



THE ROYAL AUSTRALIAN  
COLLEGE OF  
GENERAL PRACTITIONERS



**National Rural Faculty**

The Royal Australian College  
of General Practitioners

# National Rural Faculty

Royal Australian College of General Practitioners

FELLOWSHIP

IN

ADVANCED RURAL GENERAL PRACTICE

# CURRICULUM GUIDELINES

**MAY 2010**

*Version 1*

## **FOREWORD**

Welcome to the revised guidelines for the Fellowship in Advanced Rural General Practice (FARGP), which is a practice-based fellowship and accredited with the Australian Medical Council. This revised FARGP has been developed after a review conducted in 2009.

The FARGP enables doctors to acquire additional knowledge and skills to work at a more advanced level in rural general practice. It is a post FRACGP award which certifies that graduates have successfully completed education and training entitling them to formal recognition as a rural general practitioner.

The FARGP provides a flexible learning pathway building on the clinical experience of candidates. It is open to Registrars in GP Training and practising GPs holding or working towards the FRACGP and who satisfy eligibility requirements. It consists of mandatory/core and self directed educational activities, which have a strong practice-based focus.

The Rural Education Committee comprises a mix of experienced GP rural co-ordinators and educationalists who recognise the importance of enabling rural GPs to acquire additional skills to meet the needs of rural communities. I would like to commend the Committee for the time and effort which has gone into the development of the Fellowship in Advanced Rural General Practice.

Dr Ross Wilson  
Chairman  
Rural Education Committee

***RURAL EDUCATION COMMITTEE MEMBERSHIP***

Dr Ross Wilson	(Chair)
Dr Tim Mooney	(Rural Censor)
Dr Ken Wanguhu	(Assistant Rural Censor)
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## INTRODUCTION

The Fellowship in Advanced Rural General Practice (FARGP) is offered by the RACGP National Rural Faculty in recognition of the additional and different educational requirements needed for general practice in rural communities. The FARGP is accredited by the Australian Medical Council.

The FARGP provides an educational program to complement and reinforce training or experience in rural general practice. It is closely integrated with the RACGP Curriculum for General Practice and articulates with Advanced Rural Skills Training curricula.

The FARGP is designed for registrars enrolled in vocational training or for experienced general practitioners who wish to undertake a recognised educational program to develop their knowledge and skills in rural general practice.

To be eligible for enrolment in the FARGP applicants must be in a vocational training program or have a minimum of 4 years experience in general practice, including 12 months in Australian general practice. To be eligible for the award of the fellowship, gp registrars will need to have completed 12 months gp training in rural general practice, obtained the FRACGP, completed an advanced rural skills training year, and completed the FARGP curriculum requirements.

Practising gp candidates will, in addition to completing the FARGP curriculum requirements, need to hold the FRACGP and have completed advanced rural skills training year or equivalent.

The key features of the FARGP:

- a process is established for identification of learning needs, development of a learning plan, and monitoring of progress in consultation with an educational advisor/educational mentor
- specific curriculum modules directly relevant to rural general practice are completed to meet the goals of the learning plan
- a wide choice of educational activities available to candidates, including Advanced Rural Skills Training (ARST) in an accredited training post
- candidates demonstrate their progress by maintaining an educational FARGP Portfolio – the FARGP Portfolio which forms the assessment tool.

## RATIONALE

There is a growing body of evidence to suggest that general practice in rural and remote communities has special characteristics which differentiate it from general practice in other contexts. Compared to prevailing norms in general practice, Rural GPs:

- are more likely to be the sole source of medical advice for communities
- have high workloads and long hours of practice
- tend to be on-call for long periods
- have a significant local public status with concomitant expectations about personal and social behaviour and less privacy
- are more likely to be involved in whole-family, cradle-to-grave care
- tend to undertake a broader range of minor procedures
- are more likely to undertake anaesthetics and obstetrics
- are more likely to work in local primary health care teams, often centred around a local hospital or health care centre
- are more likely to be involved in providing or managing emergency medical treatment
- participate in a range of public health roles

The particular social, economic, demographic and cultural characteristics of rural communities place particular demands on doctors. Doctors from urban backgrounds, and whose clinical experience is essentially urban, need to develop an appreciation of the different lifestyles and work practices of various groups in rural communities, and their perceptions of the nature of health and illness and the role of doctors. The patterns of morbidity and mortality in many rural communities require general practitioners to adapt and enhance their medical knowledge and skills to provide the most appropriate quality of care. Rural GPs must demonstrate competence in providing primary health care in the community including the management of a broad range of patient presentations. This underscores the importance of a structured program of educational activities designed to provide systematic understanding of rural health needs, develop a repertoire of advanced skills, and opportunities for GPs to reflect on their professional practice in rural communities.

The FARGP has been developed in recognition of the special characteristics of general practice in rural and remote communities. GPs who complete the FARGP will have gained a full understanding of the nature and context of rural general practice and enhanced their ability to practice in a confident, competent and effective manner.

