A Day in the Life of an AGPT Registrar

Dr Elaine Lee, AGPT Registrar, Wirraka Maya Health Service

- Full time in the clinic (five days a week – 76 hours per fortnight) including nursing home visit once weekly
- One hour protected teaching session with the supervisor in addition to corridor teachings. One to two hours extra teaching time with other GPs in the practice and pharmacists doing home medications review
- Occasional teaching sessions at the hospital delivered by visiting specialists
- Two full days of regional teaching sessions with fellow registrars, twice per term.

“We get to see a variety of interesting cases from Paediatrics, common General Practice, Aboriginal health, Surgical, Medical, Ophthalmology, Obstetrics and Gynaecology to Dermatology, Musculoskeletal, Psychiatry, Oncology and Geriatrics, ranging from acute to chronic problems.

It’s very well supported and provides great learning experiences – we get easy access to various specialists for advice in difficult cases.

The clinic is a great place to improve surgical skills such as joint injections, biopsies, wound excision and suture, removal of foreign body, and implanon insertion and removal.”
Australian General Practice Training Handbook 2014
Applications for the 2014 AGPT program open 15 April 2013

www.agpt.com.au

Acknowledgements: The AGPT program is an Australian Government initiative

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A Career in General Practice

There are many benefits when considering a career in general practice:

- Varied clinical work
- Continuity of patient care
- Dynamic, team-based medicine
- Flexible working hours.

More doctors are choosing general practice as a career for the many advantages it brings. General practice demands extensive medical knowledge and offers the opportunity to subspecialise and undertake procedural medicine. General practice allows for balance between work and family life, and the opportunity to be an integral part of a community.

The Australian General Practice Training program

The Australian General Practice Training (AGPT) program is an Australian Government-funded initiative which provides training for registrars towards fellowship and gaining specialist (general practitioner) registration.

The AGPT program is three to four years of full-time training offered in urban, regional and rural locations nationally, delivered through regional training providers (RTPs) across Australia.

These RTPs deliver training towards two vocational endpoints recognised by Medicare Australia:

- Fellowship of the Royal Australian College of General Practitioners (FRACGP)
- Fellowship of the Australian College of Rural and Remote Medicine (FACRRM)

RTPs also deliver training towards the RACGP’s Fellowship in Advanced Rural General Practice (FARGP).

This Handbook provides an overview of the AGPT program, the opportunities available and the important role each organisation plays in providing every AGPT registrar with quality, well-supported training.

Note: The information in this Handbook is correct at the time of publication. Prospective applicants should regularly check the AGPT website (www.agpt.com.au) for updated information regarding eligibility and application requirements. Applicants can also contact the AGPT Selection team at the GPET office on 1800 DR AGPT (1800 37 2478) or at selection@gpet.com.au.

GPET’s AGPT Selection team is responsible for managing the application and selection related processes for entry into the AGPT program.
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1. General Information

TRAINING OVERVIEW

General practice is a recognised medical specialty and a doctor must undertake vocational training to become a qualified specialist general practitioner in Australia.

What is the AGPT program?

The AGPT program is a world-class vocational training program for medical graduates wishing to pursue a career in general practice in Australia. It is the leading training program for GP registrars in Australia.

The program involves a three-year full-time commitment, or four years for rural and remote medicine registrars, which may be reduced with recognition of prior learning (RPL) (see page 12). During training, registrars acquire valuable practical experience in different training locations, including teaching hospitals, rural and urban practices, and specialised medical centres that provide health care for Aboriginal and Torres Strait Islander peoples and people from socially disadvantaged groups. Registrars can also acquire experience in extended skills, procedural general practice and academic posts.

Training is conducted within accredited medical practices and hospitals and is supervised and assessed by accredited general practitioners. The training includes self-directed learning, regular face-to-face educational activities and in-practice education.

The Australian Government places a quota on the number of AGPT positions available, therefore entry into the program is competitive. For the 2014 training year 1200 training positions will be available within the AGPT program.

TRAINING DELIVERY

How does general practice training differ from other medical specialty training programs?

General practice training is funded by the Commonwealth and managed by an independent organisation, General Practice Education and Training Limited (GPET), unlike other medical specialty training programs which are run by the relevant professional college/s.

GPET is a not for profit company wholly owned by the Australian Government and responsible for managing the delivery of the AGPT program. The program is fully funded by the Australian Government and delivered by regionally-based training providers on behalf of GPET.

GPET also manages the Prevocational General Practice Placements program (PGPPP). For more information on PGPPP, please refer to www.agpt.com.au

What role do the GP colleges play in the AGPT program?

There are two professional general practice colleges in Australia: the Royal Australian College of General Practitioners (RACGP) and the Australian College of Rural and Remote Medicine (ACRRM). The two colleges are responsible for setting the curriculum and professional vocational training standards, assessment, certification and continuing professional development. The two colleges accredit RTPs for the delivery of their college training programs.
The colleges award the two vocational end points of the AGPT program, Fellowship of RACGP (FRACGP) and Fellowship of ACRRM (FACRRM), both of which lead to specialist (general practitioner) registration with the Medical Board of Australia. (See ‘Training Qualifications’ on page 7 for further details.)

