4/Elective</td>
<td>3-4</td>
<td>5</td>
<td>60</td>
<td>110</td>
</tr>
</tbody>
</table>

Recipient Created Tax Invoice (RCTI)

Registrar workload is recorded in the monthly Recipient Created Tax Invoice record (RCTI) in SWAN. An overview of the RCTI process will be provided at your MCCC orientation workshop.

It is your responsibility to ensure you have reviewed the RCTI for accuracy and verified the data in a timely manner. It is essential that we have this data as it enables us to confirm that your workload is reasonable, that you are provided leave and that teaching requirements are being met.

If you have concerns regarding your RCTI data, speak with your practice manager and supervisor. If the concerns are ongoing, contact your REAPs to discuss.

Diversity of Practice Experience (RACGP Ruling)

All RACGP registrars must have experience in more than one practice during their training. This will involve a full six-month semester at another practice.

Any proposed alternative arrangement will need to be assessed on an individual basis by your local RHE and the DMET and will require substantiated evidence as to why the exemption is required. The RACGP Censor will give final approval. Please refer to the RACGP VTP - Requirements for Fellowship Policy and TR 002 MCCC Diversity of Training Experience Policy for further information.
Training time cap

It is expected that all registrars training on the AGPT Program will achieve Fellowship within:

- Four years from the commencement of training for full-time registrars (RACGP)
- Five years from the commencement of training for full-time registrars (ACRRM, dual Fellowship or FARGP)
- Six years from the commencement of training for full-time registrars undertaking the Rural Generalist Program.

Please refer to the AGPT Training Obligations Policy for part-time limits.

Extension of training time

There are a number of extensions available to you as an AGPT registrar including:

- **Extension awaiting assessment**
  Six-month extension is available to registrars who have not been able to successfully complete their assessments in the time available. Further extensions are only available in extenuating and unforeseen circumstances as outlined in the AGPT policy (see link below)

- **Extension awaiting Fellowship**
  Twelve weeks’ extension for administration purposes (exams passed and paperwork lodged). All extensions must be discussed with your RHE.

Please ensure you read the AGPT Extension of Training Time Policy for further information on all types of extensions available. MCCC can only provide registrars extra training assistance during approved training time.

Policies and forms

The MCCC website hosts all the AGPT, RACGP and ACRRM policy and form links, as well as MCCC’s own policies. These policies provide detailed information about the education and training aspects of the program and the necessary forms.

Please take the time to familiarise yourself with these policies. They should also be used as a resource to answer questions you may have throughout your training.

Confidentiality and privacy

MCCC’s Registrar Agreement includes a privacy consent form that registrars are given and asked to sign at the commencement of their general practice training. Signing the Registrar Agreement allows MCCC to take photography and videos at education sessions and to share training record information with other individuals that are involved in your training (e.g. MCCC’s medical educators or a new supervisor).

Registrars will be assisted to access their information if required. Much of this information is available to an individual registrar via SWAN. MCCC may need to deny access to information in accordance with the exemptions contained in the Privacy Act 1988.

A release of information form will be completed and signed by the registrar if information is to be sought from or provided to other agencies.
Professionalism

MCCC is committed to ensuring that all registrars involved in our training program behave in an appropriate professional manner.

As outlined in the TR 022 MCCC Professional Behaviour Policy and TR 023 MCCC Professional Behaviour Policy: Procedures, MCCC has a zero tolerance towards unacceptable professional behaviour and advocates for an environment of mutual respect for all registrars.

You must make yourself familiar with the policy and procedure, understand the expectations and comply with the standards and responsibilities outlined within each document.

Complaints

Where a complaint or grievance arises, it is important to try to manage the issue at a local level through your RHE or Regional Manager. The complaint may also be escalated if required.

If the complaint cannot be resolved informally, the TR 001 Complaint and Appeals Procedures should be followed and the MCCC Complaint and Appeals Reporting Form completed. This form is available on the MCCC website for completion and is to be emailed to CEO greg.mcmeel@mccc.com.au.

Fellowship

Both colleges have a policy or handbook to guide you through the Fellowship process. MCCC will be in contact when you are eligible to fellow to go through these requirements. Please ensure all educational requirements have been met.

Successful completion of the colleges’ assessments will not automatically lead to the awarding of Fellowship. This will be dependent upon the successful completion of all MCCC training requirements. The requirements will be acknowledged and signed off by the DMET.

Please note the Fellowship process takes 10-12 weeks following eligibility and submission of documents. You need to have an AGPT provider number and work in an accredited practice during this time or can be on leave.

