MURRAY CITY
COUNTRY COAST
**GP TRAINING**

# A Guide for MCCC Training Practices

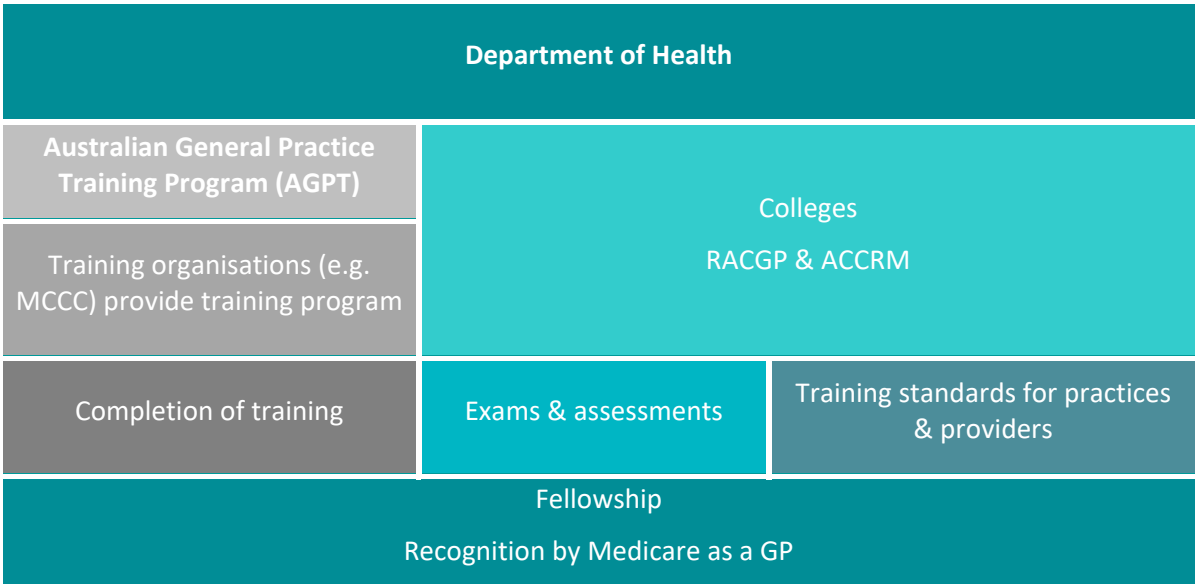
## Contents

## Part 1. The Australian General Practice Training Program

The Australian General Practice Training (AGPT) program is a multi-year program for registrars wishing to become fellows of one or both of the general practice colleges. For registrars undertaking the Royal Australian College of General Practitioners (RACGP) curriculum to attain the FRACGP qualification, on either the general or rural pathway, the program is three years full-time, with an optional fourth year for rural pathway registrars wishing to undertake the Fellowship in Advanced Rural General Practice (FARGP) qualification. RACGP is also developing a Rural Generalist Fellowship (FRACGP -RG) to align with a national Rural Generalist Medicine training pathway, and this will be replaced by a four-year standalone Rural Generalist Fellowship, in 2021.

General practice terms are typically six months in duration and are designated as General Practice Term 1- 4 (GPT1-4) for RACGP terms or Core Generalist Training (CGT) for ACRRM. For the purposes of this document we will refer to these as "Training Terms". Extended skills can be undertaken in a number of disciplines including General Practice.

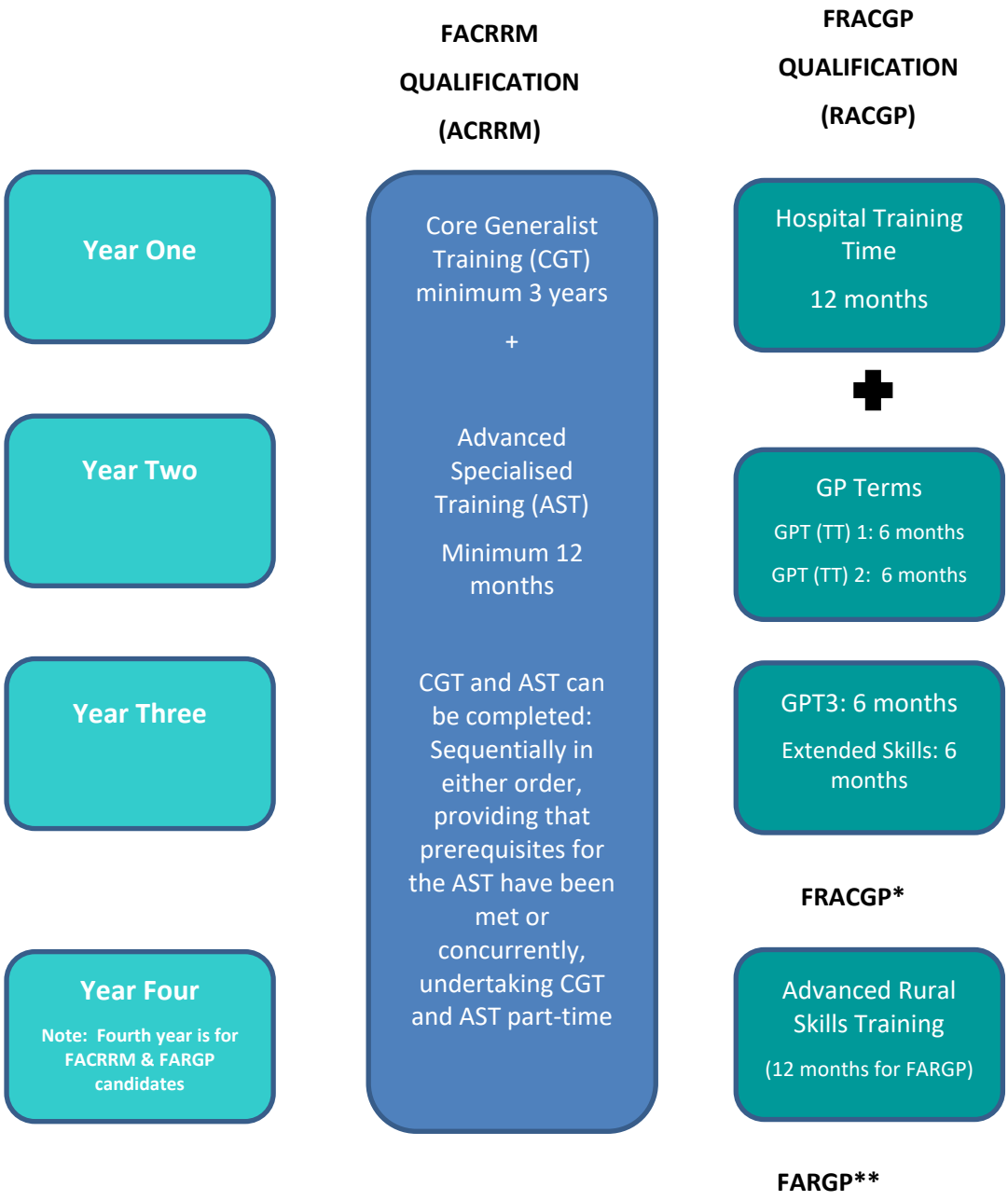
The AGPT program is fully funded by the Commonwealth Government and is managed by the Department of Health (DoH). DoH contracts regional training organisations (RTOs) to deliver the AGPT throughout Australia. Murray City Country Coast GP Training (MCCC) is the RTO contracted to deliver the AGPT in the Western Victorian region.



## Training Pathways

The journey to Fellowship may be different depending on the Registrar. The below diagram shows the GP Training terms and additional skills posts registrars can undertake during training with ACRRM and RACGP.