What is a regional training provider?

Regional training providers (RTPs) are contracted by GPET to provide registrars with the means to undertake the AGPT program. RTPs, together with the two colleges, are responsible for accrediting hospital posts, general practices and other medical facilities for the delivery of vocational training and placing registrars with these facilities to undertake their training. RTPs also provide:

- A personalised support and learning program
- Education and training events and activities
- Networking opportunities
- Facilities and access to resources
- Advice and support relating to the AGPT program and policy changes.

When applying for the AGPT program, applicants must consider their preferences for where they undertake their training and with which RTP. Applicants are encouraged to contact the RTPs they are interested in training with to assist in this decision making process (see page 17 for a list of RTPs).

Although transfers are available in some circumstances, registrars are required to remain with their selected RTP for the entirety of the training program. For further information regarding transfers, please read the *Transfer Policy 2010* at www.agpt.com.au
DIAGRAM 1: GENERAL PRACTICE TRAINING LANDSCAPE
2. Training Qualifications

FACRRM/FRACGP

The AGPT program is designed to prepare registrars to undertake the assessments for the Fellowship of the Australian College of Rural and Remote Medicine (FACRRM) and/or Fellowship of the Royal Australian College of General Practitioners (FRACGP). Both fellowships lead to specialist (general practitioner) registration and the ability to work independently as a GP anywhere in Australia.

The FACRRM curriculum is specifically designed for doctors practising in rural and remote settings. However, this does not preclude GPs with the FACRRM qualification from practising in urban areas on completion of training. Both fellowships are recognised by Medicare Australia.

Prerequisites for the FACRRM and FRACGP are:

- Satisfactorily completing the required period of training, three years of training for the FRACGP and four years for the FACRRM (see Diagram 2: Australian General Practice Training 2014, page 8)
- Satisfactorily meeting the education requirements of training
- Passing the ACRRM or RACGP college-required assessments.

Deciding which fellowship to undertake is a personal decision. GPET recommends that doctors considering applying for the AGPT program contact both colleges, as well as their preferred RTP, to discuss options and determine the best fit for their learning and training style, career plans and the skill set they wish to attain.

Dual fellowship

Registrars are able to undertake dual fellowships with both RACGP and ACRRM concurrently. For further information please contact your preferred RTP (see page 17 for list of RTPs).

FARGP

RTPs also offer training for the award of Fellowship in Advanced Rural General Practice (FARGP) offered by the National Rural Faculty of the RACGP. This award aims to equip doctors to practise independently, safely and competently across a range of rural and remote settings in Australia. Registrars must complete the additional requirements designated by the RACGP to be eligible for the conferment of this award.
DIAGRAM 2: AUSTRALIAN GENERAL PRACTICE TRAINING 2014

Year One

Core Clinical Training Time
12 months

Year Two

Primary Rural & Remote Training
12 months

Year Three

Primary Rural & Remote Training
12 months

Year Four

Note: Fourth year is for FACRRM & FARGP candidates

Advanced Specialised Training
12 months

FACRRM
QUALIFICATION
(ACRRM)

FRACGP
QUALIFICATION
(RACGP)

Possible equivalence*

Possible equivalence*

Joint training opportunities are available †

Joint training opportunities are available †

Hospital Training Time
12 months

GP Terms
GPT 1 – 6 months
GPT 2 – 6 months

GPT 3
6 months
Extended Skills
6 months

FRACGP‡

FACRRM‡

Advanced Skills Training (12 months) for FARGP

* Credit given for AGPT program training already undertaken towards one Fellowship, prior to undertaking a second or third Fellowship

† Can be achieved in dual accredited practices or posts

‡ Leading to specialist (general practitioner) registration
3. Training Timeframes and Options

The AGPT program generally takes three to four years to complete, depending on which fellowship you wish to obtain. Training time can be reduced through a successful application of recognition of prior learning (RPL), see page 12.

- FACRRM requires a four-year full-time or equivalent training commitment
- FRACGP requires a three-year full-time or equivalent training commitment
- FARGP requires a one-year full-time or equivalent commitment additional to the three-year training requirement for FRACGP.

COMMENCEMENT OF TRAINING

The AGPT program begins in January or February each year; start dates are determined by the individual RTPs. There are limited circumstances where a registrar can defer commencement of training; these exceptional circumstances are detailed in the Leave Policy 2010 at www.agpt.com.au

PART-TIME TRAINING PROVISION

Doctors are accepted into the AGPT program as full-time registrars. Registrars can apply to their RTP to undertake all or part of their training on a part-time basis. Although the hospital year is normally undertaken full time, all other components of AGPT may be undertaken on a part-time basis, subject to approval by a registrar’s RTP and GPET. For further information see the Full Time Equivalence Policy 2010 at www.agpt.com.au

LEAVE FROM TRAINING

Leave from the program is restricted and subject to RTP approval. You are encouraged to read the Leave Policy 2010 and consider the restrictions that apply.