## **THE FARGP AND RURAL GENERAL PRACTICE**

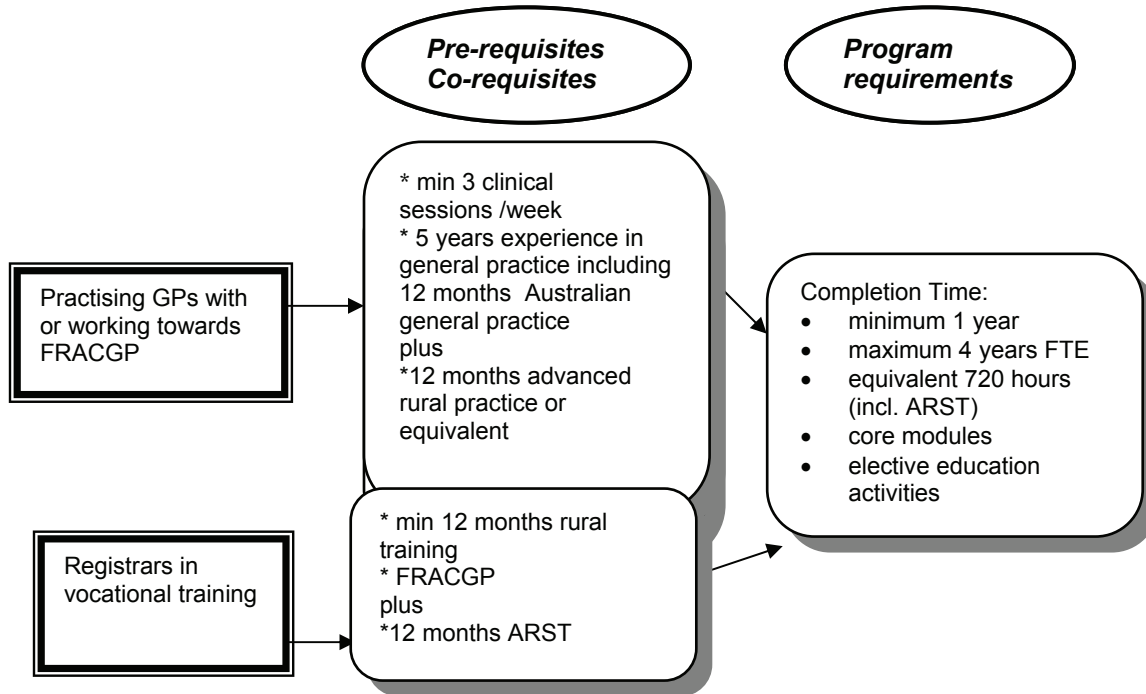
***The FARGP is based on a definition of Rural General Practice as a distinct field of practice within the discipline of general practice as a whole. Within this framework the FRACGP is the professional certification of competence for unsupervised practice anywhere in Australia. The FARGP enables doctors to acquire additional knowledge and skills to work at a more advanced level in rural general practice. It is a post FRACGP award which certifies that GPs who receive the award have successfully completed education and training entitling them to formal recognition as a rural practitioner.***

***The FARGP is a suitable qualification for recognition by hospitals for the purpose of credentialing and visiting medical officer rights.***

***The FARGP award is an appropriate qualification to be used for providing incentives to attract doctors and to recognise doctors who continue in rural general practice.***

## PATHWAYS TO THE FELLOWSHIP IN ADVANCED RURAL GENERAL PRACTICE

The following diagram outlines the pathways to entry, eligibility and program requirements:



### Eligibility Criteria

To be accepted for enrolment in the FARGP candidates must be either:

- a registrar enrolled in an approved GP training program, or
- a practising GP who has, or is working towards the FRACGP and is doing a minimum of 3 sessions per week in clinical practice.

**Registrars** are required to complete a minimum of 12 months of their vocational training in accredited rural training posts, award of the FRACGP, plus 12 months in accredited advanced rural skills training (ARST) posts.

**Practising FRACGP GPs** are required to complete, or have completed 12 months experience in Australian rural practice and 12 months in a post which is, or is deemed to be equivalent to, an advanced rural skills training post.

## **DURATION**

The FARGP is available to candidates who are in a vocational training program or hold (or working towards) the FRACGP and are currently doing a minimum of 3 sessions of clinical practice.

The minimum time for completion of the FARGP is one year. (FTE)

The maximum time for completion is four years full time equivalent (FTE)

The estimated workload for candidates to complete all the educational requirements is 720 hours.

Educational time in the 12 month rural general practice and 12 month advanced rural skills training pre/co-requisites contribute substantially to the study hour requirement.

Recognition of Prior Learning for up to 50% of the study hour requirement can reduce the study hour requirement. Applications are assessed on an individual basis.

Registrars will normally undertake the FARGP over a 1 – 4 FTE year period during their vocational training. It is advisable that they commence the program from the time of their enrolment into the FRACGP/FARGP, thus spreading the workload over four years.

## **EDUCATIONAL REQUIREMENTS**

The FARGP consists of the following educational requirements:

- (a) identification of learning needs
- (b) development of a learning plan of educational activities (which can include the pre/co-requisite 12 months in rural general practice and 12 months in ARST)
- (c) maintenance and submission of FARGP Portfolio
- (d) regular consultation with an medical educator/educational mentor
- (e) completion of 12 months Advanced Rural Skills Training (gp registrars)
- (f) FARGP Portfolio:
  - 2 Mandatory/core Modules
    - Working in Rural General Practice
    - Emergency Medicine
  - 160 hours of Elective Educational Activities

### **Role of the Medical Educator/Educational Mentor**

Each candidate will have a medical educator/educational mentor. The candidate and the medical educator/educational mentor are expected to have regular meetings (contact minimum every three months) through the candidate's period of enrolment.