## Australian General Practice Training*




***There may be flexibility in the order in which training terms may be undertaken**

****The FARGP is a specialist 12 month program for registrars wishing to specialise in rural general practice. The fourth year is optional.**

## The role of MCCC

MCCC is contracted to deliver the AGPT Program for the region of Western Victoria. The organisation has four geographical regions, each with its own regional office. With an additional office supporting the education hub in Geelong. The regions and their offices are:

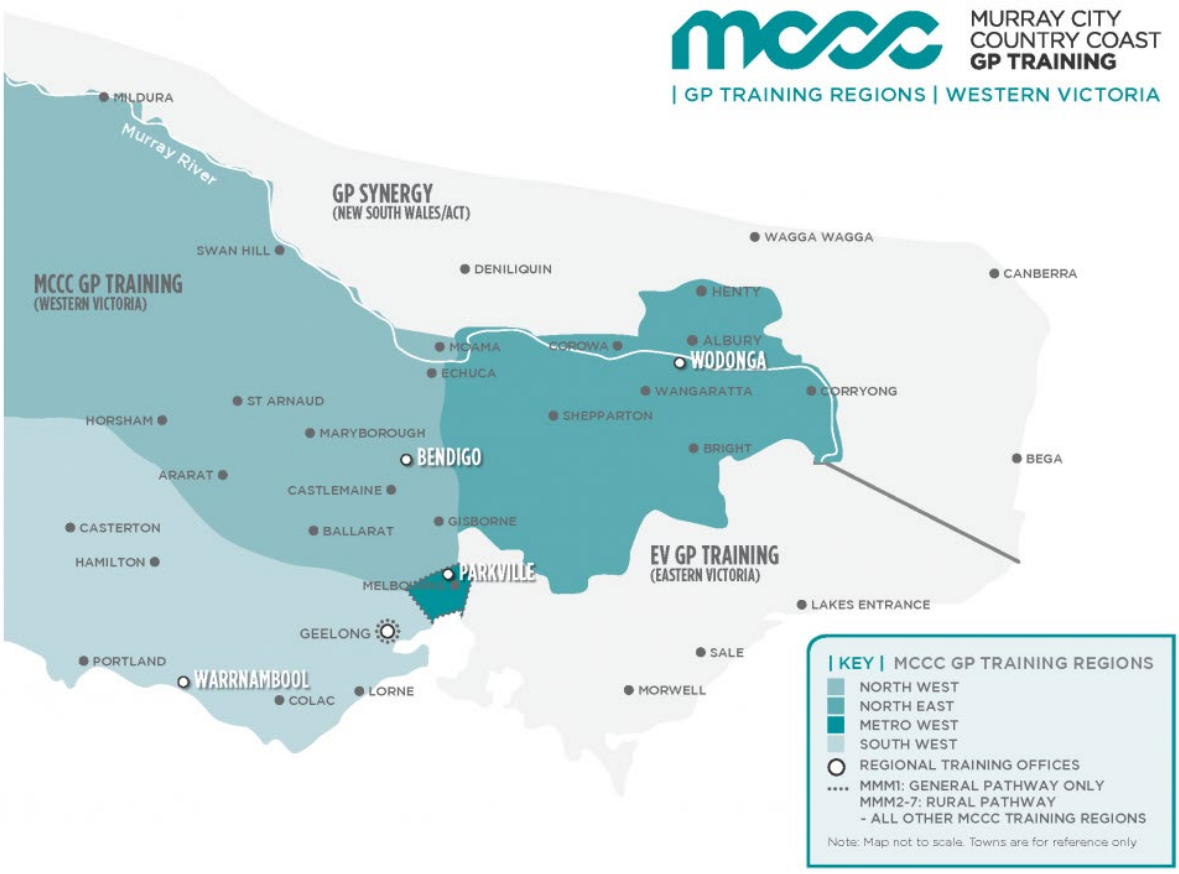
- Metro West: Parkville
- North East: Wodonga
- North West: Bendigo
- South West: Warrnambool and Geelong

Please see the MCCC website for an interactive map of the four regions.

As a regional training organisation, MCCC's responsibilities include:

- Interviewing and selecting AGPT candidates for general practice training) in conjunction with ACRRM and on behalf of RACGP.
- Ongoing recruitment and accreditation of suitable practices and supervisors.
- Conducting a Registrar Placement process to facilitate the appropriate placement of registrars to practices. Provision of support and educational programs for registrars, including access to MCCC e-learning platform (MeL).
- Provision of support and professional development programs for practices and supervisors
- Maintenance of training records, both paper-based and on SWAN, MCCC's data management system.
- Ongoing formative assessments for registrars, including Training Advisor Review Meetings (TARMs) and External Clinical Teaching Visits (ECTVs).
- A Pastoral and Learning Support (PALS)/Remediation Program for assistance with personal, exam or professional issues.

Remuneration for accredited training practices and supervisors in the form of practice subsidies and teaching allowances.




## Part 2. The role of the GP supervisor

### What is a GP supervisor and what do they do?

GP supervisors are experienced GPs who are accredited with MCCC to train doctors in the AGPT Program. They supervise GP registrars undertaking training terms in general practice attachments.

A supervisor has responsibility for the registrar's practice-based learning in the general practice. This has traditionally occurred under an "apprenticeship" model. Each GP supervisor and training practice must be accredited. (See the Accreditation section in Part 6 for further details.)

The supervisor provides professional role modelling, one-to-one teaching, corridor advice, supervision, feedback, support and detailed advice to the GP registrar. They also provide an assessment of clinical safety and competence.

The first and foremost requirement for a GP supervisor is enthusiasm for general practice and providing a positive learning environment. It is important that training in general practice is seen as a team activity for the whole practice and not the sole responsibility of the GP supervisor.

To support supervisors, MCCC provides:

- A Supervisor Professional Development and Support program.
- Education on relevant learning principles and teaching techniques.
- Teaching guidelines from AGPT, RACGP and ACCRM.
- A Supervisor Liaison Officer (SLO).
- Opportunities to meet and network and learn with other GP supervisors.

Supervisors are welcome to contact MCCC's Medical Educators, Regional Heads of Education, Director of Medical Education and Training (DMET) or the SLO with any concerns or questions. Contact details can be found at the back of this handbook or on MCCC's website

Supervisor workshops provide professional education as well as an open forum for discussion, queries and feedback, where issues can be raised with the Regional Head of Education.

GP Supervisors Australia (GPSA) is an autonomous association representing GP supervisors within the AGPT. Membership is free and the association offers its members advice, support and advocacy. Further details are available at the GPSA website.

### Key responsibilities of a GP supervisor to a registrar

- Orientation to general practice and ongoing career advice.
- Orientation to the training practice.
- Availability for clinical guidance, supervision and support for the registrar.
- Ensuring clinical caseload as per RACGP/ACRRM standards.
- Protected teaching time (see table in Part 4 below).
- Ongoing development of skills as a clinical teacher.
- Participation in assessment of competence of the registrar.
- Assisting the registrar to develop and review a learning plan.
- Providing supervisor feedback to MCCC.
- Providing formal feedback to the registrar about their performance.
- Signing of the Recipient Created Tax invoice report (which triggers payment to practices in accordance with MCCC's agreement/s with them)
- All supervisors are expected to be able to meet ED 032 MCCC Supervisor Standards

**Supervisor leave arrangements**

It is the responsibility of the lead supervisor to ensure that the registrar is provided with the required supervision at all times during supervisor leave. Where the lead or an additional supervisor is on planned leave, their responsibilities may need to be allocated to another supervisor. Options for supervisor leave arrangements are shown in Table 1 below.