VOCATIONAL TRAINING OUTSIDE THE AGPT PROGRAM

Registrars are able to engage in training outside the AGPT program after successful completion of any of the following AGPT terms:

- Six months core general practice training
- Six months primary rural and remote training
- Six months extended skills training
- Six months advanced skills training.

(See Diagram 2: Australian General Practice Training 2014, for further information on AGPT program training units.)

A registrar’s secondary vocational training must not compromise their AGPT program training and must be approved in advance by their RTP.

Further information on concurrent training can be found in the Training Outside of AGPT Policy at www.agpt.com.au
4. Training Requirements

GENERAL REQUIREMENTS

Successful applicants begin active training with their RTP at the beginning of the training year (calendar year). Prospective applicants should contact their preferred RTP for advice about potential placements for 2014, particularly if they wish to commence training in general practice placements.

AGPT registrars are required to participate in a range of educational activities and regularly receive feedback on their progress.

More information about the training requirements and curriculum of both colleges is available on their respective websites at www.acrrm.org.au and www.racgp.org.au

Mandatory hospital rotations

Certain hospital rotations must be completed by doctors in PGY1 and 2, or later. These rotations need to be completed prior to the commencement of the second year of the AGPT program (see ‘Year Two’, Diagram 2: Australian General Practice Training 2014, page 8). The rotations fall into two groups.

1. Intern-required rotations, leading to general registration.
2. College (RACGP and ACRRM) required rotations.

The college-required rotations do not need to be completed prior to application and entry into the AGPT program. The following list provides a guide to the mandatory rotations required. However, applicants are advised to refer to the relevant websites on page 11 for detailed information.

Note: This information is correct at time of publication

* RACGP paediatric requirements – paediatric experience may be achieved through a term in an approved post in an accredited hospital with child and adolescent health experience that includes a high proportion of paediatric emergency attendances with appropriate supervision. If this is not possible, the requirement may be met in alternate ways. For further information, visit the RACGP website (www.racgp.org.au) or phone 1800 626 901.

† ACRRM requirements – if a paediatric term has not been achieved further experiences in an emergency department where children present for treatment will meet this requirement. Obstetrics and gynaecology and anaesthetics skills may be obtained while completing subsequent stages of training. For further information visit the ACRRM website https://www.acrrm.org.au/operational-policies
Further information on mandatory hospital rotations

For more information on intern-required rotations view:

- The relevant postgraduate medical council for your state or territory via the Confederation of Postgraduate Medical Councils website – [www.cpmec.org.au](http://www.cpmec.org.au)

For more information on college-required rotations view:


![Image of medical treatment](image-url)
RECOGNITION OF PRIOR LEARNING

Recognition of prior learning (RPL) can reduce a registrars’ overall time in the AGPT program. RPL applications are assessed by the relevant college censors. RTPs will generally assist registrars to complete their RPL applications.

Applications for RPL should be made in the first year of training, not prior, and submitted to the relevant college censors for assessment.

AUSTRALIAN DEFENCE FORCE DOCTORS

All RTPs can accommodate Australian Defence Force (ADF) doctors. ADF doctors apply for the AGPT program in the same way as non-ADF doctors and are required to meet the same general educational requirements as other AGPT registrars once enrolled in training. ADF registrars are required to undertake a period of full-time civilian general practice training. Other training can be undertaken in a combination of civilian and military posts.

ADF doctors applying for the AGPT program are encouraged to speak to their preferred RTP to discuss training options. Because of the service demands on ADF registrars, it is recommended that where possible they undertake a full-time civilian core general practice or primary rural and remote training unit (see Diagram 2: Australian General Practice Training 2014, page 8) during their post-intern year. Ideally, to meet the general service requirements placed on ADF registrars, this unit would be undertaken in a rural setting to provide the registrar with more exposure to the differing responsibilities rural general practice and/or rural and remote medicine entails, including:

- Decision-making
- Leadership
- Autonomy
- Teamwork
- Coordination skills
- Procedural skills.

For more information regarding general practice in the ADF see Training for Registrars who are Full-time Members of the Australian Defence Force Policy 2008 at www.agpt.com.au or contact:

Staff Officer Medical Officers
SO1 Training Systems Development
MOPCDC Secretariat
CP3-6-162
PO Box 7911
CANBERRA ACT 2600
Ph: 02 6266 4176
5. Training Pathways–General and Rural

Doctors applying for the AGPT program elect to train on either the rural pathway or the general pathway. These pathways determine the area where you will train, not the content of your general practice training. Most RTPs offer both general and rural pathways with no difference in the training given to either group. However, rural pathway registrars have some restrictions as to where they can be placed during their training.

The pathway system assists the Australian Government in ensuring that at least fifty per cent of the AGPT program is delivered in rural areas.