The role of the medical educator/educational mentor is to advise and give guidance to candidates about their learning needs, development of their learning plan of educational modules and activities, monitoring and reviewing progress, certifying satisfactory completion of specific assessment activities.

### **Learning Plan**

The learning plan forms the reference point for the candidate's work in undertaking the program requirements. It is also important for the regular meetings between the candidate and the medical educator/educational mentor to review progress.

### **Developing the Learning Plan**

The development of a learning plan is the means by which the educational objectives for the FARGP are appropriately planned and achieved.

Early consultation with the candidate's nominated medical educator/educational mentor should occur to review learning needs and develop a learning plan. The pro-forma specifically designed for the learning plan should be used to review learning needs and develop the proposed program of educational modules and activities.

A key element of the learning needs review and planning is the use of the RACGP curriculum domains with particular reference to rural general practice knowledge and skill requirements. In addition the Advanced Rural Skills Training curricula are an essential reference to ensure that the FARGP educational modules and activities reinforce the clinical training occurring in these posts.

In developing the learning plan it should be noted that the “Working in Rural General Practice” and “Emergency Medicine” modules are mandatory/core modules.

The learning plan should reflect agreement reached between candidate and medical educator/educational mentor on the proposed program of educational modules and activities.

Learning objectives for the learning plan can be dovetailed with Quality Assurance and Continuing Professional Development (QA&CPD) activities.

**The learning plan is a ‘living document’, and as candidates progress through the program, the learning plan should be modified as necessary.**

### **Educational Activities**

There are a variety of educational activities that may be undertaken by the candidate in order to achieve the curriculum requirements.

Educational activities for Registrars may include:

- experiential learning under the supervision of rural specialists and GP supervisors (eg. in the pre/co-requisite rural general practice time and ARSTs)
- active learning through tutorials, seminars, workshops and other educational activities (including Continuing Professional Development)
- self-directed learning through case presentations and projects
- reflective learning aided by feedback from supervisors and peer group discussion
- attendance at appropriate educational activities eg rural weekend
- on-line learning activities

**Educational activities for vocationally recognised general practitioners may include:**

- active learning through tutorials, seminars, workshops
- completion of approved QA&CPD activities
- clinical attachment (including ARST activity)
- on-line learning activities
- regular meetings with the educational mentor
- peer group discussion
- reflection on learning and experience (eg. in rural general practice)

## **Educational FARGP Portfolio**

Candidates are required to develop an educational FARGP Portfolio. This consists of a portfolio folder which includes evidence of all completed educational modules and activities. The completed educational portfolio is the means by which the candidate demonstrates that all educational requirements have been met. It will be used by the Rural Education Committee to determine eligibility for the award of the FARGP.

As the various modules and activities are completed they should be reviewed by the nominated educational advisor/educational mentor, who will certify that particular educational assessment activities have been completed satisfactorily. As different activities are undertaken a record of completion together with the educational advisor's/ educational mentor's certification will be progressively developed in the educational FARGP Portfolio.

**It is the candidate's responsibility to maintain their educational FARGP Portfolio.**

## **Recognition of Prior Learning (RPL) available for ARST component**

All candidates must meet the FARGP educational requirements. However, candidates whose previous educational coursework and qualifications are relevant may apply for RPL. The maximum amount of RPL allowed is 50% of total program hours. RPL may be granted if the candidate can demonstrate the equivalency of 12 months advanced rural skills training. The candidate will still need to develop an educational FARGP Portfolio, which includes evidence of the previously completed educational activities.

Application for RPL must be submitted based on the guidelines available from the National Rural Faculty

## **Conferral of the Fellowship in Advanced Rural General Practice (FARGP)**

A candidate who is adjudged by the RACGP Rural Censor to have completed all of the program requirements will be recommended for the award of Fellowship in Advanced Rural General Practice.

The Rural Censor will recommend successful candidates to the National Rural Faculty Board, who recommend conferral of the award. National Rural Faculty approval is then ratified by the RACGP Council.

Successful candidates will be notified of conferral of the FARGP by the National Rural Faculty

## CURRICULUM FRAMEWORK

### Overarching Principles

The overall principles of the FARGP are to:

- enhance knowledge and understanding of general practice in the rural health context.
- increase awareness of rural health needs and to develop a repertoire of advanced skills to meet those needs.
- reflect critically on practice in terms of relevant literature and evidence
- identify ways in which clinical skills and the quality of practice may be improved
- be willing to receive feedback and review practice

### Framework for Approval of Learning Plan/ Educational Modules and Activities

The FARGP curriculum framework for learning plans / educational modules is closely linked with the RACGP vocational training curriculum and articulates with the various advanced rural skills training curricula.

The RACGP advanced rural skills training curricula are developed through Joint Consultative Committees. Other medical specialist colleges also use a similar framework although more focused in the particular discipline area of the respective posts.