**Table 1 - Options for GPR supervision arrangements during supervisor leave**

| | Training posts with one accredited supervisor | Training posts with more than one accredited supervisor |
|---|---|---|
| **Planned Leave** | • Registrar takes leave at the same time as the supervisor<br>• Another GP in the practice gains RACGP/ACCRM accreditation to supervise the GPR during the period of leave<br>• The practice employs a locum who is an accredited RACGP/ACRRM supervisor<br>• A short term blended on/off site supervision arrangement with ***prior approval*** of MCCC | • Supervision is undertaken by another accredited supervisor in the practice |

| | | |
|---|---|---|
| **Unplanned Leave**<br><br>*All training posts need to have a current emergency supervision plan to cover unplanned leave of any supervisor* | • Another GP in the practice is accredited and available only to ensure supervision during leave.<br>• An emergency blended/off-site supervision model is in place to be invoked should this situation arise.<br>• The registrar takes unpaid leave while the supervisor is absent.<br>• The registrar is transferred to another training practice. | • Supervision is undertaken by another accredited supervisor in the practice* |

Supervisors are encouraged to refer to ED 027 Leave and Supervision requirements for GP Supervisors for more information.

Traditionally, onsite supervision has been accepted as the preferred model of supervision in the GP apprenticeship model of training. However, there are sometimes situations in which this model is unavailable or not practicable. This may occur for planned or unplanned reasons. In these instances, the blended supervision model has been developed to cater for these circumstances.

The use of a blended supervision model may be considered in the following circumstances:

a. The registrar is working in a post that has variable or no onsite supervisor but can be safely supervised by an accredited offsite supervisor and where the registrar has access to appropriate clinical support from an onsite supervision team.

b. Short term planned offsite supervision: The usual supervisor is taking planned leave and the post is unable to provide a preplacement accredited onsite supervisor over this time due to the lack of an additional supervisor or lack of capacity or availability of other existing onsite supervisors.

c. Emergency alternative supervision: The post has a single supervisor (or additional supervisors with limited capacity to provide supervision) and needs to have emergency supervision arrangements in place for unplanned supervisor leave such as personal or family illness, self isolation or quarantine.

In these instances please refer to ED026 Blended Supervision Model Policy and Procedure for more information.

## Part 3. The role of the Practice Manager

Practice Managers (PMs) have valuable expertise that can be of great benefit to their registrars and the smooth running of their training placement. PMs have skills in staff management, administration, business strategy, budgeting, rostering, computer systems and facilities management. They are also responsible for recruiting, training and supervising staff, and resolving issues and problems that may arise. The PM is often the first point of contact for complaints or other conflicts.

**Specific roles of the PM in supporting the supervisor and registrar include:**

- Training post accreditation.
- Navigating the practice match.
- Assistance with paperwork – practice, supervisor and registrar.
- Rostering.
- Employment contracts.
- Orientation to the practice.
- Educational support and scheduling.
- Invoicing via RCTIs (see Part 6)
- Professional development requirements for practice and supervisor/s.

### What can a Practice Manager teach a registrar?

- Policies and procedures within the practice, including professional behaviour.
- Paperwork and administration processes, e.g. for Medicare.
- Billing process, payments, the Medicare Benefits Schedule.
- Interpersonal skills, e.g. dealing with confrontation, conflict resolution, appropriate communication with staff and patients.
- Technology skills: often the practice manager is responsible for the IT systems within the practice.
- Risk management processes, e.g. review and recall systems.
- Staff management skills.
- Marketing for the practice.
- OHS responsibilities

### The role of other staff in the practice

Training in general practice is a team activity. All members of staff, including receptionists, practice nurses and allied health practitioners, have experience that is of benefit to the training registrar. As well as assistance with orientation, local knowledge and processes within the practice is crucial, staff members often have expert knowledge, e.g. immunisation schedules, to share with the registrar.

## Part 4. Having a registrar in your practice

**Developing a positive learning environment:**

A positive learning environment is created when the registrar, supervisor and training practice all share responsibility for the registrar's training in a supportive, collegiate manner.

Factors that help contribute to the ideal learning environment include:

- Appropriate scheduling of work at a pace that suits the registrar's ability.
- Appropriate supervision, such that the registrar feels safe and supported while encouraging autonomy and developing decision-making skills.
- Encouragement to ask questions.
- Enthusiasm for teaching and learning.
- Learning opportunities relevant to the registrar's needs.
- Open communication within the practice team.
- A culture of feedback with emphasis on constructive suggestions for improvement.
- Opportunity to debrief and socialise.
- Encouragement to plan self-directed learning.
- Participation in professional development, QI & CPD activities.
- Role-modelling of effective leadership and management strategies.

Physical aspects of the environment should also be considered. Before a registrar commences work in a practice, the following facilities are required:

- Equipped consulting room, including direct access to reference material.
- Private area for teaching, where the session will not be interrupted.

MCCC provides new practices with a subsidy to help provide relevant teaching equipment. Please contact your local MCCC office for more details.

### Orientation

Thorough orientation of the registrar to the practice is essential. This is usually provided by the practice manager, practice nurse and supervisor (and, in most practices, a combination of the three). Especially for Term 1 registrars, the orientation process might occur over a series of days or weeks rather than all at once.

Formal orientation must take place on the first day of employment. An informal visit to the practice prior to the training term may be arranged, but this must not replace the formal orientation. The practice should ensure that the registrar's Medicare provider number and appropriate indemnity insurance has been arranged prior to starting the placement.

For Term 1 registrars, it is suggested that at least the first day in general practice be spent in orientation, sitting in with supervisor consultations, and the first formal teaching session. The registrar is likely to need some time with the practice manager to ensure paperwork e.g. Medicare provider number, prescriber number, medical registration and insurance is complete. Depending on the registrar's experience, a plan for when they will see their first patients and the timing of bookings can be made.

An orientation document covering areas that are of particular interest and importance to a GP registrar commencing in a new practice should be made available. This has been flagged as an important step to reduce medico-legal risk. Written policies help to reduce misunderstanding.

Information regarding billing procedures should be very clear, especially for Term 1 registrars who are new to the concept of billing patients for their care. For Term 1 registrars, there is an Initial Assessment Payment. To qualify, the orientation checklist must be completed and returned to MCCC by the end of week 6, co-signed by the registrar, supervisor, practice manager and/or practice nurse.

Refer to MCCC's orientation checklist and ED 019 Orientation of Registrars in Training Posts Policy for more information

### Summary of training requirements

Registrars are expected to complete their training full-time (38 hours per week). Any arrangement for the provision of training at less than 38 hours per week will be considered part-time and is subject to negotiation between the Registrar and their Regional Head of Education and must be applied for in advance.

**Full-time** general practice experience comprises a **38-hour minimum working week** (averaged over four weeks), over a minimum of four days per week, inclusive of:

- A minimum of 27 hours (averaged over four weeks) rostered face-to-face general practice consultation time (in general practice activities)
- Admin time (1/2 hour per working day)
- In-practice teaching time (In-practice teaching time is allocated, sufficient and appropriate to the needs of the registrar. For RACGP In TT1, the minimum time allocation is three hours per week. In TT2, the time allocation is 1.5 hours per week.)
- MCCC workshops and webinars (practices release full-time registrars for all workshops and webinars).

Hours worked beyond the above definition of full-time will not be considered.

**Part-time** general practice experience is considered pro rata against the definition of full-time general practice experience. Part-time general practice must comprise a 14.5-hour minimum working week, over a minimum of two days per week, inclusive of:

- A minimum of 10.5 hours (averaged over four weeks) rostered, face-to-face consultation time (in general practice activities)
- Admin time (approximately 1/2 hour per working day)
- In-practice teaching time (For RACGP Training Term 1 / 2 minimum 1.5 hours per week.)
- Workshop and webinar commitments vary from month to month across the year, but average at approximately 3.5 hours per week. Part-time registrars are expected to attend all MCCC workshops and webinars with their cohort.

Those seeking Fellowship of the RACGP cannot train less than 14.5 hours per week as per the College requirements. Those seeking Fellowship of ACRRM are not encouraged to train at less than 0.5 FTE as per the college requirements.