A registrar’s training pathway has no implications on where they can later work as a qualified GP.

Training locations and distribution of training placements across an RTP region will be managed by the local RTP to ensure appropriate workforce outcomes are achieved.

**GENERAL PATHWAY**

The general pathway is for doctors who wish to train primarily in urban areas. However, such a choice does not preclude a change in career direction, which has often occurred after registrars have worked in and enjoyed general practice in rural areas. Doctors on the general pathway can train in Australian Standard Geographical Classification – Remoteness Areas (RA) 1-5 locations (see page 15).

General pathway registrars are required to fulfil a 12-month general pathway training obligation as part of their training. This is done by electing one of the following options:

1. 12 months training in a rural location classified as RA2-5
2. 12 months training in an outer metropolitan location
3. 12 months training in a non-capital city classified as RA1
   
   Or

4. 12 months training comprising two of the following:
   
   • six months training in a rural location classified as RA2-5
   • six months training in an outer metropolitan location
   • six months training in a non-capital city location classified as RA1
   • six months training in an Aboriginal and Torres Strait Islander health training post in an Aboriginal medical service.
General Practice is such a rewarding job; we can be of great help to the patient and their family. Often patients come in only for their current complaints but as GPs we are able to see beyond their presenting problems and manage them in a holistic manner – Practising Preventative Medicine

- Dr Elaine Lee, AGPT Registrar, Wirraka Maya Health Service

**RURAL PATHWAY**

The rural pathway is for doctors who wish to undertake the majority of their training in rural and remote areas of Australia. Doctors who elect the rural pathway are required to undertake their training in rural locations classified as RA2-5 (see page 15). The rural pathway offers a range of benefits and opportunities commensurate with the work of rural general practice. Registrars practising in rural areas who meet eligibility criteria have the additional opportunity to benefit from Australian Government Rural Health Workforce Strategy incentive programs, including the General Practice Rural Incentives Program (GPRIP) and the HECS Reimbursement Scheme (see pages 21-22). Doctors undertaking the rural pathway can pursue FRACGP and/or FACRRM training.

Some overseas-trained or overseas-born doctors affected by section 19AB of the *Health Insurance Act 1973* (the 10-year moratorium) must train on the rural pathway and are ineligible for the general pathway.

Section 19AB provides that Medicare benefits are not payable for professional services provided by overseas-trained doctors (OTDs) and foreign graduates of accredited medical schools (FGAMS) in Australia or New Zealand. This restriction is generally for a period of 10 years (and may be scaled to five years depending on remoteness) starting from the time the doctor first became registered with the Medical Board of Australia. For more information see page 24 or visit www.doctorconnect.gov.au go to ‘First steps’ and click on ‘Medicare provider number legislation’.
6. Australian Standard Geographical Classification–Remoteness Areas System

The Australian Standard Geographical Classification – Remoteness Areas (ASGC-RA) system was developed in 2001 by the Australian Bureau of Statistics (ABS). As a statistical geography structure, it allows quantitative comparisons between ‘city’ and ‘country’ Australia. The purpose of the structure is to classify data from census collection districts (CDs) into broad geographical categories, called Remoteness Areas (RAs). The RA categories are defined in terms of ‘remoteness’ – the physical distance of a location from the nearest urban centre (access to goods and services) based on population size. A primary advantage of the new classification system is that the remoteness structure is updated each census. The ASGC-RA system was updated on 8 November 2007 after the 2006 census.

RA 1    Major cities of Australia
RA 2    Inner regional Australia
RA 3    Outer regional Australia
RA 4    Remote Australia
RA 5    Very remote Australia

For more information about ASGC-RA please visit [www.doctorconnect.gov.au](http://www.doctorconnect.gov.au) click ‘Search the Map’ and underneath ‘Further Information’ click ‘Remoteness Areas’.
7. Regional Training Providers

Note: Some areas of Australia are designated ‘shared’ or ‘transitional’ zones. These areas are currently shared by or in transition between RTPs. For further information on training in these areas please contact the relevant RTPs directly via their websites. Please note the RTP map is correct at time of publication.
### Australian Capital Territory / New South Wales

**Beyond Medical Education (NSW and Victoria)**  
**T:** (02) 6334 4359 or (03) 5441 9300

**Bogong Regional Training Network (NSW and Victoria)**  
**W:** [www.bogong.org.au](http://www.bogong.org.au)  
**T:** bogong@bogong.org.au

**Coast City Country General Practice Training (ACT and NSW)**  
**W:** [www.ccctraining.org](http://www.ccctraining.org)  
**T:** (02) 6923 5400  
**E:** admin@ccctraining.org

**General Practice Training Valley to Coast (NSW)**  
**W:** [www.gptvtc.com.au](http://www.gptvtc.com.au)  
**T:** (02) 4968 6753  
**E:** gptraining@gptvtc.com.au