Advanced Rural Skills Training (ARST) curricula are available in:

- Aboriginal Health
- Anaesthetics
- Surgery
- Adult Internal Medicine
- Obstetrics and Gynaecology
- Child and Adolescent Health
- Emergency Medicine
- Mental Health
- Small Town Rural General Practice

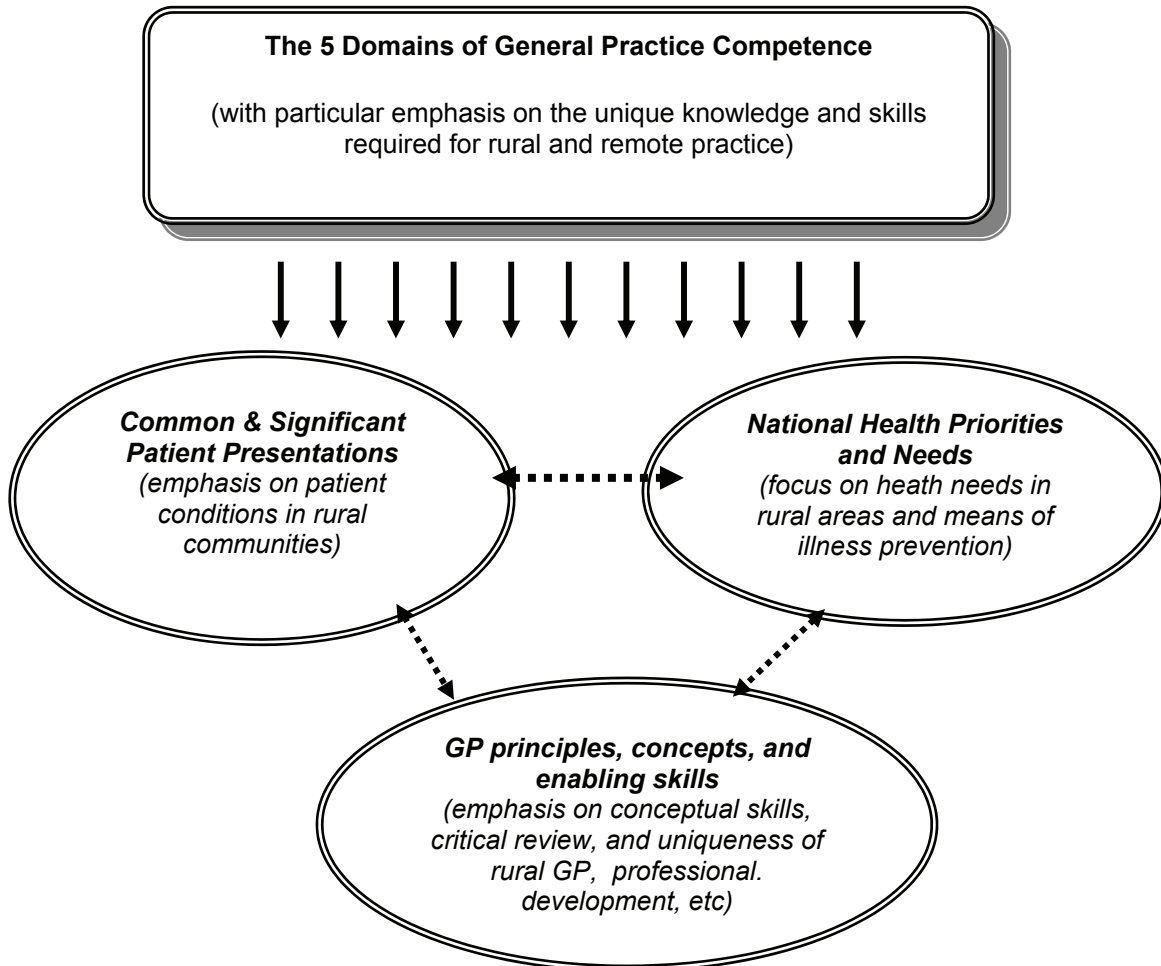
Applications for ARST in other disciplines may be developed and submitted to the rural censor via the National Rural Faculty.

The FARGP curriculum detailed in this document provides the foundation upon which Advanced Rural Skills Training curricula are built.

**The underlying principle of the FARGP is to encourage as much practice based learning as possible.**

Candidates in the FARGP can meet a large proportion of its educational requirements by building their learning plans upon educational activities available to them as part of their vocational training posts and ARST.

The following diagram, which is adapted from the RACGP curriculum and assessment matrix, shows the curriculum framework for the FARGP:



## Objectives

The objectives specified under the domains of competence in the RACGP Curriculum for Australian General Practice, describe the minimum knowledge and skills required by a GP to be able to practice unsupervised in any part of Australia. The learning objectives for the FARGP build on the foundation of the RACGP curriculum domains. Rural general practice has special and unique characteristics. Rural general practitioners may work in a variety of contexts ranging from a large rural town with tertiary support to a one-doctor community in a geographically isolated area.

Thus while the FARGP learning objectives stated below need to be read in conjunction with the RACGP curriculum domains and advanced rural skills curricula, they identify the additional and/or special areas of competence rural general practitioners require for practice at an advanced level, taking into account the rural health needs they cater for and the variety of contexts in which they may operate.

The objectives will be achieved through clinical experience in rural general practice, reflection on practice, critical thinking, training and educational activities and discussion with the medical educator/educational mentor.