Work periods of less than three consecutive hours, or of less than one month in any one practice, will not be considered

## Patient numbers

In accordance with the standards for general practice training, registrars should see no more than four patients per hour in the normal clinical setting.

Registrars starting in Training Term 1 are learning the skill of general practice and as such, it is highly recommended they **start** at **maximum of two patients per hour**.

With time and in discussion with the registrar, patient numbers will increase. Most registrars will not progress to the maximum of four patients per hour until mid-Training Term 2. Some may take longer. Increases in patient numbers should be through mutual agreement with the registrar and their supervisor.

## Recipient Created Tax Invoice (RCTI)

Registrars training workload is recorded in the monthly Recipient Created Tax Invoice record (RCTI) in SWAN.

It is the practices responsibility to ensure they 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 the Registrars workload is reasonable, that they are provided leave and that teaching requirements are being met.

## Diversity of practice experience

The RACGP Diversity policy requires all RACGP registrars to have exposure to at least two different supervisors and two different practice management systems. In addition to this there is a requirement to be exposed to diverse patient populations and broad range of patient encounters. MCCC and the RACGP emphasise that the best way to meet this requirement is to have experience across different practices.

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 make the final decision. Please refer to the RACGP VTP – Requirements for Fellowship Policy and 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

All AGPT registrars are required to complete the MCCC training requirements and college assessments (exams) within designated training times.

If, due to unforeseen or extenuating circumstances, they are unable to meet this requirement, there are a number of extensions available to them as an AGPT registrar. These include:

## Covid-19 Extensions to training time

Due to the impacts from COVID-19, registrars can apply for a COVID-19 extension of training time where needed. Please see clause 5 of AGPT COVID-19 Support Policy 2020 for more information.

COVID-19 extensions of training time will not count towards the training time cap or any other subsequent extensions of training time. All extensions are for 26 weeks.

COVID extensions are submitted by the Registrar to and approved by the Regional Head of Education. MCCC will notify the Registrar if an extension is approved.

## Extension awaiting assessment

Six-month extension 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 as outlined in the AGPT policy.

## Extension awaiting fellowship

Twelve weeks' extension for administration purposes (exams passed, and paperwork lodged). All extensions must be discussed by the Registrar with their Regional Head of Education.

Please 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.

## Part 5. Education

Education for GP registrars consists of practice-based teaching within their work environment, and a program of educational activities arranged by MCCC. This is supplemented by External Clinical Teaching Visits (ECTVs). Practice managers are of great assistance in scheduling ECTVs, ensuring the registrar is not booked to see patients on workshop days, and ensuring that teaching time with the supervisor is appropriately scheduled and protected from interruptions.

### Practice-based learning

The principal 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. Teaching time forms part of the registrar's usual working hours and is part of their paid employment.

Other members of the practice team can include:

- Additional accredited supervisors
- Other doctors.
- Practice nurse.
- Allied health.
- Practice manager.

### In-practice teaching requirements

Part of a GP registrar's learning includes in practice teaching. These learning activities **MUST** reflect the learning needs of each **individual** registrar. Registrars in consultation with their Supervisor/s (and medical educators) should develop a plan for their learning that is practical, relevant and individualised. It is recommended that this occurs early in each six-month term using an electronic written **learning plan**.

The **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. This includes those listed below.

**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 (e.g. 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

> Teaching forms part of the registrar's **"ordinary hours" *** and is part of their paid employment.
>
> **National Terms and Conditions of Employing a Registrar – GPRA*

### In-practice teaching requirements

In-practice teaching must meet the **minimum** requirements as follows:

| **Full time** (minimum 27 hours consulting time) | | **Part time** (pro rata but following minimum) | |
|---|---|---|---|
| Training Term 1 | minimum time **3 hours/week** * | Training Term 1 | minimum time **1.5 hours/week** * |
| Training Term 2 | minimum time **1.5hours/week*** | Training Term 2 | minimum time **1 hour/week*** |
| Training Term 3 | minimum **45mins/week**** | Training Term 3 | minimum **45mins/week**** |

It must be **regular, scheduled and uninterrupted.**
***a** minimum of **one hour** per week, in the first 12 months is **for one on one case discussion and mentoring relating to the registrar's daily case load with a supervisor.** This must be **one on one** and **cannot** be joint teaching with other registrars, unless previously discussed with the RHE. (** as per * but 45 mins minimum)

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%** of the teaching time.

### MCCC education program

Note that registrars may not be permitted to progress to the next phase of training until all educational requirements have been met in their current training phase. This also applies to their eligibility to enrol in the RACGP/ACRRM examinations and apply for Fellowship towards the end of their training.

**Members of the education team can include:**

- Additional accredited Supervisors
- Other doctors
- Practice nurse
- Allied health/Aboriginal Health Worker
- Practice Manager

### Out of Practice Education

A comprehensive out-of-practice education program facilitated by the MCCC Medical Education team for registrars in Training Terms 1, 2 & 3.

The Term 1 and 2 program comprises:

- face to face learning (workshops);
- synchronous online learning (webinars); and
- asynchronous online learning (mandatory learning activities to be completed independently in the registrars' own time).

Topics and learning outcomes addressed via face to face workshops include content which is:

- skills based and best facilitated via simulated activities.
- difficult to address in practice; and,
- best facilitated via peer interaction, both registrar to registrar and registrar to medical educators and other non-GP specialists.

Topics and learning outcomes addressed in webinars were originally allocated based on opportunities to provide an additional mode of learning, specifically case based and topics requiring regional context. However, it is important to note that due to the impacts of COVID, webinars and learning activities accessed via the learning management system (LMS) have replaced face to face workshops, described above.

Asynchronous core eLearning activities provide opportunities for the registrars to revise, practice, consolidate and extend their learning. The topics and learning outcomes covered via this mode, link explicitly to content facilitated face to face and via webinar.
For part-time registrars, education requirements are to be completed as a full-time registrar in the 12 months of Training Terms 1 and 2

Registrars are expected to attend and complete all activities as described above. If all or part of a workshop or webinar is missed due to illness or leave, the Education and Program Support Officer (EPSO) or Regional Head of Education will liaise with the registrar to make alternative arrangements for catch up.

The Term 3 program comprises both a core and elective component. The core component, as with the Term 1 & 2 program, covers topics and learning outcomes that are facilitated similarly across the footprint. The elective component introduces registrars to self-directed learning, mirroring the CPD process for RACGP. Registrars are required to build a total of 40 points by choosing learning activities that best meet and extend their learning needs. The activities include:

- Online learning activities created by MCCC Medical Educators
- MCCC facilitated webinars
- Completion of RACGP GP Learning activities
- Activities from suitable organisations such as GP Think, Black Dog Institute, NPS, MedCast, Medicine Today, PHN Event, Doctors for Doctors (learning modules)

### RACGP requirements

**Advanced Life Support:** RACGP registrars must attend one day training in Advanced Life Support (ALS) during the course of their training.

**Basic Life Support:** RACGP standards require that registrars complete CPR training each year of their training. Registrars are now required to have done basic CPR training in the twelve months prior to commencing their Training Term 1 and provide evidence of obtainment in the 12 months prior to fellowship.

### ACRRM requirements

ACRRM registrars must successfully complete a minimum of two ACRRM-accredited emergency medicine courses such as REST, EMST or APLS.