**GP Synergy (Sydney and northern NSW)**  
**T:** (02) 9818 4433  
**E:** info@gpsynergy.com.au

**North Coast GP Training (northern NSW)**  
**W:** [www.ncgpt.org.au](http://www.ncgpt.org.au)  
**T:** (02) 6681 5711  
**E:** info@ncgpt.org.au

**WentWest (Western Sydney)**  
**T:** (02) 8811 7100  
**E:** wentwest@wentwest.com.au

### Northern Territory

**Northern Territory General Practice Education**  
**W:** [www.ntgpe.org](http://www.ntgpe.org)  
**T:** (08) 8946 7079  
**E:** reception@ntgpe.org

### Queensland

**Central and Southern Queensland Training Consortium**  
**W:** [www.csqtc.qld.edu.au](http://www.csqtc.qld.edu.au)  
**T:** (07) 3552 8100  
**E:** csqtc@csqtc.qld.edu.au

**Queensland Rural Medical Education**  
**W:** [www.qrme.org.au](http://www.qrme.org.au)  
**T:** (07) 4638 7999

**Tropical Medical Training**  
**W:** [www.tmt.org.au](http://www.tmt.org.au)  
**T:** (07) 4729 5000

### South Australia

**Adelaide to Outback GP Training Program**  
**T:** (08) 8366 3100  
**E:** info@adelaidetooutback.com.au

**Southern GP Training (Victoria and SA)**  
**T:** (03) 5132 3100 or (03) 5562 0051  
**E:** east@sgpt.com.au or west@sgpt.com.au

**Sturt Fleurieu Education and Training Limited**  
**W:** [www.sfet.com.au](http://www.sfet.com.au)  
**T:** (08) 8172 7600  
**E:** sturt.fleurieu@sfet.com.au

### Tasmania

**General Practice Training Tasmania**  
**T:** (03) 6215 5000  
**E:** enquiries@gptt.com.au

### Victoria

**Beyond Medical Education (Victoria and NSW)**  
**T:** (03) 5441 9300 or (02) 6334 4359

**Bogong Regional Training Network (Victoria and NSW)**  
**W:** [www.bogong.org.au](http://www.bogong.org.au)  
**T:** (02) 6057 8600  
**E:** bogong@bogong.org.au

**Southern GP Training**  
**T:** (03) 5132 3100 or (03) 5562 0051  
**E:** east@sgpt.com.au or west@sgpt.com.au

**Victorian Metropolitan Alliance**  
**T:** (03) 9822 1100

### Western Australia

**Western Australia General Practice Education and Training**  
**T:** (08) 9473 8200  
**E:** admin@wagpet.com.au
8. Extended skills

TRAINING POSTS

Within the AGPT program there are numerous opportunities to undertake training posts in areas of extended skills. For many GPs this may lead to subspecialisation and attainment of a variety of qualifications. The following is a list of just some of the training post options available to AGPT registrars:

- Aboriginal and Torres Strait Islander health
- Academic general practice
- Anaesthetics
- Palliative care
- Mental health
- Sexual health
- Emergency medicine
- Obstetrics and gynaecology
- Women’s/men’s health
- Sports medicine
- Tropical medicine
- Paediatrics.

To find out more about training post opportunities speak to an RTP, or visit the AGPT website at www.agpt.com.au

ABORIGINAL AND TORRES STRAIT ISLANDER HEALTH TRAINING

Aboriginal and Torres Strait Islander health is an important aspect of general practice training. GPET, together with the RTPs and colleges, works in consultation with the Aboriginal Community Controlled Health Sector to contribute to the Council of Australian Government’s ‘Closing the Gap’ initiatives.

All AGPT registrars must meet the requirements of the Aboriginal Health Curriculum Statement (contained in the ACRRM and RACGP curricula) to complete the AGPT program. However AGPT registrars are encouraged and supported to undertake further dedicated training in this area.

During training, registrars can choose to undertake an accredited Aboriginal or Torres Strait Islander health training post. These posts are located in Aboriginal medical services and state and territory government health services, in metropolitan, rural and remote areas.
Benefits of an Aboriginal and Torres Strait Islander health training post

- The opportunity to experience a unique training environment within the context of comprehensive holistic primary health care
- Gain ‘real world’ clinical experiences by treating Aboriginal and Torres Strait Islander patients presenting significant common and uncommon conditions which exemplify general practice
- Experience a unique cultural immersion
- Focus on population-based public health
- Make a difference to a community
- Work towards becoming a clinically and culturally competent GP.

To find out more about these posts visit the AGPT website at www.agpt.com.au or speak to an RTP (see page 17).

“I have learnt so much about the culture, health barriers and day-to-day issues of the local Aboriginal people. I have done this by working with them, under their direction and by treating them as patients. I feel I am an appreciated member of the team. I look forward to seeing my regular patients as we have a good laugh together.”

- Dr Kate Peters, AGPT Registrar, Wirraka Maya Health Service
ACADEMIC POSTS

The everyday practice of GPs is based on evidence. GPs and GP registrars need to be able to filter, critically appraise, interpret and apply the myriad of information available to them. The AGPT program appreciates this need and seeks to up-skill registrars in the areas of research and critical thinking.