### **Domain 1 : Communication Skills and the Patient-Doctor Relationship**

*Effective communication skills enable a GP to develop a relationship with their patient so as to understand both the illness and the patient's experience of that illness, and to move freely between clinical problem solving and the patient's experience of the problem.*

*The communication skills of the rural GP are especially important because of the likelihood of higher than average workloads and the greater reluctance of many patients to freely discuss problems they may experience.*

The FARGP will contribute to the ability of candidates to:

- establish rapport and be empathetic with patients from different socio-economic, occupational and cultural background within rural communities
- adopt appropriate verbal and non-verbal communication styles adapted to the needs of patients in rural communities
- develop a capacity to place special emphasis on health promotion and education to increase patients knowledge

## **Domain 2 : Applied Professional Knowledge and Skills**

*The application of professional knowledge and skills requires a comprehensive, patient centred approach. This applies not only to health and disease, but also the individual's experience of illness taking into account their culture, family and community. Common and significant patient presentations need to be managed appropriately and cost-effectively.*

***Rural GPs are likely to be called upon to manage a wider range of patient presentations including emergency treatment, minor and major procedures without referral. Rural communities place great reliance on the applied professional skills of their resident GPs whose response must be skilled and appropriate in order to instil confidence and trust.***

The FARGP will contribute to the ability of candidates to:

- recognise the range of common and significant patient presentations found in rural communities
- competently manage the range of illness and disease occurring in their community including possible serious illness which may be inherent in many common presentations
- improve their repertoire of procedural and clinical skills required for effective general practice in their rural communities, including those skills required for the management of emergencies
- make decisions with confidence and accept the outcomes of these decisions whilst working within their limitations
- demonstrate awareness of the evacuation, disaster management plan
- develop a repertoire of appropriate skills for the local community

## **Domain 3 : Population Health and Context of Rural General Practice**

*Population health refers to services and activities which contribute to promoting and protecting health, preventing illness, injury and disability, decreasing the burden of illness and restoring and rehabilitating those with chronic disease. It encompasses an understanding of the social, economic, cultural and political determinants of health.*

***Because rural communities in general have higher levels of morbidity and mortality, the rural GP has an important and evolving role, with the potential to influence change at the individual patient, practice, and community levels within the health care system. Rural GPs are more likely to be called upon by local authorities to plan a public health role e.g. as a police medical officer. To optimise their effectiveness in providing primary health care to their communities the rural GP needs to develop a detailed understanding of the particular socio-political, economic, geographical, cultural, and family influences on the health of their patients. These factors contribute substantially to the unique context of rural general practice.***

The FARGP will contribute to the ability of candidates to:

- provide or contribute to ongoing health education and health promotion sessions to other rural health professionals and members of their rural community
- develop appropriate health team (may be remote) i.e. Able to communicate clearly with multidisciplinary team which is remote from practice location
- apply public health principles including disease control management and utilise the appropriate health and community service networks as part of their rural practice
- participate in a range of public health roles where appropriate
- improve their understanding of the environmental, social and cultural influences on illness, health needs and priorities of rural people and their communities
- understand the need for multidisciplinary teamwork and be able to work with other health care practitioners in rural areas effectively
- demonstrate an understanding of population health as it applies to their own community

#### **Domain 4: Professional and Ethical Role**

*The GP's professional and ethical role relates to their behaviour with respect to patients, colleagues and the community. Professional ethics are based on belief systems of the profession and the community. There are three major components of this domain.*

- (1) A special duty of care that arises when a patient-doctor relationship is established.
- (2) Reflective and self-appraisal skills.
- (3) Maintenance of professional standards.

Because of the particular circumstances of rural practice, including the dependence of many rural communities on their local GP, there is a special need for rural GPs to be continually reviewing their own practice.

It is essential for rural doctors who must deal with a broad range of often complex patient presentations to keep abreast of new developments and ensure that their own practice reflects best practice based on current scientific evidence.

Exercising a special duty of care is particularly relevant to the rural GP who may deal with higher than usual emergency cases and problems requiring procedural skills. Rural GPs therefore have a particular need to minimise risk of adverse events and be aware of the ways in which they may manage adverse events and their outcomes.

The FARGP will contribute to the ability of candidates to:

- clarify their own position in relation to ethical questions which arise in rural practice
- ensure that they exercise due care and responsibility, respect for patients rights and be willing to act as advocate for their patients
- appreciate the potential ethical dilemmas arising from the multiple roles which GPs fill in small communities
- understand the role of the rural GP in the community hospital
  - combination of primary and secondary care
  - participation in hospital committees
- improve their skills in critical self reflection and evaluation of their practice to ensure that the needs of the rural communities they serve are met as effectively as possible
- develop skills in balancing the case load and demands of:
  - working in isolation in a rural practice with social and personal responsibilities
  - self-care and self-reliance
  - family and work life balance in a rural setting
  - professional and social boundaries
- demonstrate an ability to establish professional networks and utilise available rural resources and referral agencies
- demonstrate awareness of ethical dilemma of rural practice e.g. in relation to clinical issues, multiple roles GP fill in rural communities
- demonstrate an understanding of self care

## **Domain 5 : Organisational and Legal Dimensions**

*The organisational and legal dimensions of general practice require that each practice be considered as an entity that delivers a clinical service to patients in its practice population and the community.*

**There are a wide variety of practice types in rural communities although they are frequently characterised by high patient loads and shortages of GPs to meet the demand in rural communities. This places a special burden on rural practices to be managed and administered efficiently and effectively**

The FARGP will contribute to the ability of candidates to:

- demonstrate an awareness of strategies to achieve a work-life balance
- demonstrate time management and organisational skills
- utilise the principles of triage and disaster management in the rural setting
- demonstrate legal requirements specific to rural general practice
- understand the role of technology and communication

## EDUCATIONAL MODULES AND ACTIVITIES

The learning plan:

- the key reference point for the candidate to meet the educational requirements of the FARGP
- will guide the way in which the learning needs of the candidate can be linked to the curriculum

Development of the learning plan should be done with a high degree of flexibility. The candidate is encouraged to meet with their medical educator/educational mentor at the earliest opportunity to identify learning needs and develop a learning plan.