Additional information regarding Fellowship can be found here:

- RACGP: Vocational Training Pathway – Requirements for Fellowship Policy
- ACRRM: Fellowship Training Handbook
- ACRRM: Fellowship Assessment Handbook

Dual Fellowship

For registrars undertaking dual Fellowship with both the RACGP and ACRRM, there is no requirement for you to wait to fellow from the RACGP while continuing towards your ACRRM Fellowship.

However, RACGP Fellows should not submit their application to Medicare for certification of their Vocational Registration as a General Practitioner until they have attained ACRRM Fellowship as well.
16 Registrar pastoral and learning support

During your time with MCCC there will be ongoing teaching, supervision, assessment and feedback. MCCC applies a fair and transparent processes of review throughout training to facilitate the early detection of problems and difficulties. It is possible that at some stage a specific problem may be identified with your progress and competency.

MCCC’s pastoral and learning support (PALS) team are a group of MEs from each region whose role is to ensure individualised support is available to assist you to achieve your learning goals and meet training, education and assessment requirements.

Key to this process are the formative assessments undertaken during your training (see Assessments p. 17). These assessments are used by your training advisor, your supervisor and the PALS team to determine whether you have attained the benchmark skills and attributes expected at your stage of training.

When a problem is identified, actions may include (but are not limited to):

1. A meeting with a medical educator and your supervisor to develop strategies to deal with the issue
2. Following this, a focused learning intervention plan with agreed learning outcomes may be formulated
3. If the identified learning needs require further intervention, you may be required to undergo formal remediation as required under the AGPT Remediation policy.

Please see ED 005 Registrar in Difficulty Procedure for further details.

Self-care

MCCC believes self-care is essential for a practicing GP as doctors support their patients’ health and wellbeing but often neglect their own.

The transition to general practice can be challenging, from both a professional and personal point of view. To assist you with this process, MCCC encourages you to utilise the following resources:

- Your supervisor and practice manager
- Registrar education and practice support coordinator (one per region)
- Registrar liaison officer
- Training advisor.

MCCC also includes the topic of self-care in the workshop program to promote general well-being and functionality and provides a Registrar Assistance Program that enables you to access services if required.

Please see ED 008 Registrar Wellbeing Procedure and MCCC’s Self-care Resources for Registrars for further information.
Safety promotion and risk management

Although you are an MCCC employee, the organisation has a responsibility to ensure that your safety and wellbeing is promoted and risk factors are minimized as far as practicable. MCCC’s Registrar Agreement details responsibilities for both the organisation and MCCC registrars.

Registrar wellbeing is an intersection of the responsibilities of MCCC, accredited training posts, and the individual registrar. As employers of registrars, training posts have occupational health and safety obligations that are governed by Federal and State legislation. Both ACRRM and RACGP set standards to ensure the occupational health and safety of a practice team. Specific sections of The National Terms and Conditions for the Employment of Registrars (NTCER) similarly addresses issues related to the health and safety of registrars.

You MUST report adverse events and critical incidents to MCCC.

Reporting of critical incidents and serious issues

Doctors working in Australia have responsibilities for managing adverse events, critical incidents, near misses and other issues of a serious nature. Both the RACGP and ACRRM require MCCC to manage and report critical incidents and serious issues.

These incidents and issues may include (but are not limited to):

- A medical emergency
- Difficult situations in which you were ill prepared
- Incidents involving conflict, hostility and aggression
- An interaction with a patient that required third party intervention
- An error that caused significant injury or death to a patient
- An event (including illness) which significantly effects a registrar’s ability to train.

MCCC has a comprehensive and supportive process to assist registrars who are involved in a critical incident and we strongly encourage you to access and familiarise yourself with the MCCC document: ED 028 Adverse event, critical incident, serious issue and near miss procedure.

We also encourage you to communicate with your training advisor, medical education team and program support staff as they will provide guidance and advice.

The following documents are on the MCCC website under the Forms, Policies & Guides section and must be used to report:

- Form – Adverse event, critical incident and serious issue reporting form for incidents involving registrars
- Form – ACCRM serious issues reporting form (critical incident)


Registrar disclosure of risk factors

Acting on the advice of the Victorian WorkCover Authority, MCCC seeks to ensure that the following statement is disseminated widely:

Registrars are strongly advised to disclose and discuss with their supervisors any medical condition that might place themselves, or their patients, at risk. This is particularly important in view of the work patterns of registrars in different hospital rotations and general practice attachments.