The AGPT program offers the opportunity to undertake salaried training for a period of 12 months part-time, in an academic post.

During an academic post, AGPT registrars develop skills in research, teaching, project work and critical evaluation of research relevant to the discipline of general practice. These skills will be of use throughout their careers and will contribute to knowledge exchange and development.

Some examples of previous academic post projects include:

- Malnutrition in Children Six Months to Three Years Old in Cape York Communities: Impact of Alcohol Management Plans – A Prevalence Study
- Do rural cancer patients present later than those in the city?
- Impact of pneumococcal conjugate vaccine on severe pneumococcal disease requiring hospitalisation in South Australian children
- Exploring the barriers and enablers to effective provision of refugee primary health care
- The current state of Top End Northern Territory Aboriginal food gardens. What is working and what is not?

Academic posts offer the opportunity to:

- Contribute to the evidence on which general practice is based
- Acquire quality, supported experience in research and teaching
- Attend funded workshops and conferences
- Publish work in professional journals and present at conferences
- Help build the foundation to become a GP academic supervising university research, become a medical educator, or undertake a PhD.

To find out more about academic general practice visit the AGPT website at www.agpt.com.au or contact the AGPT Academic Education Support team at academic@gpet.com.au
9. Remuneration and Incentives

**REMUNERATION DURING TRAINING**

During their first year of hospital training, registrars are paid according to the appropriate awards for junior medical officers.

During the first 12 months of community-based training, registrars are employed by training practices and the terms and conditions of employment are outlined in a document entitled *National Minimum Terms and Conditions for GPT 1 and GPT 2 Registrars*. This document is developed by General Practice Registrars Australia (GPRA), the National General Practice Supervisors’ Association (NGPSA) and the Australian Medical Association (AMA). It is available on the GPRA website homepage at www.gpra.org.au

After the first 12 months of community-based training, registrars negotiate their own terms and conditions as part of the transition towards becoming independent practitioners.

While registrars are responsible for negotiating their own terms and conditions, registrars who feel they need assistance can seek advice from registrar liaison officers, their RTP or GPRA before approaching practices.

GPET is unable to provide further advice on training remuneration; further questions should be directed toward your preferred RTP and/or GPRA.

**INCENTIVES**

The following incentives promote careers in outer metropolitan, rural and remote areas.

**General Practice Rural Incentives Program**

The General Practice Rural Incentive Program (GPRIP) aims to promote careers in rural medicine and increase the number of doctors in rural and remote communities in the long term. The GPRIP comprises of three components: a registrar component, a GP component, and the Rural Relocation Incentive Grant (RRIG). The registrar component provides incentive payments to registrars in the AGPT program (rural or general pathway).

All registrars practising in RA2-5 locations, after the mandatory hospital year, are eligible for the registrar component of the GPRIP. Incentive payments are scaled depending on the length of time a registrar trains in a rural location, the remoteness of the location and the full-time equivalence of services provided.

Upon fellowship, registrars may receive incentive payments under the GP component of the GPRIP if they continue to practise in rural locations.

For more information about the GPRIP call the Medicare Australia Helpline: 1800 010 550 or visit the Rural and Regional Health Australia website at www.ruralhealthaustralia.gov.au, go to ‘RHWS Incentives’ and click on ‘The programs’.
Outer metropolitan incentives

Outer metropolitan incentives are available for general pathway registrars undertaking at least 12 months training in an outer metropolitan location.

A general pathway registrar training with a practice in an outer metropolitan area will receive a one-off payment of $2,500 for a 12-month placement (incentives are not available for placements of less than 12 months). The payment will normally be made at the commencement of the second half of the 12-month placement period.

Registrars undertaking part-time training will receive a pro-rata equivalent payment calculated by their RTP. Registrars training in outer metropolitan locations other than RA1 will be eligible for the GPRIP registrar component instead of the outer metropolitan incentives.

To find an outer metropolitan location please use the DoctorConnect map by visiting www.doctorconnect.gov.au and clicking on ‘Search the Map’. For further information regarding outer metropolitan incentives read the Training Location Obligations and Incentives Policy 2010 available on the AGPT website at www.agpt.com.au

HECS Reimbursement Scheme

Participants in the HECS Reimbursement Scheme are able to apply to have their HECS fees, for the study of medicine, reimbursed for each year of training undertaken or service provided in designated rural and remote areas of Australia. Eligible areas are RA2-5 locations as defined under the Australian Standard Geographical Classification – Remoteness Areas (see page 15).

Payments to eligible participants will be scaled by remoteness according to the RA classification of the locality they are training or providing services in.