There are two mandatory/core educational modules, “Working in Rural General Practice” and “Emergency Medicine”. Other educational activities are chosen in consultation with the candidate’s medical educator/educational mentor in order to meet the learning needs of the candidate as effectively as possible.

To qualify for the FARGP in Rural General Practice, the candidate must complete a minimum of 720 hours of approved educational activities including 12 months ARST, which comprises 360 hours or 50% of total number of hours. N.B. Practising GPs may be eligible for Recognition of Prior Learning.

Educational modules are designed to include:

- clear identification of the scope, purpose and learning outcomes
- appropriate readings and background material to ensure the best available evidence informs learning
- case scenarios and examples drawn from general practice
- questions, problems and challenges to stimulate thinking and active learning
- examples of tools, instruments, checklists, and forms to enhance learning and improve professional practice
- frequent opportunities and encouragement for candidates, peers, GP supervisors and education advisers/education mentors to discuss, review and share feedback
- specific learning and educational assessment activities for inclusion in the educational FARGP Portfolio to meet the requirements of the FARGP
- detailed referencing of other sources and resources
- **Educational activities:**
  - Specified learning and educational assessment activities identified for Advanced Rural Skills Training and the pre/co-requisite 12 months in rural general practice
  - Check programs
  - CheckUp2 self-test activities
  - Conference paper
  - External Clinical Review
  - Peer reviewed video taped consultations
  - Q.A. Clinical Audit

- QA&CPD approved activities
- Research Project
- Interactive educational activities
- Clinical diary
- Reflective diary
- Telemedicine
- Online educational activities.

Candidates may apply through their medical educator/educational mentor to have other modules and activities count as part of their learning plan.

### **Learning Plan Matrix –Domains of General Practice**

The learning plan matrix will assist the candidate and the medical educator/educational mentor determine if a balance across the five domains of general practice has been achieved for the 160 hours of self-directed educational activities.

Each domain has a target range expressed as a percentage (%) in terms of study time devoted to a particular domain (for the 160 hours).

<b>Domain</b>	<b>Workload</b>
Communication skills and the patient-doctor relationship	20%
Applied professional knowledge and skills	35%
Population Health and the context of general practice	20%
Professional and ethical role	15%
Organisational and legal dimensions	10%
<b>Total</b>	<b>100%</b>

## **TEACHING AND LEARNING**

The FARGP is designed to provide candidates with systematic opportunities to reflect on and improve their practice. The approach to learning is mostly self-directed under the guidance of an experienced medical educator/educational mentor. It is also expected that others including peers, rural specialists, and GP supervisors will be actively engaged by the candidate as part of their learning process.

### **Self Directed Learning**

Methods useful for self-directed learning include:

- reflection and self evaluation
- recording experiences and reflections over a given period of time
- participating in small group discussion and peer study groups
- individual study with learning packs, online learning modules, journals and texts
- research and individual projects in areas of interest
- use of supplementary interactive learning programs e.g. interactive and other computer based programs
- seeking and following up discussion and advice from colleagues
- selecting relevant Continuing Professional Development or vocational training opportunities

### **In Practice learning opportunities:**

Candidates are encouraged to participate in the many in-practice learning opportunities which exist and to seek the assistance of professional peers and colleagues.

Activities which many others have found useful include:

- discussing and identifying learning goals and plans for achievement
- informal, opportunistic discussion between supervisor and candidate to review patient management problems
- discussion and/or debriefing of critical incidents
- medical record review, random structured case review
- video review and feedback
- direct observation and feedback
- logging procedures and competence levels – review and discuss
- feedback from patients, supervisor, specialists and practice staff
- clinical audit
- regular reflection of in-practice situations
- observe GP supervisor consultations and discuss procedures
- undertake home, aged care and hospital visits
- role-play difficult patient consultations
- demonstrations of clinical skills by the GP supervisor

In their meetings with their medical educator/educational mentor, candidates are encouraged to discuss in-practice learning activities as part of the review of progress with the learning plan, and compilation of the Educational Portfolio.

Discussions with the medical educator/educational mentor about learning issues arising in practice are a vital part of the FARGP educational process.

## RESOURCES

### Teaching Staff

A variety of teaching staff may be utilised to ensure that the range of educational needs is met.

### GP Supervisor

A GP Supervisor is an experienced GP who works in an accredited RACGP training practice. Using the apprenticeship model, they provide professional role modelling, one to one teaching, supervision, feedback and advice to the candidate. In some circumstances, the GP Supervisor may be off-site (e.g. for RVTS candidates). The supervisor undertakes a regular supervision process mainly by distance means. They are usually funded by an accredited training provider as part of the GPET vocational training program.

### Medical Educator/Educational Mentor

A medical educator/educational mentor is an experienced GP who has teaching experience and is appointed to work with the candidate. For the FARGP, medical educators/educational mentors have considerable experience in rural general practice.

The role of the medical educator/educational mentor is to give guidance and assistance to candidates in the identification of their learning needs, development of their learning plan of educational activities, monitoring and reviewing progress, certifying satisfactory completion of specific activities.