Please Note: Different shifts, rosters, after-hours and on-call duties are all aspects that you need to be aware of and manage effectively. Discuss appropriate strategies for management of the work environment with supervisors to minimise the potential for harm to yourself or your patients.

Fatigue management

MCCC recognises that fatigue is a potential workplace hazard that can affect your training. Fatigue has many implications for you personally, your ability to meet your education and training requirements and your capacity to provide safe, quality care for your patients.

Further information and management strategies can be found in these publications:

- GPRA (2012) Fatigue Management in Vocational General Practice Training

Registrar safety training

Your educational program includes training in safety matters such as:

- Recognizing high-risk situations
- What to do when feeling unsure or unsafe
- Dealing with angry patients
- Dealing with drug-seeking patients.

Safety in the clinic and after hours

There is a diversity of practices and after-hour requirements across the MCCC footprint. Consequently, safety procedures vary. Your practice will have a procedure to ensure your safety regarding in-practice and after-hours work. It is essential that you familiarise yourself with the procedures and have them clarified during your in-practice orientation.

Safety on the road

Many registrars spend time driving while enrolled on the AGPT program. This may be to and from work, workshops, or other meetings facilitated by MCCC as part of training.

MCCC recognizes that long distance driving poses a risk to registrar safety and consequently we discourage you from long-distance commuting and require that you live in the community in which you work.

Fatigue exacerbated by driving long distances is a significant risk to you, your patients and the training post, for which you bear the largest responsibility. The Code of Conduct for Doctors in Australia states clearly that, “good medical practice involves recognizing and taking steps to minimize the risks of fatigue” (p.16)\(^4\).

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\(^4\) Medical Board of Australia (2014) Good Medical Practice: A Code of Conduct for Doctors in Australia. Melbourne, Medical Board of Australia.
Safety at ‘out-of-practice’ educational events

Your well-being at mandatory out-of-practice educational events (eg workshops) is the prime example of where health and safety responsibilities intersect, especially in relation to fatigue. Training posts, particularly in rural Victoria, may be a significant distance from the training venue.

The NTCER is clear that a registrar’s roster should consider the issue of fatigue in relation to the distance that a registrar needs to travel to attend ‘educational releases’ (section 16), and that a registrar should discuss fatigue management with the relevant person at the practice. Some safeguards might be: not being on-call the night before a workshop and allowing travel time to and from a workshop during work hours if the distance to be travelled is significant.

If you are required to travel more than 80 km from your practice to a workshop you may be offered accommodation paid for by MCCC. This is the case whether a workshop is scheduled for one or more days.

At the end of a workshop you may be eligible for an additional night of funded accommodation if travelling home poses a risk to your safety. Eligibility may depend on:

- Seasonal considerations (eg the amount of daylight)
- The distance to be travelled
- The number of people travelling together to the same or close-by destination
- Arrangements with the registrar’s training post.

It is your responsibility to initially discuss requests for paid accommodation with the relevant local Education and Program Support Officer.

MCCC does not pay registrar travel time/mileage/reimbursement to workshops or other educational events. Immediate family members may stay in any approved accommodation, but any associated additional costs are to be met by the registrar (eg cots for children, food, cleaning etc). Further information is available in the MCCC Financial support and safety for ‘Out of Practice’ events policy.

If an eligible registrar requests workshop accommodation and then does not use it or cancels it, the registrar will be required to reimburse MCCC for any costs incurred.

17 Financial assistance

MCCC provides registrars with a number of subsidies that are designed to assist them to meet their responsibilities and to complete their educational requirements. Details of the current registrar subsidies paid by MCCC, including relocation and educational reimbursement, are available in the Registrar Agreement.

Incentives for a rural GP career

There are many financial benefits to establishing a career in a rural or remote area. The Department of Health has established the General Practice Rural Incentives Program (GPRIP), through which some rural GPs will be able to access additional yearly remuneration for working in areas which experience greater difficulty in accessing medical care.

The Modified Monash (MM) Model system categorises regional and remote locations using classifications MM2 to MM7. Payments increase according to the remoteness of the location and the period of time spent at the eligible area (see table on p. 31). A map detailing MCCC’s MMM areas can be found here.
For additional information about the GPRIP, including eligibility, service requirements and payment details, please see the [Department of Health GPRIP guidelines](#).

The GPRIP will transition to the Workforce Incentive Program on 1 July 2019.

**General Practice Rural Incentives Program (GPRIP) payments**

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<th>Three</th>
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Data from: General Practice Rural Incentives Program Guidelines, The Department of Health, September 2018 (www.health.gov.au)