### Aboriginal and Torres Strait Islander Health requirement

Aboriginal Health is addressed in both a “separatist” and “mainstream” approach (Chalmers & Partridge, 2012). The first position supports the standalone, or add on, manner of planning and facilitating learning. The second supports an integrated approach where the teaching and learning is embedded into existing curriculum. MCCC uses both approaches resulting in Aboriginal Health being explicitly embedded in a meaningful and relevant manner to the existing learning programs, and is also addressed specifically via a range of learning activities, both core and optional.
Core Aboriginal Health activities include:

- Participation in an Aboriginal Health Cultural Day workshop or equivalent

- Participation in a Closing the Gap webinar
- Completion of Aboriginal Health cases which have been designed for the registrar to work with their supervisor, applying learning to the registrar's home practice

Optional activities can be accessed via the MCCC Topic Library and thorough participation in Aboriginal Health placements and involvement in Aboriginal Health Projects. MCCC provides a curriculum in Aboriginal and Torres Strait Islander Health during Training Terms 1 & 2. Attendance at the foundation workshop in Aboriginal and Torres Strait Islander Health is mandatory. Following this there are further educational activities in Training Term 2, for which a points system has been designed to ensure registrars receive adequate training within a flexible framework.

### External Clinical Teaching Visits (ECTVs)/Remote External Clinical Teaching Visits (rECTVs)

The ECTV/rECTV is an educational session for providing additional feedback and advice from an experienced GP to a registrar after observation of the registrar's consultations, with the ultimate aim of improving the registrar's clinical performance For a more detailed outline of ECTVs, readers are advised to read MCCC's External Clinical Teacher Manual**.**

**The ECTV:**

- Is a mandatory visit (virtual or face to face) by a medical educator (ME) or experienced supervisor to a registrar at the practice at the Registrars place of work
- Is primarily an educational opportunity for the registrar. Teaching in the ECTV should be integrated wherever possible with the supervisor's teaching.
- Involves directly observing the registrar's consultations and providing feedback to the registrar on his/her performance.

**The focus of the ECTV**:

- Is primarily on the registrar and their learning needs.
- Is on both the "process" and the "content" of the consultations.

**The purpose of the ECTV is:**

- To help improve the registrar's skills, both as a GP and a professional.
- To assist the registrar to develop a vision of what constitutes excellence in general practice consulting.
- To make an appraisal as to whether the registrar's knowledge and clinical skills are appropriate for their level of training.
- To support and assist the supervisor in their teaching role.
- To meet with both the registrar and supervisor to discuss any issues relating to progress in the placement.

The clinical queries from the registrar during an ECTV/rECTV will generally be referred back to the supervisor. In general, it is not the role of the ECTV/rECTV educator to provide specific clinical advice to registrar during the consultation.

| ECTVs by training term | |
|---|---|
| **Term** | **No. of visits** |
| **1** | 2 |
| **2** | 2 |

| | |
|---|---|
| **3** | 1 |
| **4/Extended Skills** | 1 (optional) |
| **Total** | **5 minimum** |

### Scheduling of ECTVs/rECTV's

The coordination of the initial ECT visit, is undertaken by Medical Educators or experienced supervisors.

- For all subsequent ECT's, the ECT visitor will be sent a list of the registrars they are required undertake an ECTV or rECTV on.
- The registrar will also be advised who their ECT visitor will be. Their practice manager will be copied into this email.

The initial ECTV visit will occur in the first four weeks of Term 1 as outlined in the ECTV/rECTV section above and will be performed by a medical educator or experienced supervisor.

The task of coordinating all ECTVs' will fall to the Medical Educator (ME) or delegate; or the ECT visitor's practice manager to coordinate with the registrar's practice manager. Once the visit has been arranged, please ensure the ME or ECT visitors practice manager emails our Training Support Officer (TSO details will be provided to the Practice) with the date of this visit.

The date of the visit needs to be uploaded to SWAN, to generate the visit report template the visitor completes.

- Your practice should be aware to program your session with 30-minute appointments to allow for discussion with your visitor. Time will need to be allocated before and after the session for discussion and for the ECT visitor to meet (virtually or face to face) with your supervisor.
- All your patients must sign consent forms (available on MCCC website) before their consultation. Remind your reception team of this requirement on the day if the visit is face to face.

It is the **responsibility** of the **registrar** to ensure the visits are completed in the required time frame.

In Term 1, the first visit will occur in the first four weeks of the term as part of the initial assessment. In Term 2, the first visit will be at approximately six weeks into the term. During the first visit, a second visit will be arranged for later in the term. Additional visits are organised as required. The ECTV/rECTV visitor ideally observes four to five patient consultations during a session. Following the ECTV/rECTV a meeting will take place with the registrar, supervisor and visitor to discuss any issues arising. ACRRM ECTVs may also require an additional miniCEX to be performed.

| **Usual ECTV structure** | |
|---|---|
| **Item** | **Timing** |
| Informal discussion with the practice manager | 1-2 weeks prior to the visit or during the ECTV/rECTV |
| Meeting with the registrar on training issues | 30 minutes |
| Visitor/supervisor observation of registrar consultations | 30 minutes per patient, including discussion and feedback after each |

| | |
|---|---|
| Visitor meeting with registrar and supervisor | Up to 30 minutes |

Please note that this structure can be varied depending on the registrar's learning needs.

### Video Recording and Analysis

Supervisors and registrars are encouraged to undertake review and analysis of their consultations as part of their regular teaching during training.

However, video recordings may be considered health information under the *Health Records Act 2001* (Vic). This Act also outlines the Health Privacy Principles. Practices would be aware from their clinical practice records there are specific requirements around health information storage, access and destruction. The consent obtained from the patient for videotaping should reflect the anticipated use and other relevant information.

In addition, it may also be prudent to have the registrar participating in the recording consent to their participation in the retained record.

If the consultation is viewed by live streaming, patient consent would still be needed but it would appear the *Health Records Act* would not apply as in this case no record is made.

The use of video is considered an extremely useful educational tool in training registrars, but practices are encouraged to seek their own up-to-date advice related to the legislation as it applies to recordings made in the practice.

### Initial Assessment

As part of the formative assessment program, MCCC has introduced the Initial Assessment, which includes the following activities:

- Consideration of the Situational Judgement Test completed at AGPT selection.
- Completion of an online Multiple-Choice Questionnaire (MCQ).
- Participation in a clinical scenario.
- DVD consultation review.
- Early External Clinical Teaching Visit to be completed in the first four weeks of term.
- Early Supervisor Assessment to be submitted by week four of term.

Supervisors will directly be involved in the final two components listed above.

### Early External Clinical Teaching Visit (ECTV)

### Early Supervisor Assessment

The Supervisor Assessment involves the lead supervisor reviewing registrar performance via a combination of inputs, including direct observation, WAVE/parallel consulting, completion of an observation checklist and case discussion. The lead supervisor will complete an in-practice report and submit it to MCCC by the end of week four.

The information generated and collected will be used by the Medical Education team to work with the supervisor and registrar to guide their learning. The purpose of the initial assessment is to identify the level of supervision, support and assistance a registrar may need early in their training.

### Further Assessment

The further assessment takes place at the start of Training Term 2, and is to monitor progression of registrars through learning. It is similar to the Initial Assessment process:

- Completion of online MCQ questionnaire
- Supervisor Feedback Report
- Practice Manager Report
- ECTV/ rECTV
- Training Advisor Review Meeting

A summary is generated from the Further Assessment process, similarly to the Initial Assessment.

Work is currently underway to design a Term 3 Assessment, which will focus on ensuring that registrars have a breadth of experience, have identified their learning needs and are progressing towards completion of RACGP or ACRRM assessments.

## Part 6. Administration and paperwork

### Accreditation

MCCC training posts are accredited to the training standards set by the RACGP or ACRRM. Training practice accreditation is separate from APGAL/GPA accreditation and relates to ensuring the practice is appropriate and equipped for the training and education of registrars.

Practices are accredited based on the following:

- Accreditation for registrars from Terms 1-4
- Accreditation for term 4 Extended Skills Posts/Advanced Specialised Skills Posts registrars only.

To become a training practice, a practice must demonstrate attaining RACGP and/or ACRRM general practice training standards, including:

- Accreditation of GP supervisor/s.
- Accreditation of the training practice/facility.
- An orientation program.
- Provision of a positive learning environment.
- Provision of protected teaching time.
- A plan for appropriate supervision.
- Adequate feedback, appraisal and assessment.
- Availability of clinical guidelines.
- Exposure to an appropriate breadth of clinical activity.
- Appropriate tasks relating to the training doctor's learning plan.

For practices, the first step is an Expression of Interest process whereby the practice completes paperwork containing details of the practice and supervisor/s. The Expression of Interest is assessed by MCCC's Accreditation Panel, and if the practice is considered suitable and initial accreditation process is commenced. This involves a submission of paperwork including the practice profile and accreditation application form. Documentation for each trainer (lead and additional GP supervisors) regarding registration, fellowship status, CPD and time worked in general practice is also required.

After the paperwork is received, MCCC's medical educators and/or practice support staff will perform an accreditation visit, and the resulting recommendation for accreditation will come before the Accreditation Panel. If the Panel approves the recommendation, the recommendation is sent to RACGP or ACRRM for accreditation and final sign off. Newly accredited supervisors are required to attend new supervisor orientation workshops and ongoing supervisor PD to remain accredited.

While accreditation is for three years, feedback from registrars is monitored each term and practices are reviewed annually. Prior to the accreditation expiry date, a Reaccreditation Pack is sent out by MCCC, including a checklist, application for reaccreditation, and a self-assessment document that allows practices opportunity to demonstrate that they still meet the training standard requirements. This will be reviewed by a medical educator and a recommendation made to the Accreditation Panel as above.

For further information about accreditation and training standards, please see:

- RACGP accreditation.
- RACGP training standards.
- ACRRM standards and accreditation.

## MCCC – practice agreement

Every training practice that undertakes to employ and train registrars enters into an agreement with MCCC. This document must be signed by an authorised delegate of the practice and the supervisors. This contract defines the responsibilities the training practice, supervisor, registrar and MCCC.

## Registrar Placement Process

Once your practice is accredited as a training post, it can be included as part of the Registrar Placement process, previously known as “practice match”.

An up-to-date, comprehensive practice profile is of great benefit in attracting the right registrar to the right practice. Information including the size of the clinic, patient demographics, opening hours, and special interests is helpful to registrars in making decisions for their training. If the practice is in an outer metro or rural location, then providing local information about the area is also useful. The role of the practice manager in this process varies from practice to practice, however, would generally include:

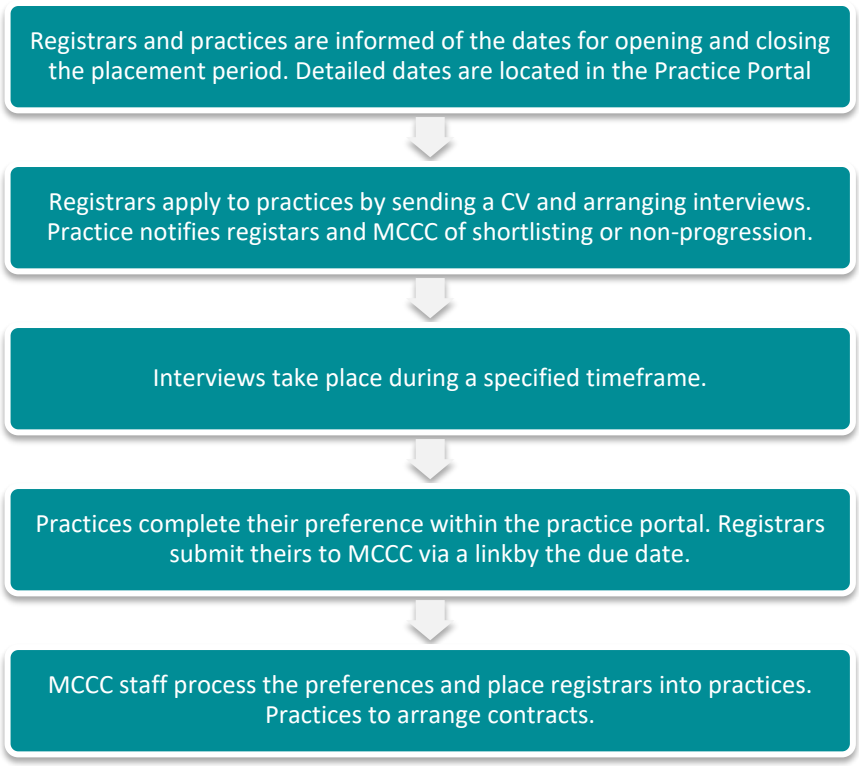
- Enter and update the practice profile to ensure it is current.
- Liaising with applicants, undertaking normal HR principals by notifying non-progression.
- Deciding on candidates to shortlist and interviewing candidates, in conjunction with the supervisor.
- Enter shortlisting information
- Liaising with MCCC about any changes,
- Ensuring all key dates for required activities are completed and submitted on time. Preferencing candidates as indicated in the Policy

Following the criteria the process as per the MCCC Registrar Placement Process is followed. This includes set interview times, not discussing preferences with registrars and providing a valid submission.

The Registrar Placement (formerly referred to as Practice Match) is a complex process. It takes into account registrar training needs and community needs, whilst meeting criteria set down by the AGPT program and the two GP Colleges (RACGP and ACRRM). MCCC is committed to ensuring that our placement process delivers the best outcome to all concerned.

**It is vital that you Practices and Registrars read the Registrar Placement Process information be fully aware of all requirements and responsibilities associated with the Placement Process.**

Important dates and points needing action by registrars for the Priority, Competitive and Directed stages of the Placement Process are detailed on this site in line with the following key steps:




Any registrars or practices unmatched at the end of this process can then take part in a Directed Placement.

Practices can list preferences per semester. Practices must be prepared to take all levels of registrars during a 3-year period.

### The Registrar Recipient Created Tax Invoice (RCTI) Report

The Registrar RCTI report is a document lodged by the training practice for each registrar, which forms the basis for payment of their services in training GP registrars. The form is completed electronically on SWAN. The RCTI contains useful information on:

- Total hours, hours available to consult
- No of consults, consults per hour
- No of tele-health
- Admin time
- Workshop/webinars
- In-practice teaching time.
- Registrar and Supervisor Leave.
- Out-of-practice Education
- On-call (direct patient contact
- Other activities (COVID related) to be added to the comments. (not sure about this?)

The information documented in the RCTI is checked by MCCC administrative staff each month for the presence of certain indicators which could signal potential issues. These indicators include:

- Low patient numbers (below eight per session, averaged over the month).

- High patient numbers (above four patients per hour, averaged over the month).
- Teaching time not consistent with the training level of the registrar (pro rata for part time).

The presence of any of these triggers is flagged by administration staff to the Regional Head of Education. In most cases, a medical educator will be forwarded the RCTI to follow up. Often the ME can resolve the issue by gathering further information from the registrar, the practice manager or the supervisor. Not all triggers indicate a significant problem. Adequate documentation, adherence to guidelines for teaching time and patient load, and reporting promptly are the simplest ways to avoid unnecessary follow up. If the issue cannot be resolved by the ME or is of a more serious nature, the matter will be returned to the attention of the Director Medical Education and Training.

A practice-based teaching session cannot be claimed if:

- The GP registrar does not attend (document this event should it occur and notify MCCC).
- The GP registrar is on holidays/sick leave/leave at short notice.

### Practice subsidy and teaching allowance

Training practices are paid a monthly practice subsidy and teaching allowance when hosting a GP registrar. MCCC has permission from the Tax Office to pay via Recipient Created Tax Invoices (RCTI) noting this acronym. RCTI payments are outlined in the MCCC/Practice agreements meaning that MCCC can initiate payment to practices based on the current registrar details in SWAN. For this reason, it is vital that practices and registrars inform MCCC immediately of any changes, e.g. change of part-time hours, maternity leave. MCCC provides the practice with a detailed tax invoice ahead of payment to ensure practices can reconcile amounts received with the agreed payment schedule

Payment is made monthly in arrears on advice to the Finance Department of the monthly training data being verified in SWAN. If training data is not submitted to Pivotal, no payment will be made. Practices should expect follow up by MCCC staff on a timely basis to ensure all parties are adhering to their contractual agreements.