Educational mentors may be appointed by the National Rural Faculty. Other staff who may be able to provide educational support include RACGP National Rural Faculty staff. The Rural Education Manager is a key source of information and advice about the FARGP.

### Other Resources

The following resources are available:

- the *RACGP Curriculum for Australian General Practice*: - outlines the knowledge, skills and learning experiences required for competent, unsupervised general practice, and the processes required to achieve them  
<http://www.racgp.org.au/curriculum>
- the *FARGP Portfolio Guide & Forms*. This document is designed to assist candidates in assessing and meeting their own learning needs. It also forms the basis for the assessment requirements of the FARGP.
- *Advanced Rural Skills Training Curricula*: - these curricula have been developed to provide opportunities for candidates to develop more advanced medical knowledge and skills relevant to rural general practice.

## ASSESSMENT REQUIREMENTS

### Overview

The FARGP is based on a continuous assessment framework.

Assessment will be based on the development and maintenance of the FARGP Portfolio, which will include evidence of:

- clinical experience and performance
- completion of educational assessment activities:

**Candidates are required to maintain their FARGP Portfolio throughout the candidacy.**

The method of assessment for a particular module or activity should be agreed upon by both the candidate and medical educator/educational mentor and stipulated in the learning plan. Each time a particular module or activity is completed a record verified by the medical educator/educational mentor should be included in the portfolio.

The completed FARGP Portfolio is the basis for assessment.

The Portfolio may include case studies, case commentaries, a research paper, article for publication, successful completion of relevant courses and activities (e.g. clinical audit) or specific areas of interest determined in consultation with the medical educator / educational mentor.

Certification of competence in specific clinical and consultation skills can also form part of the assessment process.

The candidate's responses to assessment activities should be based in the context of their practice environment as much as possible. For instance, if the participant is working or intends to work in a rural farming community, a mining town or cross-cultural context, this should be reflected in the portfolio.

Candidates are encouraged to seek feedback from colleagues and GP supervisors in their practice. For registrars, the accredited GP Supervisor has responsibility for providing formal (i.e. a specific time set aside) feedback to the candidate on his/her progress and performance in the post.

Formal assessment of competence by the GP Supervisor as part of vocational training can also form part of the candidate's portfolio, where it is relevant to the candidate's focus on rural general practice.

**Assessment activities must be included in the FARGP Portfolio**

## Specific Requirements

### **Registrars:**

Completed activities required for submission to the National Rural Faculty for conferral of the award of the Fellowship in Advanced Rural General Practice must be submitted in a 2 ring binder as the FARGP Portfolio.

#### MANDATORY COMPONENTS

- **Completion of Vocational Training documentation from the Regional Training Provider:**
  - Either print out of training units or official letter
  - Copy of notification of completion of Advanced Rural Skills Training (discipline, dates and location)
- **Learning Plans**
- **Learning Plan Assessment**
- **Record of Elective Educational Activities (min 160 hours)**
- **ARST assessment activities – as per ARST curriculum requirements**
- Completed **learning activities** undertaken in the:
  - Working in Rural General Practice module
  - Emergency Medicine Module
- **Record of Clinical Procedures**
- **Summative reflection on learning (500 words)**
- **Post FARGP Portfolio questionnaire**

#### OPTIONAL

- **Summary of educational activities completed**, including a record of learning activities occurring in your practice, educational releases and their content from a personal perspective, QA&CPD points certificates from CPD activities and your reflections on these activities
- **Learning resources** (such as journal articles) that you found useful
- **Critical Incident recordings**
- **Resource Kit activities**
- **Clinical attachment** details and evaluations
- **Research projects**
- Records of any **other educational activities** undertaken (copies of certificates, diplomas etc.)
- Other **educational activities of interest**

## ***Practising GPs:***

Completed activities required for submission to the National Rural Faculty for conferral of the award of the Fellowship in Advanced Rural General Practice must be submitted in a 2 ring binder as the FARGP Portfolio.

### **MANDATORY COMPONENTS**

- ***Copy of FRACGP***
- ***Learning Plans***
- ***Learning Plan Assessment***
- ***Record of Elective Educational Activities (min 160 hours)***
- Completed ***learning activities*** undertaken in the:
  - Working in Rural General Practice module
  - Emergency Medicine Module
- ***Record of Clinical Procedures***
- ***Summative reflection on learning (500 words)***
- ***Post FARGP Portfolio questionnaire***

### **OPTIONAL**

- ***Summary of educational activities completed***, including a record of learning activities occurring in your practice, educational releases and their content from a personal perspective, QA&CPD points certificates from CPD activities and your reflections on these activities
- ***Learning resources*** (such as journal articles) that you found useful
- Critical Incident recordings
- Resource Kit activities
- ***Clinical attachment*** details and evaluations
- Research projects
- Records of any ***other educational activities*** undertaken (copies of certificates, diplomas etc.)
- Other ***educational activities of interest***

## **EVALUATION**

As part of the National Rural Faculty's commitment to ongoing improvement of the quality and effectiveness of the FARGP, it will be evaluated by means of regular feedback from candidates, educational mentors, medical educators and GP supervisors.

The Rural Education Committee will commission evaluation of all aspects of program delivery and management and will regularly review evaluation findings.

## GLOSSARY

ACCHS	Aboriginal Community Controlled Health Service
ACRRM	Australian College of Rural and Remote Medicine
ALSO	Advanced Life Support Obstetrics
ANZCA	Australian and New Zealand College of Anaesthetists
APLS	Advanced Paediatric Life Support
ARSP	Advanced Rural Skills Post
ARST	Advanced Rural Skills Training
Check	Continuous Home Evaluation of Clinical Knowledge
CPD	Continuing Professional Development
DRANZCOG	Diploma Royal Australian and New Zealand College of Obstetricians
ELS	Emergency Life Support
EMST	Emergency Management of Severe Trauma
EP	Educational Portfolio
FARGP	Fellowship in Advanced Rural General Practice
FRACGP	Fellow Royal Australian College of General Practitioners
FTE	Full Time Equivalent
GP	General Practitioner
GPET	General Practice Education & Training – the national funding body for vocational training in Australia
JCC	Joint Consultative Committee – of learned medical colleges
NACCHO	National Aboriginal Community Controlled Health Organisation
NRF	National Rural Faculty of the RACGP
RVTS	Remote Vocational Training Stream
QA	Quality Assurance
QA&CPD	Quality Assurance and Continuing Professional Development
RACGP	Royal Australian College of General Practitioners
RANZCOG	Royal Australian and New Zealand College of Obstetrics and Gynaecology
RPL	Recognition of Prior Learning
RTP	Regional Training Provider

## Essential Texts/Resources

Armstrong BK, Gillespie JA, Leeder SR, Rubin GL, Russell LM. Challenges in health and health care for Australia. MJA 2007; 187 (9) : 485-489 Also available online at : [http://www.mja.com.au/public/issues/187\\_09\\_051107/arm11047\\_fm.html](http://www.mja.com.au/public/issues/187_09_051107/arm11047_fm.html)

Britt H, Miller G, Valenti L It's different in the bush. A comparison of general practice activity in metropolitan and rural areas of Australia 1998-2000 ( BEACH Report) Australian Institute of Health and Welfare and the University of Sydney. 2001. Also available online at <http://www.aihw.gov.au/publications/index.cfm/title/6500>

Central Australian Rural Practitioners Association. CARPA standard treatment manual : a clinic manual for primary health care practitioners in remote and rural communities in Central and Northern Australia. 4<sup>th</sup> edition. Alice Springs, A.C.T : Central Australian Rural Practitioners Association . c2003.

Consumers' Health Forum of Australia. Coooooooooooo!! A call from rural consumers: a report of the Consumers' Health Forum's rural consultations. Canberra : CHFA. 1998

Coward RT et al (Eds). Rural women's health : mental, behavioral, and physical issues. New York, NY : Springer. c2006

Egger G, Binns A, Rossners. Lifestyle Medicine: New York McGraw-Hill 2008

Fraser J. Population health and public health in Australia rural general practice : a case series of research, clinical applications and educational strategies. [S.I.] : John Fraser. 2006.

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Kenyon P, Black A. Small town renewal : overview and case studies. A report for the Rural Industries Research and Development Corporation. Canberra : RIRDC. 2001.

Menzies S, Crotty K, Ingvar C, McCarthy. *Dermoscopy on Atlas*. 3<sup>rd</sup> Edition, McGraw-Hill Australia Pty Ltd. 2009

Murtagh J. John Murtagh's general practice. 4<sup>th</sup> Edition, McGraw-Hill Australia Pty Ltd. 2009

Smith JD. *Australia's rural and remote health : a social justice perspective*. 2<sup>nd</sup> edition. Croydon, Vic: Tertiary Press. 2007.

Rabinowitz HK. Caring for the country : family doctors in small rural towns. New York: Springer. c2004.

Rowe L, Kidd M, first do no harm – Being a Resilient Doctor in the 21<sup>st</sup> Century. The McGraw-Hill Companies 2009.

Rural Doctors Association of Australia Monash University. School of Rural Health. Sustaining medical practice in rural and remote Australia : a summary of the viable models of rural and remote practice project - stages one and two. Kingston, ACT: Rural Doctors Association of Australia. 2003.

Siaw-Teng and Sue Kilpatrick (Eds): A Textbook of Australian Rural Health. Australian Rural Health Network, Canberra 2008

Wilkinson D (Ed) *The handbook of rural medicine in Australia*. South Melbourne, Vic. : Oxford University Press. 2004.

Wolff K, Johnson R. Fitzpatrick's Colour Atlas & Synopsis of Clinical Dermatology New York Mc Graw-Hill. 2009

There are a number of important AIHW reports all of which are available freely online:  
Rural, regional and remote health : indicators of health :  
<http://aihw.gov.au/publications/index.cfm/title/10123>

Rural, regional and remote health : indicators of health system performance :  
<http://aihw.gov.au/publications/index.cfm/title/10521>

Rural, regional and remote health : indicators of health status and determinants of health: <http://aihw.gov.au/publications/index.cfm/title/10519>

Rural, regional and remote health : a guide to remoteness classifications :  
<http://aihw.gov.au/publications/index.cfm/title/9993>

Rural, regional and remote health : a study on mortality (2<sup>nd</sup> ed) :  
<http://aihw.gov.au/publications/index.cfm/title/10520>

Locality matters : the influence of geography on general practice in Australia 1998 – 2004 : <http://aihw.gov.au/publications/index.cfm/title/10171>