<table>
<thead>
<tr>
<th>ASGC-RA</th>
<th>No. of years to receive full reimbursement entitlement</th>
</tr>
</thead>
<tbody>
<tr>
<td>RA 2 - Inner regional Australia</td>
<td>5 years</td>
</tr>
<tr>
<td>RA 3 - Outer regional Australia</td>
<td>4 years</td>
</tr>
<tr>
<td>RA 4 - Remote Australia</td>
<td>3 years</td>
</tr>
<tr>
<td>RA 5 - Very remote Australia</td>
<td>2 years</td>
</tr>
</tbody>
</table>

Note: Some recipients of scholarships may be ineligible for the HECS Reimbursement Scheme.

Application forms and guidelines can be obtained from the HECS Reimbursement Scheme webpage at http://www.health.gov.au/hecS or by calling Medicare on 1800 010 550.
Working at an AMS is an experience I would recommend to all General Practitioners. The divide in health between ‘Indigenous Australia’ and ‘Australia’ is appalling. As a profession we are in a prime position to improve the divide through the provision of culturally appropriate healthcare and advocacy when required. I expect my professional development in this area gained through the AMS will hold me in good stead for my future practice as an Australian GP.

- Dr Kate Peters, AGPT Registrar, Wirraka Maya Health Service
To self-assess your eligibility for the AGPT program please follow the instructions below. Applicants should regard this self-assessment process as a guide only, confirmation regarding an applicant’s program and pathway eligibility can only be made by the AGPT Selection team upon receipt of supporting documentation provided with an online application.

| Pathway eligibility (general/rural) | If you are eligible for the program and you are an overseas-trained doctor (OTD) or a foreign graduate of an accredited medical school (FGAMS) you will need to check your pathway eligibility and 10-year moratorium status using the *General/Rural Pathway Eligibility Guide – AGPT 2014* (Diagram 4) on page 25. |

### Section 19AB of the Health Insurance Act 1973

Section 19AB of the *Health Insurance Act 1973* (the Act), also known as the 10-year moratorium, restricts access to Medicare benefits and requires overseas-trained doctors (OTDs) and foreign graduates of accredited medical schools (FGAMS) to work in a district of workforce shortage for 10 years in order to access Medicare benefit arrangements. Section 19AB applies for a period of 10 years from the date a doctor gains their first medical registration in Australia, which is often provisional or limited registration. ‘First medical registration’ includes limited and provisional registration.

If you are unsure about your moratorium status or wish to apply for an exemption please contact the Department of Health and Ageing on 19AB@health.gov.au or visit [www.health.gov.au](http://www.health.gov.au).
Diagram 4: General/Rural Pathway Eligibility Guide – AGPT 2014

The following flowchart can be used as a guide to determine if OTD and FGAMS applicants are subject to section 19AB of the *Health Insurance Act 1973* (the Act). Identify which of the following two categories applies to you, and then follow the arrows to determine which pathway you are eligible to apply for.

1. **You are a doctor who was trained overseas (but not in New Zealand).**

- **By January 2014 will you have been medically registered in Australia for a period of 10 years or longer?**
  - **No**
    - **Were you assessed as eligible to sit the AMC examinations prior to 1 January 1997?**
      - **Yes**
        - It appears that you may not be subject to section 19AB of the Act (the 10-year moratorium) and should be able to apply for both general and rural pathway preferences.
      - **No**
        - It appears that you may be subject to section 19AB of the Act (the 10-year moratorium) and may be restricted to the rural pathway.
    - **Yes**
      - It appears that you may not be subject to section 19AB of the Act (the 10-year moratorium) and should be able to apply for both general and rural pathway preferences.

2. **You obtained your primary medical qualification in Australia/New Zealand whilst an international student.**

- **Were you an Australian/New Zealand citizen or permanent resident at the time you commenced your Australian/New Zealand medical degree?**
  - **No**
    - **By January 2014 will you have been medically registered in Australia for a period of 10 years or longer?**
      - **Yes**
        - It appears that you may be subject to section 19AB of the Act (the 10-year moratorium) and may be restricted to the rural pathway.
      - **No**
        - It appears that you may not be subject to section 19AB of the Act (the 10-year moratorium) and should be able to apply for both general and rural pathway preferences.
    - **Yes**
      - It appears that you may not be subject to section 19AB of the Act (the 10-year moratorium) and should be able to apply for both general and rural pathway preferences.

Applicants should regard the above self-assessment process as a guide only.
11. Application and Selection Process to Commence Training in 2014

Applications for the 2014 AGPT program will open on Monday 15 April 2013 and close on Friday 17 May 2013.

Below is a summary of the 2014 AGPT program application and selection process and some useful tips to help you prepare. Please note this is only a guide and it is recommended that applicants refer to the AGPT website or the AGPT Applicant Guide 2014 (available at www.agpt.com.au in 2013) for the most up to date information. The AGPT application and selection process is made up of three stages.

Stage 1  Application and eligibility check
Applicants submit an online application, supporting documentation, referee details and up to four preferences for the RTPs they would like to train with. Applications are then assessed by the AGPT Selection team for eligibility.