Please note: Practices are required to provide registrars with formal protected teaching time each week during their placement in Training Terms 1, 2 or 3, and this teaching must occur on a regular basis, i.e. weekly and not cumulatively over a month. Practices should keep their own records of the number of teaching hours undertaken, while noting that the required teaching hours for each term is the maximum that MCCC will pay.

### Registrar Paperwork

While it is the registrar's responsibility to ensure the forms listed below are submitted in a timely fashion, it is important that the practice confirm this has occurred.

### AHPRA Registration and Medical Indemnity Insurance

It is the responsibility of the practice to confirm that the registrar's medical registration and indemnity insurance is up to date prior to their commencement at the practice.

### Medicare Provider Number

Registrars cannot generate Medicare claims without a Medicare Provider Number. Provider Numbers are location-specific and, for the purposes of GP training terms, have specific dates as well. Full detail of eligibility for access to the MBS is available from Medicare as explanatory notes to the Application for Initial Medicare Provider Number. Provider numbers will expire – check this date.

Please refer to the Provider Number application process on the next page. MCCC initiates the process to obtain Medicare Provider Numbers for Registrars. MCCC is unable to submit requests for Provider Numbers until 3 months prior to the Registrar's commencement date. Timely submission will avoid

delays in Medicare Processing, particularly over the festive season.

**Time frames:**

- For Australian medical graduates (AMGs), the Provider Number application process may take up to **14 days**.
- International medical graduates (IMGs) and AMGs who were temporary residents when they commenced medical school in Australian also require a section 19AB exemption from the Department of Health and Ageing. Because of this, the Provider Number application process takes **28 days** and cannot be backdated.
- Where a placement has a start date earlier than the start date of the 19AB exemption, access to Medicare benefits begins from the date of the 19AB exemption. If the placement has a date **after** the 19AB exemption start date, access to Medicare benefits can only be granted from the date of the AGPT placement.
- Provider number forms can only be submitted three months prior to the placement commencing.

Whilst in the training program, MCCC needs to generate registrars' provider number form for registrars. Registrars must discuss and notify MCCC of any changes in placements, additional locations i.e. branch practice or hospital that registrars may need a provider number for.

From the information you provide, MCCC will enter this into Medicare's RIDE database and generate a pre-populated form and send it to the registrar and supervisor to sign.

It then is returned to MCCC to sign off and submit to the Department of Health.

Due to privacy restrictions MCCC cannot track the progress of these forms. It is their imperative that the registrar is tracking their provider number progress. Registrars without a number 4 weeks prior to term commencing should check in with MCCC to ensure all papers were submitted successfully.

Training practices must always check that GP registrars have been allocated a provider number with access to Medicare benefits before allowing them to see patients. It will not be the responsibility of MCCC if a registrar does not have their provider number by the start of term.

Only on fellowship will a registrar need to apply for a number independent of MCCC, the application forms for this can be found on the AGPT website.

**Please note:** GP registrars also require a Prescriber Number for prescribing medication. This is valid throughout Australia with no time limits. Information about Prescriber Numbers is available from the Medicare website.

### Employment contracts

Practices are directed to the National Terms and Conditions for the Employment of Registrars, which is typically updated annually. When accepting a placement, MCCC expects practices and registrars to abide by these conditions, unless exceptional circumstances develop.

**All registrars must be employees of the practice.**

For Training Term 3 and 4 and Advanced Skills Training registrars, there is a National Terms and Conditions for the Employment of Registrars (NTCER) to be considered relating to employment, however registrars negotiate individually with the training practice. These registrars must still be employees of the practice, not contractors.

Registrars are not generally accustomed to negotiating their terms of employment and it is advisable that the practice ensures their Registrar reads the proposed agreement carefully to ensure it is well understood. This is particularly important where a particular clause may be different to the usual agreement (e.g. working after hours or on call arrangements). Registrars may obtain assistance with the negotiating process through the General Practice Registrars Australia or MCCC's Registrar Liaison Officers (RLOs), whose details can be found on the MCCC website.

For further information regarding employment, please contact MCCC or its Supervisor Liaison Officer (SLO).

An additional resource for practices and supervisors is GP Supervisors Australia (GPSA), which meets regularly to focus on issues facing to GP supervisors and the provision of education in the practice environment.

## Part 7. Registrars and risk

### Registrar Safety

The training practice and the supervisor have a responsibility to ensure the safety of the registrar. This includes adequate orientation (see the checklist in Part 4) with particular reference to dealing with aggressive or violent patients, a safe working environment and appropriate supportive care, including time for discussion and debriefing.

### Fatigue Management

All training posts (practices) must have an approach to fatigue management and actively engage in conversation with registrars and supervisors about this subject. Posts should have an awareness of registrar training requirements and travel times to workshops (where applicable), along with study requirements for college examinations.

Measures to enhance registrar wellbeing by reducing excess fatigue should be regularly reviewed by the training post. This should include review of the registrars consulting hours, on-call and after-hours shifts, travel time and work undertaken external to the clinic such as local hospital cover and nursing home visits. Appropriate supervision, which is in keeping with the registrar's level of capacity and confidence, must be available for on-call/after-hours work undertaken by the registrar. Supervisor fatigue management should also be reviewed by the training post.

The workload of after-hours weekend and on-call shifts should be shared between registrars and other available GPs at the training post. If a training post holds concern over the registrar's capacity to maintain optimal clinical decision-making or personal wellbeing due to excess fatigue, this should be raised with the registrar and MCCC via the registrar's Training Advisor or relevant Regional Head of Education.

Further information may be found in MCCC's fatigue management guideline. This guide includes suggestions for fatigue management after on-call shifts. The responsibilities of registrars and MCCC are also outlined.

### Patient bookings for the registrar

As stated previously, the booking capacity of the registrar will vary depending on their experience and as they progress through their terms. Supervisors should ensure that clinic staff who are involved in taking bookings are aware of the registrar's current schedule. Other points to keep in mind are rostering for MCCC education activities and protected teaching time.

### Boundaries in Therapeutic and Professional Relationships

While employed as a Registrar within an accredited MCCC Training Post:

- GP Supervisors and Registrars should not enter formal therapeutic relationships with each other while the Registrar is undertaking a training term or is allocated to complete a future training term within the practice of that GP Supervisor.
- GP Supervisors and Registrars should not provide informal treatment or prescriptions of medication to each other at any time, nor pressure each other to provide prescriptions for themselves, family members or friends.
- Training post staff, including other general practitioners within the practice, should not seek informal medical care or prescriptions for themselves or other persons from Registrars.
- Registrars should not enter therapeutic relationships with staff members in their training practice, including other general practitioners or their families. If such an arrangement is unavoidable, disclosure must be made to the training post, and activities undertaken only in the context of an appropriate medical consultation. The Registrar must be able to contact their supervisor for advice and the patient should be aware this may be necessary.

Appropriate documentation should occur as with any patient consultation, and confidentiality is discussed. The GP Supervisor should be advised of the consultation.

### Risk Assessment

It is an accreditation requirement that the supervisor conduct a risk assessment of the registrar's ability to deal with consultations known to be high risk within the context of the general practice environment. This should take into account the level of supervision in their current stage of training and the registrar's clinical experience. If necessary, the supervisor may need to directly observe the registrar in areas that have an increased risk of adverse outcomes and litigation. The table below shows current areas of increased risk for registrars.

**Areas of increased risk for registrars:**

- Assessment of trauma, particularly fractures, nerve and tendon injuries.
- Diagnosis of serious medical problems: myocardial infarction, subarachnoid haemorrhage, meningitis and pneumonia.
- Diagnosis of serious surgical problems: appendicitis, ectopic pregnancy and abdominal abscess.
- Assessment of a sick child.
- Antenatal care.
- Management of possible malignancy such as breast lumps, bowel symptoms and lymph nodes.
- Recording and checking for adverse reactions to medications and warnings of potential side effects.
- Cervical screening tests.
- Privacy procedures.
- Procedures such as intramuscular injections, venepuncture, ear syringing, minor surgery, cryotherapy, implants, IUD insertion.

Supervisors are also encouraged to:

- consult the article by Ingham and Plastow, AJGP volume 49, Issue 5, May 2020 *A "call for help list" for Australian General Practice Registrars:* https://www1.racgp.org.au/ajgp/2020/may/help-for-australian-general-practice-registrars
- complete the *High-Risk Encounters* supervisor teaching tool during the first week of the registrar's placement. (found on MeL)

### Mandatory Reporting Legislation

Health professionals and their employers are mandated by law to report notifiable conduct relating to a practitioner. In relation to health professionals, notifiable conduct means the practitioner:

- Practised their profession while intoxicated by drugs or alcohol.
- Engaged in sexual misconduct in connection with the practice of their profession.
- Placed the public at risk of substantial harm in the practice of their profession because they have an impairment.
- Placed the public at risk of harm because they practised their profession in a way that constitutes a significant departure from accepted professional standards.

MCCC also has a procedure that defines an adverse event, critical incident or serious internal issue.

In the event of a registrar engaging in notifiable conduct, in addition to contacting MCCC and following MCCC's ED 028 Reporting of an Adverse Event, Critical Incident or Serious Issue Internal

Procedure, the supervisor is required by law to report to the Australian Health Professional Regulation Agency (AHPRA). Further details can be found at AHPRA's website.

### When problems arise

Most registrars will progress through the AGPT program without major concerns. However, MCCC has a process for supporting registrars who are experiencing difficulties during their AGPT program whether professional or personal in nature.

Pastoral and Learning Support (PALS) is the term MCCC uses to define this process and its key elements are:

- Clear guidelines.
- Openness and honesty.
- Early identification and assessment of issues.
- Individual management plans.
- Dedicated medical educators (PALS officers) oversee and manage these processes.

The terms "remediation" and "remedial" have commonly been used in relation to underperforming registrars. However, these terms carry connotations of problems being of a serious nature, requiring major intervention, and that the registrar has a fault or deficiency that requires correction. The reality is that most problems and concerns are of a relatively minor nature and are easily managed. On the other hand, the term "pastoral and learning support" suggests an optimisation of learning experiences in order to improve educational outcomes. In keeping with the philosophy of MCCC, learning is not only the improvement of medical knowledge and clinical skills, but also the development of professional values and ethical behaviour. The term "learning support" is seen to encompass all these notions and is therefore preferred to the term "remediation".

Performance problems are not simply confined to deficiencies in clinical knowledge and skills. Often other, more serious, issues are found to underlie a performance problem.

Problems can be broken up into the following broad areas:

- Capability: clinical knowledge and skills.
- Work environment.
- Health: physical and mental.
- Attitudes and professional behaviour.

The earlier a problem is identified, the better the outcomes that can be achieved by an intervention process.

Where a matter is serious enough that a practice is considering terminating the registrar, obligations exist under the National Terms and Conditions for Employment of Registrars (NTCER), and Practices must have a discussion with MCCC prior to making any decision.

Supervisors are in a key position to identify problems early on because of their regular contact with the registrar. Information may come from:

- Discussion with the registrar of their initial assessment results at the beginning of the term.
- Regular appraisal of the registrar in various situations, e.g. tutorials, direct observation by sitting in on consultations, review of videotaped consults.
- Feedback from other doctors in the clinic, reception staff and patients.

Supervisors are also encouraged to complete the supervisor feedback form as honestly as possible and to encapsulate the registrar's performance during that term as well as the level attained with respect to their clinical skills.

Where there are concerns about a registrar's competence, clinical skills, professionalism or lack of progress, or if there are concerns about the registrar's health, the supervisor is encouraged to report their concerns in one of the following ways:

- Speak to the medical educator at the ECT visit.
- Contact the registrar's Training Advisor
- For educational/clinical concerns, speak directly to the regional PALS Officers or your local Registrar Support Officer.
- For concerns regarding professional issues, speak directly to the Director of Medical Education and Training.
- RACGP notification is now required when incidents are deemed "Critical".

Refer to Policy ED 028 Adverse Event, Critical Incident, Serious Issue and Near Miss

### The role of the Pastoral and Learning Support (PALS) Team

The Pastoral and Learning Support Team is led by a senior Medical Educator. The role of the team is to investigate, plan assessment and design interventions for any concerns regarding a registrar in training. These concerns may be professional or personal in nature, including the issues mentioned above.

The PALS team encourages supervisors and practices to be in touch early where there are any questions regarding a registrar's progress or well-being.

MCCC has a comprehensive policy ED005 Registrars in Difficulty which outlines the resources the PALS team has available to them for assisting registrars.

Another document that may be of interest to supervisors is ED008 Registrar Wellbeing Policy and Procedure, which outlines how registrars can access confidential, anonymised counselling services via PALS.

## Part 8. Professional Development

### Supervisors

MCCC provides a professional development (PD) program for supervisors. Details of MCCC's supervisor professional development activities and requirements are available on the website and will be advertised by your local office. There is a requirement for new supervisors to attend a new supervisor's orientation prior to having a registrar in a new post. Refer to Policy ED 025 Supervisor Professional Development

### Practice managers

MCCC also conducts professional development workshops for practice managers. Practice managers have indicated they appreciate the opportunity to gain updates regarding developments in general practice training, to upskills in challenging topics, to have questions answered, and to network with other practice managers. Small group discussions about challenging scenarios in practice are a regular component of the program. MCCC welcomes feedback and new ideas for future content of these days.

Practice managers are encouraged to attend and may be reimbursed for some travel expenses.

Refer to:

- TR 022 MCCC Professional Behaviour Policy and
- TR 023 MCCC Professional Behaviour Policy: Procedure
- Once issued, refer to your Training facility Agreement *(it has reimbursement amounts)*

## Part 9. Contacts and further information

| Information | Name | Details |
|---|---|---|
| General information about general practice training | AGPT | www.agpt.com.au |
| | MCCC | www.mccc.com.au<br>General enquiries: 1300 6222 47 (or 1300 MCCC GP) |
| Information about GP training curriculum & fellowship | RACGP | www.racgp.org.au |
| | ACRRM | www.acrrm.org.au |
| Administration of MCCC program | Greg McMeel, Chief Executive Officer | greg.mcmeel@mccc.com.au |
| | Dr Angelina Salamone, Director of Medical Education & Training | angelina.salamone@mccc.com.au |
| MCCC documents online | MCCC website | www.mccc.com.au |
| | SWAN | Helpdesk@mccc.com.au |
| Supervisor queries | GP Supervisors Australia | www.gpsupervisorsaustralia.org.au |
| | MCCC's Supervisor Liaison Officer | Dr Helen Dooley |
| REAPS Coordinators | Monikka Spruyt (NE)<br>Caroline Bice (NE)<br>Catherine Lawlor (SW)<br>James Garland (MW)<br>Lyn-Marie Richards (NW)<br>Lorraine O'Callaghan | Monikka.spruyt@mccc.com.au<br>Caroline.bice@mccc.com.au<br>Catherine.lawlor@mccc.com.au<br>James.garland@mccc.com.au<br>Lyn-marie.richards@mccc.com.au<br>Lorraine.OCallaghan@mccc.com.au |