If eligible
Stage 2  National assessment
Eligible applicants attend a National Assessment Centre between 15 and 30 June 2013, where they will undertake a Situational Judgement Test (SJT) and Multiple Mini Interviews (MMIs). The standardised results of both of these assessments will determine each applicant’s total AGPT selection score. Applicants will be informed of their total AGPT selection score and given the option to modify their RTP preferences. An applicant’s total AGPT selection score and RTP preferences will determine if they can be shortlisted with an RTP. Applicants will be informed of the relevant outcome.

If shortlisted
Stage 3  Regional training provider (RTP) selection and placement offers
Each RTP reviews the applications and total AGPT selection scores of the applicants shortlisted to their RTP. They may ask for additional information, conduct referee checks or hold an interview.

Once the placement assessments are complete, the RTP will decide which applicants will be offered training places in the 2014 AGPT program.

Applicants will be formally notified as to whether or not they have been offered a training place. If a training place is offered, the applicant will have seven days to formally accept or decline the offer. An applicant’s written acceptance of the offer will confirm selection into the AGPT program.

This three-stage process will run from the opening of applications in April through to August 2013 when applicants will be informed as to whether or not they have been offered a place in the 2014 AGPT program.

All applicants are strongly encouraged to read the AGPT Applicant Guide 2014 for detailed instructions on how to fill out the online application form and an overview of the selection process.
12. Preparation for Application

There are a number of things applicants can do to prepare for application into the AGPT program:

**SUPPORTING DOCUMENTATION**

Applicants are required to electronically upload original colour scans of various official documents (for example, residency/citizenship proof) with their online application in order to meet a number of eligibility requirements. Should the AGPT Selection team have any doubts as to the validity of the document/s, they reserve the right to request certified copies of any or all supporting documents required. Applicants unable to supply original colour scans will be required to electronically upload certified copies of their documents. Applicants can prepare these documents prior to the opening of applications. A full document checklist is available in the *2014 AGPT Applicant Guide* (available on the AGPT website at www.agpt.com.au in 2013).

**HOSPITAL ROTATION LETTERS**

All applicants are requested to submit hospital rotation letters from all hospital rotations in Australia and New Zealand. Applicants’ hospital rotation letters will be used by RTPs to support RPL applications and determine whether an applicant is ‘practice ready’ and can begin core GP terms/primary rural and remote training in their first year of the AGPT program.

**REFEREE REPORTS**

All applicants must provide the details of two referees in their online application. Referees ideally should be medical practitioners who have directly supervised the applicant for at least a period of 10 weeks within the past three years. Applicants need to select referees who are able to confidently make judgements about the applicant’s professional capabilities and suitability for general practice, and who can be contacted during the selection period.

Referees may be contacted by RTPs for their reference during stage 3 of the selection process (see page 26).

**SELECTING A PREFERRED RTP**

Applicants are encouraged to contact the RTPs they are interested in training with, prior to applying, to assist them in determining where they would like to train (see list of RTPs on page 17). Applicants should only consider RTPs they are willing to train with and, if necessary, relocate for.
NATIONAL ASSESSMENT CENTRES

National Assessment Centres will be run in most capital cities and some regional cities between 15 and 30 June 2013. The assessment process may take up to six hours and involves applicants undertaking a Situational Judgement Test (SJT) and Multiple Mini Interviews (MMIs).

What is a Situational Judgement Test?

The Situational Judgement Test (SJT) is a two-hour written examination comprised of 50 multiple choice questions, which assesses the applicant's:

- Ability to reason in a clinical situation
- Analytical/problem solving skills
- Professional/ethical attributes.

The structure of the SJT:

- Applicants are presented with a scenario based in a clinical context; a number of possible responses to the scenario are also presented
- Applicants are asked to either rank the responses in order of correctness, or select the most appropriate responses to the situation
- The SJT is then scored.

Examples of SJT scenarios can be found on the AGPT website at www.agpt.com.au

What are Multiple Mini Interviews?

Multiple Mini Interviews (MMIs) involve applicants being rotated between interview stations (one for each standard interview question) with each interviewer asking the same question to each applicant individually.

Applicants will have two minutes to read the question before entering the interview room, then eight minutes to answer the question from the interviewer. The applicant is then rotated to the next interview station and the same process applies for the next question. Each interviewer gives the applicant a score out of seven based on standardised criteria.

Examples of MMI questions can be found on the AGPT website at www.agpt.com.au

Note: Unlike objective structured clinical examinations (OSCEs), MMIs do not involve patient presentations.
FOR MORE INFORMATION

For detailed information about the 2014 AGPT program application and selection process, including the key dates, required documentation and examples of SJT and MMI scenarios visit the AGPT website at www.agpt.com.au and read the 2014 AGPT Applicant Guide or contact the AGPT Selection team at the GPET office.

GPET’s AGPT Selection team is responsible for managing the application and selection related processes for entry into the AGPT program.

Contact information:

GPET
AGPT Selection team

Email: selection@gpet.com.au
Telephone: 1800 DR AGPT (1800 37 2478)
Fax: (02) 6103 9035
Website: www.agpt.com.au

Notes: