The essential guide for general practice registrars

Inside
negotiating a great career
exam preparation
looking after yourself
training resources
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The essential guide for general practice registrars

GP Registrar: The essential guide for general practice registrars is proudly produced by General Practice Registrars Australia Ltd.

General Practice Registrars Australia is the voice and peak body for the next generation of general practitioners. We work to improve the health care of all Australians through excellence in education and training, and by promoting general practice as the medical specialty of choice.

We would like to acknowledge the support of our Patron, Professor Michael Kidd AM. Professor Kidd is Executive Dean of the Faculty of Health Sciences at Flinders University, 2013–16 President of the World Organization of Family Doctors (WONCA) and past president of The Royal Australian College of General Practitioners.

GPRA acknowledges the ongoing support of the Australian Government Department of Health.
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Dr James Ricciardone believes something is missing in the skill set of many registrars: job market know-how. A member of GPRA’s Terms and Conditions Committee, James shares his job market advice on page 14.

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As the newly elected President of General Practice Registrars Australia (GPRA) I am delighted to release the 2017 *GP Registrar* guide. *GP Registrar* is produced annually with the assistance of the Department of Health to provide general practice registrars with useful tips, resources and personal reflections to assist them on their individual journey to Fellowship of their college, and to becoming a general practitioner.

In this 2017 edition, we cover important aspects of general practice training including finances, with information on the National Terms and Conditions for Employment of Registrars and employment agreements; placements, with placement tips and information on practice incentives; exams, with tips for exam preparation and an excellent article on how to survive your exams; support, with information on how to deal with stress and the importance of looking after yourself; and finally, useful training resources.

GPRA is the single organisation providing unilateral, independent support to all general practice registrars irrespective of their regional training organisation or college. If you are not already a member of GPRA I would highly recommend that you join the organisation.

We are facing an ongoing period of transition within general practice training and need to maintain a strong voice to negotiate that change.

I hope you enjoy the comprehensive contents in this guide – and keep it close by throughout this training year.

GPRA will continue to support all registrars during their training, and the profession as a whole, to ensure the future of general practice is a healthy one for patients and doctors alike.

Dr Melanie Smith
GPRA President
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94% of the time we have been able to improve our client’s tax position

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About GPRA

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What is GPRA?

General Practice Registrars Australia (GPRA) is the peak national representative body in Australia for general practice registrars. We produce a range of resources to support registrars throughout their training and assessment, and provide direct support and advocate for their interests with other stakeholders.

Some of the things we do to directly benefit general practice registrars are:

- produce and facilitate exam preparation workshops and publications
- provide individual support to registrars going through any appeals process as part of their training
- provide targeted assistance to Aboriginal and Torres Strait Islander registrars through the Indigenous General Practice Registrars Network
- support Registrar Liaison Officers (RLOs) in their provision of peer support to registrars
- produce a range of resources such as guides on how to negotiate employment conditions, in-practice teaching, exam preparation and self-care
- negotiate the terms and conditions of employment for registrars
- advocate for the interests of registrars and represent their views to government, national training organisations, the Australian College of Rural and Remote Medicine (ACRRM) or The Royal Australian College of General Practitioners (RACGP) and other stakeholders.

GPRA is run by registrars for registrars. The Board is responsible for corporate governance, our financial sustainability, and for advancing registrar issues to stakeholders.

We are informed by an Advisory Council, which consists of RLOs from every training organisation and national registrar representatives from various stakeholders. The Council is in communication all-year-round, forming an Australia-wide network providing and sharing solutions to both local and national training issues.

The Board relies on the Advisory Council to provide feedback and information on registrar policy issues in order to advance these issues in the national arena.

GPRA also promotes general practice as the medical specialty of choice to medical students and prevocational doctors. We do this via the General Practice Students Network for university students, and the Going Places Network for prevocational doctors.
The future of general practice

Students, prevocational doctors and general practice registrars are the future of general practice. GPRA provides critical feedback to stakeholders and the government in order to improve general practice training in Australia. At a time when general practice is undergoing a substantial reshaping, we are the voice of the future. We work hard together with other stakeholders for the common purpose of advancing the profession and the health care of all Australians.
A friend on the journey

From her first year at medical school to her fellowship exams, GPRA and Dr Mary Wyatt have been constant companions.

Like a loyal friend by her side, GPRA has always been there for Dr Mary Wyatt – and Mary has always been there for GPRA.

She credits GPRA with enriching and enabling her path to becoming a GP, from the suturing workshops she organised for the General Practice Students Network (GPRA’s student arm) to her later involvement at Board level.

“Those pig’s trotters really did stink!” she says with a giggle as she revisits memories of the suturing skills workshops.

“In my first year of medicine at the University of Wollongong, GPSN started and there was a call-out around Australia for medical students at all the universities to become GP Student Ambassadors. So I was the first ambassador at Wollongong Uni – that was my introduction to GPRA.”

The string of firsts continued. Later, Mary was asked to become the first Student Director on the GPRA Board. She went on to serve for four years as Student Director and Prevocational Director.

In addition, Mary became a GP Ambassador with the Going Places Network when she moved to Perth for her prevocational training at Royal Perth Hospital and supported her colleagues through the general practice application process.

She was a Registrar Liaison Officer with her training organisation, served on the GPRA Advisory Council, and chaired the National Terms and Conditions Committee – negotiating better terms for registrars in their training years; and, until recently, Mary was also the Registrar Advisor on GPRA’s GP Journey magazine, which is aimed at medical students and prevocational doctors.

It all goes to make Mary something of an expert on the benefits that membership of GPRA offers registrars.

“I would absolutely recommend that every new GP registrar joins GPRA,” she says.

“It’s a group of registrars who are interested in advocating for all registrars in a bigger political field and it’s important to be part of that so your voice is heard. With all the changes in training, it’s especially important that our voices are heard.”

But Mary says it’s not just advocating for GP registrars as a professional group that’s valuable. The support can also be personal.

“On an individual level, if you’re having trouble with your training organisation or placement and you’re not really quite sure where to go, you can always go to GPRA for help,” she says.

“I would also encourage any GP registrar to become involved in any or all the standing committees which cover assessment and standards, closing the gap, IMGs, registrar wellbeing, rural issues, and terms and conditions.

“It really is as simple as contacting your RLO or GPRA directly to become involved in the conversations in this area via an email list.”
“I would absolutely recommend that every new GP registrar joins GPRA.”
Mary says another strength of GPRA is that there is an ever-expanding range of resources for registrars.

“There are webinars for exam preparation which provide an opportunity to learn from other registrars. There’s also an exam book and a clinical cases book with lots of scenarios, which is also available as an interactive app. It’s worth going to the GPRA website to see the webinars and other resources.”

Mary began studying medicine as a second career in her early 30s. Previously a high school maths teacher, she had always been drawn to medicine as part of a medical family.

“I have two brothers who are GPs, my father was an orthopaedic surgeon and my mother was a GP.”

However, on leaving school she was reluctant to leave her home city of Wollongong to study in Sydney so she studied biomedical science and became a teacher instead.

When she took a break to start her family of four children with her husband, Antony, she paused to reconsider her future. At the same time, a new postgraduate medical course started at the University of Wollongong – and everything fell into place.

“I remember being in a mothers’ group and we were all talking about what we were going to do when our kids got older. I had taught the kids at school that they should go for what they really want in life – don’t settle, keep trying – and I decided at this mothers’ meeting that really I wanted to do medicine.”

Mary’s top three reasons to join GPRA

1. GPRA is a voice for GP registrars as a group, advocating to government and other stakeholders, and negotiating salary, terms and conditions

2. GPRA is a voice for you as an individual registrar if you have any problems with your employer or training organisation

3. GPRA has some really important resources, including an exam book and webinars, tips on negotiating your salary and working conditions, as well as resources to help you avoid burnout.

Consider getting more involved

Consider joining GPRA’s committees and networks – the more you put in, the more you get out of it. Visit gpra.org.au

After completing her medical degree in Wollongong, Mary’s project manager husband got a fly-in, fly-out mining job in Western Australia. Consequently, Mary completed her postgraduate and registrar training in Perth.

When we spoke to Mary, she was enjoying work at a large outer suburban general practice in Perth.

“I love everything about general practice and I’ve enjoyed the journey,” she reflects. And GPRA has been along for the ride all the way.
GPRA committees currently have committees working in the following areas:

**Assessment and standards**

Each college regularly reviews their assessments and standards so the committee will always assess the impact of any changes.

**Close the gap**

The Close the Gap Committee works to reduce the inequality in health experienced by Aboriginal and Torres Strait Islander peoples and to promote this issue within the AGPT. The committee works closely with the Indigenous General Practice Registrars Network and the General Practice Students Network Close the Gap Working Group.

**International medical graduates**

The International Medical Graduate Committee represents international medical graduate (IMG) registrars and investigates issues relevant to this group. The committee hopes to develop a publication relating to IMGs.

**Registrar wellbeing**

Wellbeing is an issue often overlooked in the registrar community. The Registrar Wellbeing Committee aims to promote the wellbeing of registrars – and doctors – in their workplaces. Harassment, bullying, safety, self-care and fatigue management are all of particular interest to the committee.
Rural issues

Rural registrars face unique challenges. The Rural Committee is interested in all issues concerning rural registrars including workforce issues, rural incentive payments and the various state rural generalist pathways.

Terms and conditions

The Terms and Conditions Committee negotiates the terms and conditions for registrars with General Practice Supervisors Australia every two years. A new document is available for 2017. The committee also monitors and investigates any issues with terms and conditions at other times.

How GPRA policy is created

In the first instance, issues are generally raised within the Advisory Council. The relevant committee then investigates and develops potential solutions to the issue at hand. This often involves working with external stakeholders to develop industry-wide policy statements. A good example of this process is the statement of principles and discussion paper, Fatigue Management in Vocational General Practice Training, which is available on our website.

Get involved

Any GPRA registrar member can join a committee. It’s a great way to be involved, get your ideas heard and make a difference. It’s also a great introduction to governance, and the industry and stakeholders behind general practice. Meetings are held regularly via a web-based conferencing platform.

The networks

Indigenous General Practice Registrars Network

The Indigenous General Practice Registrars Network (IGPRN) was established by a group of Aboriginal and Torres Strait Islander GP registrars. In 2012, GPRA agreed to manage the co-ordination of the network, with the objective of providing more targeted assistance to its members.

The aim of IGPRN is to assist all Indigenous GP registrars through to fellowship by providing support throughout their training and assessment. The network is there for when times are challenging, and also to celebrate achievements.

IGPRN undertakes exam preparation and peer debriefing via online study groups, discussion forums, and two face-to-face workshops each year.

If you are an Aboriginal or Torres Strait Islander GP registrar (or up to two years post-fellowship) we welcome your involvement in the network. Email igprnenquiries@gpra.org.au

General Practice Registrar Medical Educators Network

The ability to educate others is a crucial role in general practice – for patients, fellow health
professionals and junior colleagues. Becoming a registrar medical educator (RME) is a useful and supported way to test the waters when considering a career in medical education.

The General Practice Registrar Medical Educators Network (GPRMEN) was formed by GPRA to provide a professional network for RMEs and to advocate for the role to exist in a quality framework. The network provides peer support for RMEs around the country via online discussion forums and web-based conferencing.

The RME role includes:

• teaching to a number of different levels, including GP registrars, prevocational doctors and medical students
• delivering lectures, workshops, small group tutorials, problem-based learning and clinical skills tutorials
• networking with regional training organisations (RTOs) and other stakeholders
• working with RTOs to plan and deliver education, including policy, curriculum and resource development
• undertaking further professional development.

The workload of an RME generally ranges from 1–5 sessions per week, with 3–9 sessions of clinical practice to complete the working week.

**General Practice Registrar Emerging Supervisor Network**

Many supervisors begin their career in mentoring the next generation of GPs without much formal training in supervision.

Many registrars feel the calling of supervision, but the path towards becoming a supervisor can be less than obvious. In order to provide peer-to-peer networking and guidance to potential supervisors, GPRA formed the General Practice Registrar Emerging Supervisor Network (GPRESN).

GPRESN is our newest network, so now is a great time to join if you have an interest in becoming a supervisor further down the track in your career.

GPRMEN and GPRESN run free webinars on topics relevant to RMEs and supervisors. The topics covered represent best-practice teaching and supervision from leaders in the industry.

For more information about joining GPRMEN or GPRESN, email the registrar services team at registrarenquiries@gpra.org.au or phone 03 9629 8878.
GPRA membership
Your registrar community

Being a member of GPRA provides many professional and personal benefits – and it’s free!

Registrar membership
Registrar membership is open to all general practice registrars from acceptance into general practice training, through to two years post-fellowship.

Members have full voting rights for two years post-fellowship, and can remain Associate Members after this time. Associate Members* currently enjoy similar benefits to voting members.

Membership to GPRA is free.

Membership benefits
As a GPRA Member you have access to the following:

- Weekly clinical quizzes delivered straight to your in-box
- The opportunity to contribute to committees considering a wide range of policy issues
- Discounts on conference registrations, products and services.

Four easy ways to become a member of GPRA
1. Tear out the membership form at the back of this guide
2. Go to gpra.org.au
3. Email registrarenquiries@gpra.org.au
4. Phone 03 9629 8878.

* Associate membership is available to medical students through the General Practice Students Network, prevocational doctors through the Going Places Network and doctors who are not on the AGPT or RVTS training program and other stakeholders. Visit gpra.org.au for more information.
Employment as a registrar
A career of small wins

Dr James Ricciardone serves on GPRA’s Terms and Conditions Committee and recently won his first job as a rural generalist registrar so he is well placed to share job market advice.

Dr James Ricciardone believes something is missing in the skill set of many registrars: job market know-how.

As a member of GPRA’s Terms and Conditions Committee, he meets many trainee GPs for whom landing a job outside the shelter of the hospital, not to mention negotiating a contract, is a daunting prospect.

“Junior doctors in the hospital system might have never applied for a professional job – ever,” James observes.

“Their first GP job as a registrar might be the first time they have ever had to apply for a professional job out in the community.

“My own situation was a little different because I was a bit older and had been in a few different jobs before I applied for my current one.”

James is talking to GP Registrar from Ti Tree, a remote community some 200 kilometres north of Alice Springs on the Stuart Highway. It’s the epitome of Australia’s red centre – dry, dusty and isolated – and the mostly Indigenous population faces health problems of textbook complexity.

Ti Tree is one of several Indigenous communities in “the middle of nowhere” that James flies or drives to from his base in Alice Springs as a rural generalist registrar with the Central Australia Health Service.

So how did James secure this placement, his first since commencing general practice training with ACRRM?

“I kind of knew one of the key people, which is always helpful. I also voiced my interest a lot earlier than the actual application process occurred,” he explains.

James believes that as in any profession, networking opens doors. “If there’s one piece of advice I would give registrars looking for their ideal job, don’t underestimate the value of making connections. If you’re interested in working at a place, show that interest.”

He says an email to a supervisor expressing interest in a post before it’s advertised can give you an edge.

The job market for registrars is more competitive than ever due to increased cohort numbers so it may take more effort for registrars to secure their preferred posts, he explains.

Once you’re offered a job, James says having a written contract is a must. “GPRA negotiates minimum terms and conditions on behalf of registrars but there is still a minority who feel they are not getting these minimum standards.

“The essential ones are paid educational release time, a good, appropriate salary as an employee not a contractor, paid sick leave, four weeks paid annual leave and superannuation.
“Junior doctors in the hospital system might have never applied for a professional job – ever.”
“But there may be other things registrars want to negotiate. Study leave and holidays at a set time are two common ones. Whatever is important to you, bring it up early.”

James says there’s one no-no when it comes to contracts. “Never sign on the spot. Always ask for a day or two to go over it in detail before you sign. If there’s anything you’re unsure about, your Registrar Liaison Officer can advise you.”

He adds that querying a contract or asking for extra entitlements is easier said than done. “I think there’s such a power imbalance between the employer and registrar, it’s difficult.

“But you need to remember you are an important part of the team, you’re a professional, you’re a doctor, and as long as you do it in a respectful, calm manner, the worst outcome is that they just say no.”

“Meandering” is the way James characterises his path to the medical profession, but this self-described “city boy turned bush boy” wouldn’t change a thing. “To have more life skills can really help you help your patients,” he says.

Before studying medicine, James completed a degree in health science and worked briefly as a health economist. “That lasted about four months before I realised that working in an office all day was not what I wanted.”

A gap year or two of overseas travel brought his future into sharper focus. “I decided I wanted to make an impact and to be a good advocate, especially for disadvantaged people who don’t have a voice.”

He completed a postgraduate degree in medicine at the University of Queensland, and since then he has worked in emergency medicine in Alice Springs, Sydney and Canberra, as a prison medical officer and in numerous remote Indigenous communities in the Northern Territory.

After considering a career as an emergency physician, James recently joined the ACRRM program. It’s a pathway that merges his interests in emergency medicine, public health, Indigenous health, health advocacy and social justice.

Always looking to expand his horizons, James is concurrently studying towards a Master of Health Law, satisfying his affinity with the legal and political side of medicine.

He says many idealistic doctors come to medicine fired up to change the world. But he has come to accept making daily incremental impacts with his patients and appreciating “small wins”.

He says he experiences culture shock each time he visits some Indigenous communities. “As an Australian citizen you feel we should have done better for Indigenous people and that you should fix it but you can’t because the problems are so incredibly complex and ingrained.

“Then you snap out of it and go: ‘What can I do in my role as a doctor in this community today?’”
Your first placement
How to plan for satisfaction

Careful thought and planning goes a long way to making your first general practice placement as rewarding as possible. Dr Jomini Cheong, looks at the basics to consider when applying for your first general practice placement.

Recognition of prior learning

Make sure that your recognition of prior learning (RPL) is sufficient to satisfy the requirements of your RTO. I’ve seen a few cases where placements have been organised only for the registrar to be informed that they will have to cancel their confirmed placement to find another hospital term to finish off their RPL.

Think long term

You will need to finish a certain number of terms (this can vary depending on your choice of fellowship) and will likely need to satisfy certain training obligations.

Training obligations can include working for a minimum period in an outer metropolitan or rural area. Think about when you want to complete these requirements and where you would like to complete them.

Prioritise your needs

Think about what you are looking for in a practice. Often this includes location, practice specialty, supervisor and teaching environment, remuneration, restraint of trade and flexible annual leave and training hours.

Make sure you research each practice before applying. Finding out that a practice is open 8 am to 8 pm weekdays for example, can indicate that you will likely need to do at least one evening a week. It will also often give you a list of supervisors and their backgrounds, practice area of interest/specialisation and allied health support.

Practice profiles and websites will often provide a listing of their fees, which may be important in considering the remuneration aspect of your placement. A larger practice will often have more flexible annual leave and training hours with a larger number of GPs available to manage the patient load.

Plan your interview

The interview provides the opportunity to clarify any questions you have. Asking about patient demographic, remuneration, allied health support, teaching programs, study leave, working hours, on-call and nursing home visits is very helpful.

Asking what they are looking for in a registrar often helps to see their point of view so that it forms a win-win relationship for both parties. Ask if you are able to speak to the current registrars as well.

Get the right indemnity

Indemnity is relatively cheap (and tax deductible) for first year registrars. There are many providers so do your research and select one that will suit your needs.
Statutory terms and conditions of employment

There are terms and conditions from the Fair Work Act 2009 and Australian Taxation Office that apply to all GP registrars. It’s important to ensure that they are included in your employment agreement.

General practice registrars are employees, not contractors. This is because the salient features of an employer-employee relationship are evident in a practice-registrar relationship (or any combination thereof). Involvement in an apprentice or trainee situation also has a significant impact on whether an individual is viewed by the Australian Taxation Office (ATO) as a contractor or an employee. Therefore, no matter what a signed document says, your legal relationship with your practice is employer-employee.

It is illegal to represent an employment relationship as being one of principal/independent contractor. Practices may end up having to back-pay a registrar’s entitlements such as annual leave and super, and be liable for unpaid payroll tax. The risk of engaging registrars as contractors is largely borne by the practice, however indemnity may be a significant issue for registrars.

Full-time vs. part-time

Full-time employment is 38 hours per week as per Australian employment standards. Anything less is considered part-time and calculated and paid pro-rata.

Full-time equivalent (FTE) is a term used in the context of reporting workforce to government relating to the full-time equivalent quota of the total doctors or registrars working in a specified area. This calculation is based on 38 hours per week. Hypothetically, a general practice may have 10 doctors, but when you total the hours the doctors are working, they may be working the equivalent of only six full-time doctors.

Employment and training are not related when a determination of full-time and part-time is made. ACRRM and the RACGP define part-time training as being between three and eight sessions per week (averaging 3.5 hours each session). Nine sessions per week is the minimum requirement for full-time training. These sessions include the time taken for patient contact hours, administration, compulsory educational release with your RTO, and the compulsory in-practice teaching with your supervisor/s.

It is entirely possible to be training full-time, but considered a part-time employee.

Restrictive covenants are a clause in an employment agreement that limits an employee from working within a defined distance and time period from their current employer after their employment is terminated. The distance should depend on the density of practices within an area. The time period should recognise that registrars have little choice (in most cases) as to the practice in which they train. These clauses are designed to prevent ‘patient pinching’. GPRA recommends registrars attempt to remove restrictive covenants from employment agreements in order to maximise choice regarding your future work locations, (not to pinch patients!).
Employment agreements

Every two years, registrar representatives from GPRA and supervisor representatives from General Practice Supervisors Australia meet to negotiate the terms and conditions for registrars who are not covered by the Medical Practitioners Award 2010, or any other applicable award. Following this process, GPRA produces a document containing the agreed terms and conditions – the National Terms and Conditions for the Employment of Registrars (NTCER). These terms and conditions represent the basic terms and conditions of employment, and registrars are free to attempt to negotiate improved terms and conditions. However, we advise registrars to carefully check their employment agreement to ensure they contain at least the terms and conditions agreed to with GPRA.

Base pay rates are indexed according to the Medicare Benefits Schedule (MBS) when changes to the MBS are made.

Entitlements

As an employee, you are entitled to paid annual leave under Australian law. Employers are not required to grant leave if you have not yet accumulated it. On termination of employment an employer must pay an employee any accrued annual leave.

Under the National Employment Standards, full-time employees are entitled to 10 days paid personal leave (for sick and paid carer’s leave) per year. Part-time employees receive a pro-rata entitlement to personal leave based on the number of hours they work. Paid personal leave accumulates from year to year.

Note: if your employment agreement is based on the NTCER, personal leave is immediately available; you do not have to accrue this leave before you can access it.

Both annual leave and personal leave are paid at the appropriate base rate.

Superannuation is paid to registrars at the gazetted rate, which is currently 9.5 percent.

Parental leave

Parental leave is generally not available to registrars, as it requires one year of continuous service with an employer. However, up to 12 months leave from the AGPT program is available on application. Additional leave from the program may also be available depending on your circumstances. We recommend you apply for leave as soon as is realistic, so that disruption to your training is kept to a minimum. Talk to your training organisation for more information, or contact us.

GPRA resources

*Negotiating employment: Essential knowledge for general practice registrars* was designed to make employment agreement negotiation easier for registrars. The essential checklist from this guide contains a summary of the key topics that may be covered and documented in your employment agreement.

The Terms and Conditions Benchmarking Report can help you quickly determine the remuneration and conditions that other registrars in your particular setting receive. See page 21 for more information.

These publications are available at gpra.org.au
The GPRA Terms and Conditions Committee is responsible for negotiating terms and conditions for general practice registrars with General Practice Supervisors Australia (GPSA) – important to all registrars.

The terms and conditions for the employment of a registrar (not covered by the Medical Practitioners Award 2010 or any other applicable award) are negotiated every two years by GPRA and GPSA. The resulting document, the National Terms and Conditions for the Employment of Registrars 2017 and 2018, details the terms and conditions that should be included in every registrar’s employment agreement.

These terms and conditions are intended to establish a fair and reasonable basis of employment for registrars and to support an appropriate educational environment. The document includes details around pay, conditions and working hours. It also requires that each registrar obtains training across the full spectrum of general practice and shares the patient workload of other doctors in the practices where they are undertaking their training. The terms and conditions are based on current, relevant AGPT and ACRRM and RACGP policies.

The GPRA Terms and Conditions Committee is responsible for these negotiations. Any GPRA Member can join this committee and shape the future of terms and conditions for registrars.

- Get information on terms and conditions and GPRA’s employment agreement template for registrars at gpra.org.au
- To join the GPRA Terms and Conditions Committee, email registrarenquiries@gpra.org.au
- For queries about your terms and conditions, phone the registrar services team on 03 9629 8878 or email registrarenquiries@gpra.org.au
Find your benchmark

The aim of the GPRA Terms and Conditions Benchmarking Report is to empower you in negotiating the best possible terms and conditions of employment during your training.

The Terms and Conditions Benchmarking Report contains a benchmark of earnings and employment conditions from registrars working in various general practice environments around Australia. The report is the result of the GPRA Terms and Conditions Benchmarking Survey, which was open for respondents from 2 March to 28 April 2014.

The report covers:
- general demographics
- employment conditions
- negotiating terms of employment
- billing profiles, and
- earning capacity.

The report is a great starting point for negotiating your employment terms and conditions, as you can quickly determine the remuneration and conditions that other registrars in your particular setting receive. For example, the survey showed that respondents were working an average of 7.34 sessions per week and earning an average of $2215 per week (see below).

To download a copy of the Terms and Conditions Benchmarking Report, visit gpra.org.au

Note: Earnings were binned to the higher number. For example, $1500 includes $1001 to $1500.
Your employment agreement
Making it work for you

Understanding your employment agreement and ensuring it meets the minimum requirements is important for all registrars.

Know what you are entitled to

Regardless of your training term, read the National Terms and Conditions for the Employment of Registrars document. At a minimum, your employment agreement must include everything within the NTCER. All registrars can negotiate conditions better than in the NTCER document, and successful negotiation is more likely in GPT2 and beyond. Use the GPRA Terms and Conditions Benchmarking Report for information about what registrars around the country earn.

Talk to the practice

Discussions about your employment may occur with your GP supervisor, practice manager or another person within the practice. Depending on what you are negotiating, you may wish to negotiate during the job interview (if you wish to take an extended period of leave during the term, for example), or more likely soon after you have been notified that you have got the job. Try to have a positive attitude, and don’t be afraid to ask questions.

GPRA members can access personalised advice on the terms and conditions and how they apply to their situation by contacting the GPRA registrar services team.

Use a template to create your employment agreement

Use our employment agreement template (available at gpra.org.au) or your RTO’s employment agreement template.

Understand what you are signing

Read your agreement and understand each clause. Speak to the practice, your RLO or phone the registrar services team if you need help or would like to discuss any parts of your agreement.

Ensure both parties are happy

Although you can negotiate with your employer for conditions and benefits that are greater than the NTCER, be prepared for a bit of give and take. Your practice is a business, and your employment should be a win-win situation. Remember that no clauses from the NTCER should be removed from your employment agreement.

For more information, refer to:

- Negotiating employment: Essential knowledge for general practice registrars. Available at gpra.org.au
- Terms and Conditions Benchmarking Report. Available at gpra.org.au

Changes during the term

Your situation can change during the year. It’s important that any changes to your terms and conditions are recorded in an amendment to your original agreement.
We highly recommend:

- That you sign an employment agreement before you start work at the practice
- That you take your time before signing
- That a new employment agreement be drawn up for each term, even if you are completing another term at the same practice
- If you make any changes to your agreement, ensure you have the changes in writing or that your agreement is amended.

Need advice?

GPRA members can access personalised advice about their employment. Email the registrar services team at registrarenquiries@gpra.org.au or phone 03 9629 8878.
Starting at a new practice?
Tips for surviving that first day

The following registrar tips can help you make it through those first consultations with ease.

Before your placement

• Make sure you have a signed employment agreement.
• Make sure you know the procedure if you are sick and unable to get to work.
• Try to visit the practice before your first day to meet staff, locate staff parking and to start familiarising yourself with the practice.

In your room

• Open all the cupboards in your room to find where everything is.
• Locate where all the prescription, pathology and radiology forms are kept.
• Work out which way the paper faces in the computer printer.
• Work out how the phone works and put labels against internal numbers if not already done.
• Check if there is an emergency alert button, and how to use it and turn it off.
• Investigate common equipment:
  – what type of sphygmomanometer is used
  – which way the blood pressure cuff faces and where the large cuff is kept
  – what type of thermometer is used
  – where the otoscope with different sized specula for ears and noses is kept
  – what type and size of specula are kept, in addition to other Pap smear equipment
  – what and where the different types of swabs (MCS, PCR) and specimen jars are kept.

• Log on before your first consult.
• Locate Therapeutic Guidelines, either printed copies or on your computer desktop.
• Add useful and recommended websites to your bookmarks list on your browser.
• Ensure your practice firewalls allow you access to materials you want or need.
• Experiment with software. Use a fake patient to manage a condition. Your practice will have one on their system.
• Locate where information leaflets are on the tool bar.
• Start collecting resources that will be useful during your consultations, such as guidelines for bowel screening and a flowchart for investigating breast lumps.

In the practice

• Check out the treatment room, especially where dressings, vaccines and needles are kept:
  – Does the practice nurse administer vaccines?
  – What systems and protocols does the practice use for recording vaccine usage?
• Find out where the resuscitation kit and oxygen are kept. Ensure you know what is in the kit and how to use it. Find out if you have access to oxygen saturation monitors and ECG equipment.
• Check how to fill up and use liquid nitrogen for cryotherapy.
• Make friends with practice staff, they can make your life much easier. The practice manager is a key ally and can help smooth your way into your new environment.
• Have a say in setting up your bookings. You will need extra time until you find your feet, so book accordingly (ideally two patients per hour when you first start, moving to three or four when you feel comfortable). Let the practice staff know the common procedures you may routinely need extra time for (eg. Pap smears, psychological intervention and care plans, skin excisions).

With your supervisor
• Check the practice booking and billing system. Make sure you can check your billings in the practice software to ensure they are correct.
• Ask about the practice policy on checking and follow-up of results and patient recalls, including who follows up your patients’ results after you leave the practice.
• Establish their preferred method of being contacted for questions during consultations (ie. phone, knock on the door, internal messaging system) and after hours. If you’re doing after-hours cover, make sure that a senior doctor has been designated to back you up and that you have their contact numbers.
• Ask for a list of local services and their phone numbers/addresses. Many practices will have a list in their practice software of:
  – pathology/radiology
  – allied health/specialists
  – specialist coverage of the local hospital
  – community or domiciliary nursing services.

• Talk about your teaching requirements. Make sure you have sufficient designated teaching time and discuss how you would like to use this.

During consultations
• Take a deep breath, count to 10 and then call your first patient in.
• Start with open-ended questions.
• Try to get the full list of the patient’s complaints and needs early in the consult. Then you can prioritise and, if required, book a second appointment to cover the list in full.
• Try to do all the work for each consult (investigation requests, prescriptions, referrals and notes) during the consultation to avoid having to hang around after hours when you are more likely to forget the details.
• Have a system for keeping track of clinical questions that arise during consults (eg. notebook on your desk, manila folder with patient consult summary printed) to ask your supervisor or look up.

GPRA tip
Once you have survived your first day, enjoy your term! Ask lots of questions, look after yourself and leave work at work. Debrief with other registrars at block releases and teaching sessions. Have fun, and if you are not enjoying work, talk to someone at your RTO about it early on in your term. Don’t forget that your RLO and GPRA are there to help.
Calling Australia home

Dr Emmanuel Ndukwe was working in Swaziland when he saw an ad calling for doctors in Albury-Wodonga. More than 10 years on, he runs his own general practice clinic in Melbourne.

When Dr Emmanuel Ndukwe was a boy in Nigeria, he imagined he would join his father’s traditional African clothing business when he grew up.

But selling colourful tribal apparel was not to be. Emmanuel’s focus switched to medicine and after qualifying as a doctor he worked for the United Nations in Angola, World Vision International in Mozambique and in Swaziland before moving to Australia in 2003.

However, one small aspect of his youthful ambition recently came true. In late 2014, he officially became a small businessman like his father – as the owner of his own general practice in the multicultural Melbourne suburb of Braybrook.

So what was it like for Emmanuel when he first arrived in Australia – and what advice can he share with newly arrived international medical graduates?

“I knew very little about Australia but I thought it could offer a better life for my wife and four kids,” Emmanuel reflects. “I applied for a job advertised by the Shire of Albury-Wodonga for a hospital medical officer and a couple of months later I was there.”

Emmanuel says everything felt “strange” as he adjusted to unfamiliar Australian systems while working 12-hour days. “I was on duty from eight till eight at the hospital. The hours were terrible,” he says, with a hearty chuckle.

Soon after arrival, Emmanuel completed a short course on prescribing but he believes a more extensive orientation would have been useful to familiarise him with other aspects of the Australian health and welfare system.

“The main thing I had to get used to was not the medicine but the way the system works in Australia,” Emmanuel says. “When I came here I had no idea that there was such a thing as ‘meals on wheels’. We didn’t have anything like that in Africa.”

Coming to grips with the computer software was another hurdle, along with completing Medical Registration Board and GP fellowship exams.

As an overseas-trained doctor, Emmanuel was required to work for 10 years in rural locations under the 10 year moratorium. He spent time in Chiltern and Beechworth working with prisoners, and in a general practice in Sunbury.

His experiences in country Victoria wrap together the best and worst of his new life in Australia.

Emmanuel’s top tip for IMGs

- **Get involved in the community.** Isolation can be a problem for international doctors in rural postings. You need to make the first move to be part of the community. Go to church, join the gym or go to the swimming pool – and always say yes if you’re invited anywhere.
“The main thing I had to get used to was not the medicine but the way the system works in Australia.”
At the same time, a new chapter in Emmanuel’s life has begun with the opening of his general practice clinic with his wife, Vivian.

The best? “The beautiful scenery and gracious old architecture of Beechworth. A visit to the Beechworth Bakery was always part of my call day. As a family, we enjoyed wonderful driving trips to Mount Buller, Mount Beauty and Rutherglen.”

The worst? “When I arrived in Beechworth I thought I would get some training but the two principal doctors had gone on holiday. I virtually ran the place alone, going to the Beechworth Prison, covering the clinic, an aged care mental unit and homes for the disabled.”

Emmanuel says a big issue for international doctors, especially in rural areas, is isolation. But he advises that much of the onus rests with the doctor.

“Take the initiative and get involved with the community. You need to make the first move,” he says.

Emmanuel recalls following his own advice when he first arrived in Wodonga. “The first weekend I was there I went to church and met the pastor and I went to the swimming pool.

“By doing things like this someone knows you are there and you will be able to reduce the isolation and get support from the local people.”

Today Emmanuel is giving back to his profession as an AMA Council member, a member of the Australian Medical Council, a PESCI examiner, a supervisor of local GP registrars and a medical educator for the Oceania University of Medicine in Samoa.

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### About the 10 year moratorium

- The 10 year moratorium restricts access to Medicare provider numbers and requires IMGs to work in a District of Workforce Shortage – usually rural, remote or outer metropolitan – for up to 10 years.
- The 10 year period starts from the date an IMG achieves medical registration in Australia but can be reduced if the IMG works in more remote areas.
- Areas are rated for remoteness and town size according to a new system – the Modified Monash Model.

### What GPRA is doing for IMGs

- GPRA's IMG Committee is compiling an IMG database to facilitate communication.
- GPRA is working on a booklet to clarify the steps IMGs must take to gain medical registration and employment in Australia. It will list the different governing bodies involved, the issues faced by IMGs and support services available.

### Are you an IMG who can help?
GPRA is seeking enthusiastic IMGs with a passion for advocacy to speak up for those who can’t. To make a difference to the welfare of IMGs in Australia, contact registrarenquiries@gpra.org.au
Practice incentives

Various incentive schemes are available to encourage general practice registrars to work or train in Australian regional, rural and remote communities.

General Practice Rural Incentives Program

The General Practice Rural Incentives Program (GPRIP) commenced in July 2010. The program aims to encourage medical practitioners, including registrars, to practise in rural and remote communities and promote careers in rural medicine.

From 1 July 2015, GPRIP has run under a new classification system, the Modified Monash Model (MMM), to determine eligible locations for the incentive payments.

The MMM classification system categorises metropolitan, regional, rural and remote areas according to both geographical remoteness and population size and was developed to more effectively target financial incentives to doctors working in areas that experience greater difficulty attracting and retaining general practitioners.

Eligible locations under the new GPRIP arrangements are classified as MMM 3–7. The GPRIP payment is based on your eligible location and length of service. The following table outlines payments for each location and year of service.

For further information about GPRIP and the MMM:

- Email gprip@health.gov.au
- Visit ruralhealthaustralia.gov.au
- Contact the Department of Human Services on 1800 010 550
- Visit doctorconnect.gov.au for eligible locations.

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Source: ruralhealthaustralia.gov.au
"Why I like being a Home Doctor with 13SICK"

Working in urgent care medicine – or ‘medical deputising’ - can be a rewarding and satisfying career move. It offers a diverse range of clinical presentations, along with the unique experience of seeing patients in their home environment. It also plays a critical role in the health system, supporting the family GP, while reducing pressure on the hospital system.

13SICK, National Home Doctor Service is Australia’s largest medical deputising service, with a diverse team of more than 800 doctors. Some doctors have practised urgent care medicine for many years, while others practise in a part time role, combining family or further study with working in the after hours.

What do they like about being a National Home Doctor? Dr Umberto Russo, Medical Director at 13SICK and long-time after hours doctor, says, “I have worked as an after hours doctor for 26 years now. I enjoy the variety, the challenge of assessing and providing care for acute conditions. And I know how much the patients appreciate it.”

Patient appreciation is also one of the reasons cited by Dr Timothy French, a National Home Doctor in Melbourne. “I think it’s a great service that we provide. Patients are all extremely appreciative of our efforts to visit and treat their medical condition after hours in their homes. It’s one of the most rewarding and interesting jobs I’ve had so far in medicine. It’s also a great learning opportunity and a great way to supplement your income.”

The fact that you can earn an excellent income working in the after hours is particularly appealing to young doctors who are trying to pay off student loans, or saving up to buy a property. And the opportunity for growth and continuous development is a crucial factor for many doctors.

Dr Natalie Caristo, GP Fellow and home visiting doctor in Sydney, appreciates the ongoing CPD sessions and constant support of the National Home Doctor’s Medical Directors. “The clinical governance is very good. I was really surprised at the thoroughness of the induction process for instance. I really thought I could just put on my stethoscope and hit the road. There is a benchmark we all work to... the same protocols, the same equipment. You need that in a service like this.”

To find out more about why you might like working with 13SICK as a National Home Doctor, call 1300 643 737 or visit the website: homedoctor.com.au/careers
Join the team that offers you more

National Home Doctor Service is Australia’s largest network of home visiting doctors. With over 800 doctors nationally, you will enjoy:

**EXCELLENT INCOME**
+ Work full time or supplement your current income
+ More patients mean more consults, less driving

**FLEXIBILITY AND INDEPENDENCE**
+ More free time for family, study or other commitments
+ Scope to travel and work in other cities

**PROFESSIONAL DEVELOPMENT**
+ Best on-the-road systems, IT and support
+ Valuable experience in urgent primary care
+ Best practice clinical governance, in house RACGP CPD and Medical Director support

For more information:
Call 1300 643 737
email recruitment@homedoctor.com.au
or visit homedoctor.com.au/DrJobs
Decisions, decisions… choosing the right placement

The great gift of general practice is choice. Dr Jas Saini poses some useful questions and tips to consider when securing your next placement.

Know your training organisation’s requirements

Take a look at the registrar handbook produced by your RTO. Know the requirements of your RTO, map out your path early on and be sure to keep abreast of any changes.

The practice – questions to consider

Training and support opportunities

What support is available? Will I receive assistance for exams? Do any of the practice GPs have experience as examiners? What skills can I acquire at this practice that I cannot get elsewhere?

Will the acquisition of these skills be useful to me personally? What does the previous registrar say about this practice?

Relationships

How does this practice treat its administration, nursing and allied health staff? Do I have access to a practice nurse? What is their role?

Will the relationships that I develop at this practice help me along my career path?

How does the practice bring people together? I find the best practices are those that work on fostering relationships – a simple barbecue or dinner with the team goes a long way.

How long do I intend to stay?

Am I looking for a long-term relationship, or simply staying on for a few months to acquire certain skills?

Knowing which category you fall into can help to simplify your choice.

Technical aspects

What is the billing structure? How many patients will I be seeing an hour?

Is it busy enough to allow me to develop the experience I need, for exams and for my career thereafter?

Will I be supported to make safe and competent decisions? Do I get my own room?

Your style of practice

Does the practice share similar values to my own? Are the areas of interests similar to mine? Do they look after their patients the way that I would like to look after my patients?

Are there opportunities to provide feedback? How is this received? Does the practice adapt to change?

Previous registrars working at the practice may best answer these questions.

Balance

What hours will I be working? Will there be a lot of after-hours commitments?
How far will I need to travel? Will working here allow me to balance my work life with family and personal life? Will I be able to still do the things that I enjoy?

**Think about your future career**

Do you know what you want to be doing in five years?

Perhaps you are thinking of a career as a rural GP anaesthetist? Network with doctors who have achieved this and ask them about the steps they took to get there.

Perhaps you are interested in paediatrics? Consider doing a Diploma in Child Health.

Do you have an interest in medical education?

Talk to people within your RTO about how you can become an RLO or a registrar medical educator.

Whatever your plan is, write it down on paper and let this guide the decisions you make about where you practise. Keep in mind that your goals may change and that this is okay.

Thinking about your next practice can be a tricky decision, but it doesn’t have to be. Remember, if you have any concerns or enquiries, talk to your RLO or RTO program manager.
ATTENTION:

GP Registrars

Dreaming of a better work-life balance away from the hustle and bustle of the city?

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Surrounded by hills and vineyards, you’ll experience rural medicine at its best with a broad support base of clinical and allied health professionals to help nurture and develop your skills.

The lifestyle you’ve always wanted is just a phone call away.

CONTACT

Dr. Fiona Gleeson or Dr. Stephen Ross on (02) 6382 1544

Young District Medical Centre
16 Cloete Street, YOUNG NSW 2594
www.ydmc.com.au
Exams – the finish line
Making the grade

As a recently fellowed GP and medical educator, Dr Simone Raye knows a thing or two about studying for exams.

Having successfully completed the last of her three RACGP Fellowship exams at the end of 2014, Dr Simone Raye’s deceptively simple exam prep motto is “Study, study, study!”

But her study techniques were not so much simple as a multi-pronged game plan that included Murtagh and the guidelines, quizzes galore and a like-minded study buddy.

“I did the study group thing. But it took me a little while to find a study group that I gelled with,” Simone says. She tried two different study groups before meeting another Northern Territory Indigenous registrar and forming a fruitful study partnership.

“Having that support of another like-minded registrar, who just happened to be Indigenous, proved very helpful,” she says. She also counts herself fortunate to have had outstanding support from her supervisor and colleagues at Northlakes Medical Centre, Darwin who effectively became the study duo’s coaches and encouragers.

Simone, her study partner and supervisor spent many a Sunday going through OSCE papers, while other colleagues helped out with tricky questions and physical examination techniques during the week.

“I actually used a room at the clinic for my study sessions. It was great to have the other GPs around so I could ask them anything and get an answer then and there.”

Simone counsels that if you are struggling to balance study with work and your personal life, consider going part-time for a while.

“I was finding it a struggle to achieve that balance so I went part-time, which allowed me to devote at least a whole day during the week to study.”

Favourite resources? As her mainstays, Simone cites check, the Australian Family Physician Clinical Challenge, How to Treat in Australian Doctor, Murtagh’s book and digital flashcards as well as Susan Wearne, and GPRA’s The general practice clinical cases.

“I found check particularly helpful with the KFP but you need to make sure you’re actually answering the questions and checking your answers against the answers given. Certainly the multiple-choice questions at the end are great practice for the AKT as well, as are the multiple-choice questions in AFP.”

Simone also ensured she was very familiar with the guidelines. She says that by using the relevant guidelines in consultations with patients to help explain goals and targets, the information became second nature not only in consultations but in exams as well. There are now over 30 Indigenous GPs, 40 Indigenous GP registrars, 200 Indigenous doctors and 300 Indigenous medical students in the system, and Simone is passionate about supporting the next generation coming through.

She is Chair of the Indigenous General Practice Registrars Network (IGPRN), which
"You have to remember you passed your uni exams and you can pass these exams too."
aims to connect with Indigenous registrars and help them undertake exam preparation via two face-to-face workshops each year as well as informal mentoring, collegiate support and resource sharing.

As a medical educator herself, Simone has engaged with other Indigenous medical educators across Australia and aims to encourage more Indigenous GP registrars and fellows to consider a career in medical education so that they can help train new Indigenous GPs.

Simone currently works with Northern Territory General Practice Education as a medical educator and member of the cultural education team as well as a clinical GP at Northlakes Medical Centre.

Simone’s background did not mark her out as the girl most likely to become a doctor.

A proud Aboriginal woman descendant from the Jabir Jabir and Bardi people from the Dampier Peninsula in Western Australia’s Kimberley region, she grew up in Darwin, Broome and Perth where she went to 13 different schools.

There was some early exposure to the medical field through her maternal grandmother who was a bush midwife and her mother who was a nurse’s aide in Broome. “When I was a kid, I remember we would visit the sick kids from up north who were in hospital in Perth and I would feel sad that they did not have anyone to advocate for them,” she recalls.

On leaving high school, Simone studied towards a science degree at Curtin University in Perth. During this time, she met fellow Indigenous students, Sandra Eades and Louis Peachey, who had been accepted into medicine through a special entry program at the University of Newcastle. “I thought if they can do it, maybe I can do it too.”

Simone applied and was accepted, but her path took some long and winding detours. At one stage, she quit medical school to work in a Darwin post office for a couple of years before returning to her university studies with renewed determination.

Solidarity with other Indigenous professionals has been manifest throughout her career. Before taking up her current position as IGPRN Chair, she worked with the Batchelor Institute, the Menzies School of Health Research and was also involved with the Australian Indigenous Doctors’ Association.

Having looked to role models for inspiration throughout her professional pathway, Simone has become a role model herself.

Her final words of advice on exams apply to Indigenous and non-Indigenous candidates alike. “You have to remember you passed your uni exams and you can pass these exams too.”

**Simone’s top exam tips**

- Start from the very beginning. Knowing the guidelines and using them in everyday practice is a great foundation. They are the backbone of a lot of the questions.
- Sit for your exams as soon as you are eligible, and don’t split the written exams. If you don’t pass the first time, you’ll have plenty of time to resit.
- For the OSCE, practise your timing. Try to work out exactly what the examiners want. Only do what’s asked for and don’t waste time doing what’s not asked for.
- Check GPRAs extensive online exam resources, visit [gpra.org.au](http://gpra.org.au)
- For more information about the Indigenous General Practice Registrars Network and their exam workshops for Indigenous registrars, email [igprnenquiries@gpra.org.au](mailto:igprnenquiries@gpra.org.au)
Medical exams are tough, you don’t need us to tell you that! Seeking help, guidance and support is key to passing the college fellowship exams. So get it early and get it often and use the following tips to guide you on your way.

The facts

ACRRM Fellowship exams

GP registrars training towards fellowship of ACRRM must pass the following exams and Primary Rural and Remote Training summative assessments:

- Multiple Choice Question (MCQ) exam
- Mini Clinical Evaluation Exercise (miniCEX)
- Structured Assessment using Multiple Patient Scenarios (StAMPS)
- Multi-Source Feedback (MSF)
- Procedural Skills Logbook.

RACGP Fellowship exams

General practice registrars training towards fellowship of the RACGP must pass the following:

- Applied Knowledge Test (AKT) – a multiple choice test completed on a computer
- Key Feature Problems (KFP) exam – a multiple choice and short answer test completed on a computer
- Objective Structured Clinical Exam (OSCE) – 14 face-to-face clinical ‘consultations’ conducted with examiners and role players who are GPs.

The tips

Tip 1: Think ahead

Make sure you are properly prepared and ready to sit each exam. If you’re not sure whether you’re ready to pass the exams, talk to your medical educator. Don’t forget, you can only sit the exams a limited number of times, and they are costly.

Tip 2: Make a head start

Take advantage of the information the college websites provide. Take particular note of the assessment and examination information to assist in formulating a study plan. Allow yourself at least 6–12 months of study time before the exam date.

Tip 3: Make a realistic study plan

Make a study plan and spread out your study and free time evenly. We all have areas that we enjoy studying more than others, and it is easy to focus on those topics at the expense of the rest of your studies. Identify your learning gaps early to make sure you don’t make this mistake.

Tip 4: Study with others

Consider forming a study group, either online or in-person. Working with a small group enables you to support and motivate each other, pool resources and share strengths. It is a good idea to begin meeting at least a year before your exams and increase the frequency of meetings closer to the exam date.

GPRA members can place a free advertisement for a study partner or group on our website (see page 41 for further details).
Tip 5: Practice makes perfect

Gather together as many relevant practice questions as you can. When working with your study group, use practice questions as a guide. Read topics together out loud and quiz each other on clinical guidelines. Don’t forget to encourage your study group to share practice questions via email.

Many people are tempted to just read through the cases, but it is more effective to practise them under timed exam conditions. When you are working with your study group, give each other feedback on the skills that you can’t learn from a book such as communication skills, use of non-medical language and analysis of research articles.

Tip 6: The best practice occurs in general practice!

Remember that the exams are designed to assess your ability to practise as a GP. Therefore it makes sense that direct general practice experience in the clinic is central to passing. The following tips are taken from the GPRA publication, The general practice exam book.

- Develop an approach to your daily clinical practice that incorporates key elements of the exam.
- When you see patients in the clinic:
  - demonstrate a systematic, clear, patient centered and empathetic approach
  - cultivate a professional attitude, including good time management and attention to ethical and legal issues
  - display medically sound judgement that ensures patient safety and demonstrates your ability to practise independently within a professional network
  - greet your patient and introduce yourself, ask for consent before examining, and pay attention to hand-washing and hygiene
  - use opportunities within a consultation for patient education and preventive health check-ups and advice.

Tip 7: Be bold!

You may be working with recent fellows in your practice and meeting GPs at training sessions and events during your training. Ask them for their advice and tips.

Tip 8: Look after yourself

- Take regular breaks
- Make sure you exercise and eat healthily
- Take personal time out to ensure your wellbeing.

Tip 9: Get the right resources

- The general practice exam book is the essential exam preparation resource (see page 42 for further details)
- The general practice clinical cases has 60 practice cases for use in study groups
- The GPRA website exam section provides tips, links to resources and practice case studies: gpra.org.au
- For specific information about college exam preparation and workshops refer to the relevant colleges:
  - ACRRM: acrrm.org.au
  - RACGP: racgp.org.au
Share the load... study with your peers

A recent GPRA exam needs survey showed that over 75 percent of respondents found a peer study group to be the most useful resource in study preparation.

To assist with your exam preparation it is highly recommended that you consider joining or forming a study group, one that either meets online or in person, or both. Technology such as Skype and Google make effective study with anyone, anytime, anywhere around the country easy.

Studying over a period of several months and working in a small group enables you to support and motivate each other. Each member of the group will have different strengths to bring to the group, and together, any individual learning gaps can be identified and strengthened.

It’s a good idea to begin meeting at least one year before your exams and then increase the frequency of meetings as the exam dates get closer.

GPRA members can place a free advertisement for a study partner on our website. Each advertisement allows you to share something about yourself, which exams you are preparing for and how you would like to meet – online or face-to-face. You can also advertise a vacancy in your group for others who are looking for a study group to join.

The general practice exam book has tips on how to get the most out of a study group. See page 42 for further details.

Remember, you are not alone in your exam preparation… there are hundreds of doctors in the same situation as you.
You’ve heard it before... practice makes perfect. GPRA’s exam resources can help get you over the line.

The general practice exam book

_The general practice exam book_ was written by GPs for GP registrars. The GP authors each bring valuable advice and tips drawn from their own experiences in preparing for the general practice exams.

_The general practice exam book_ provides tips on how to formulate a study plan that really works and gives a general guideline on where you should be from 12 months to one month out from the exam dates, and covers each of the three exams specifically, providing tips for success and highlighting common pitfalls.

Importantly, the book also covers how to look after yourself during this intense and stressful time. See page 44 for more on how to survive – and possibly even enjoy – the process of undertaking your general practice exams.

The book’s appendices include AKT sample single best answer questions, with a series of answer options for five extended matching questions; sample KFP questions, followed by the answers and a discussion; and 10 OSCE practice case scenarios.

The general practice clinical cases

GPRA worked with GPs, GP medical editors and general practice registrars to produce _The general practice clinical cases_, a book consisting of 60 OSCE practice cases to help you prepare for your exams.
The cases are designed to be used in the study group setting and can be used in partnership with *The general practice exam book*.

*The general practice clinical cases* and *The general practice exam book* are available for purchase at [gpra.org.au](http://gpra.org.au).

**Weekly e-clinical**

Working in conjunction with *Medicine Today*, GPRA members receive a copy of the ‘Weekly e-clinical’ in their in-box every Wednesday.

Each Weekly e-clinical consists of one quiz and the abstract of a peer-reviewed article with links to *Medicine Today*’s website for full access.

GPRA members also receive complimentary access to the vast knowledge bank of peer-reviewed clinical articles from *Medicine Today*’s extensive archive.

**Webinars**

GP registrars and new fellows present our webinars. Participants can interact with the presenters and other peers, hearing their concerns and questions and learning how to apply their knowledge to studying for the exams. It’s a great chance to ask the presenters about their experience of the exam, exam preparation, and tips for managing the process.

**The best of the rest**

Members can also access case studies by Professor John Murtagh. These cases provide engaging, authentic examples from clinical practice and highlight some of the common mistakes and difficulties that GPs can encounter.

Visit [gpra.org.au](http://gpra.org.au) to see the full range of GPRA’s exam resources.
Exam survival
How to arrive in one piece

Looking after your mental health and wellbeing is vital during the exam period. The following extract by Dr Kath O’Connor is taken from The general practice exam book.

Staying grounded in the present moment

It can be challenging to stay present while preparing for exams. But the benefits of trying, or practising, to stay in the present moment are huge. A mindful approach has the potential to not only reduce stress and distress while studying, but also improve exam performance.

Briefly, mindfulness is ‘paying attention in a particular way, on purpose, in the present moment and non-judgementally’. It is the process of being, or doing, one thing at a time and of really being present in that experience, taking it all in, as if for the first time.

Beyond coping and enjoyment, the practice of mindfulness has the potential to improve your performance in both exams and clinical practice. This is intuitive – if you are paying attention, you take in more while you are studying, understand tasks asked of you in both exams and clinical practice in more detail, and are better able to keep to the task at hand during its performance.

One way of practising mindfulness is simply to try to bring the attitude of non-judgemental awareness to whatever it is you are doing. This means if you are doing the dishes, just do the dishes, if you are eating, just eat, or if you are studying, just concentrate on the topic at hand.

Some people also find a more formal practice of mindfulness can be helpful, such as a daily meditation or body awareness practice, or a tradition such as yoga or tai chi. Importantly, there is no one size fits all approach to mindfulness practice. The most important ingredients are you, your own experience of the present moment and finding a way to practise regularly. The rest will take care of itself.

Staying physically healthy

Evidence-based preventive health care activities to schedule in during the exam preparation period (and always) include:

- exercising for a minimum of 30 minutes five times per week at moderate intensity
- eating a wide variety of nutritious foods each day
- drinking plenty of water
- limiting the intake of saturated fat, salt, sugar, coffee and alcohol
- an annual preventive health check with a general practitioner.

Staying emotionally and spiritually healthy

Adding exam stress to already busy and complex lives has the potential to bring up psychological and even spiritual issues that we thought we had buried. These might include perfectionism, fear of failure, loneliness, existential angst (‘What am I doing this for anyway?’) or guilt that we are not spending as much time as we would like with (circle correct answer): children/partner/family/friends. Added to this, exam
preparation does not provide immunity from stress in other parts of our lives including at home and in the workplace. Major life events such as the death of a loved one, illness, job loss, financial difficulties or relationship break-ups can shake us at any time. As previously described, staying grounded in the present moment (mindfulness) can be helpful. However, like the rest of the population, we can sometimes get stuck in a psychological rut, leading to symptoms of anxiety and/or depression, or other serious mental illness.

It can be helpful to have a plan of action if psychological issues, major stressors or life events and/or symptoms of mental illness arise during the exam preparation process. A plan of action in the case of mental health worries might include some of the following:

- telling someone close to you about how you are feeling
- seeking help directly from a general practitioner, psychologist or other health care provider
- talking to your supervisor, other general practice registrars or your training organisation
- seeking spiritual comfort from a priest, teacher or spiritual community.

Information about other support programs are available on the GPRA website at **gpra.org.au**

Taking responsibility for our own emotional and spiritual health also involves knowing ourselves well enough to know what we need and having the confidence to seek those needs on a day-to-day basis. This sounds easy but it clearly isn’t. We all play multiple roles in the lives of others. We morph between these roles throughout the day: from doctor, to employee, to student, to friend, to parent, to partner, to daughter or son. Each role has its associated demands as well as the potential for both joy and pain. The fine balance of meeting the needs of others as well as our own can be an ongoing wobble. As we add exam preparation to our list of demands, it can be helpful to reflect on our own emotional and spiritual needs and identify the essential ingredients.

One ingredient that is essential to the wellbeing of most (if not all) people is our connection to others. Connectedness is one of the seven pillars of wellbeing as described by general practitioner, Dr Craig Hassed in his book, *The Essence of Health* (the other pillars are education, stress management, spirituality, exercise, nutrition and environment). Dr Hassed describes how social isolation is a significant risk factor for illness and argues that human beings have evolved as social beings: we need each other to both survive and thrive. Surviving and thriving during the exam period requires connectedness with two types of community. The first is that of our family and friends – our close relationships. The second is that of our colleagues – other registrars and general practitioners, our supervisors and our medical educators.

Staying connected to those closest to us during exam preparation requires some effort and planning. It may help to have a conversation with your partner or family to
discover what they expect from you during this busy time and what support (or creation of space and time to study) you can expect from them. Scheduling in quality time for the important people in your life may help them to get the best out of you and allow you to get both the space and support that you need.

The second vital community during exam preparation (and beyond) is that of our colleagues. In the lead up to my own RACGP exams, my study group was an invaluable support. Who else could I text at midnight to ask about the difference between microalbuminuria and proteinuria? Who else could understand the frustration and monotony of lashing myself to my desk night after night and then fronting up to work day after day? My study group kept me grounded and very close to sane. I was also lucky enough to have a generous, knowledgeable and committed supervisor at my practice and I knew that support from medical educators at the training provider and from GPRA was available if I needed it.

At times, working as a general practice registrar or general practitioner can feel isolating. As the lone ‘expert’ in the room during consultations, it can feel like you need to be the one with all the answers. Sharing my exam preparation period with other registrars and general practitioners was a great reminder that while we can all feel this sense of isolation at times, the antidote is the community we can create by connecting with colleagues. During the exam preparation period we can do this through our study groups, training practices, regional training organisations and GPRA. Beyond exams and fellowship, the challenge is to maintain these connections with colleagues and continue to build new ones. These ongoing connections are surely essential ingredients in the life of every resilient general practitioner.

**Maintaining perspective**

While taking your general practice exams is important, don’t forget that this is just another step on your career journey (albeit a big one). It can be easy to forget that you need time away from study to be able to study at your best. Remember that everyone has their good times and their bad times. There will be periods where you get very little study done and then times when you are extremely productive. Don’t let these roller coaster emotions affect your overall studying – slow and steady wins the race.

**Remember...**

- The benefits of trying, or practising, to stay in the present moment are huge.
- Taking responsibility for our own emotional and spiritual health also involves knowing ourselves well enough to know what we need and having the confidence to seek those needs on a day-to-day basis.
- If you find yourself reading the same paragraph three times over, your brain is tired and needs a break.
- All registrars should have their own personal general practitioner to help look after their physical and mental health.
Support that counts
Dr Sophie Lines provides insight into the personal and professional challenges facing GP registrars and her tips for overcoming them.

Dr Sophie Lines knows that life in the Australian Outback can teach you a thing or two about resilience and challenge your usual perspective. For starters, you stop taking roads for granted!

Sophie is based in Gunbalany, an Arnhem Land community near Kakadu National Park. Surrounded by flood plains, it is only accessible by land during the dry season.

“I’m quite lucky because my husband is a helicopter pilot!” laughs Sophie, who is working at the Gunbalany Health Service.

The Outback also teaches you to back yourself, because reinforcements can take a while.

“We’d have to wait about one and a half hours for a medical flight if things go wrong,” Sophie says. This confidence is also needed during her weekly flights to patients in the “outstation” communities that are a long way from anywhere.

Sophie, who is working towards her FARGP, moved with her husband, Simon, to the Northern Territory after Sophie had completed her hospital training. Sophie began work as a rural registrar at the Katherine District Hospital. She then began her general practice training at Katherine’s large Aboriginal Medical Service (AMS).

So, how would she describe her first week as a GP registrar? “It can be quite mind-blowing!” she admits. As well as patient load, Sophie says navigating Medicare, the PBS and the practice’s computer system adds to the pressure.

“I did feel like there were people to help mentor the registrars,” she says. “But at the same time there is that feeling that, because you are a doctor, you should know everything.”

“One of the difficulties is working out where you fit in,” she explains. “You’re not quite sure of what the expectations are.”

She urges registrars to meet with their supervisor as soon as they start a new term and, at the very least, get an understanding on: how the registrar should raise clinical questions; their training and education plan; and what to do if they feel unsafe during a consult.

The “great support” from her supervisor and team at the AMS helped Sophie gain confidence as a new registrar and to make the move to Gunbalany.

As the senior registrar now, Sophie now and then takes on an advisory role with some of her team members. “It’s a bit of a juggling thing that I’ve got to get used to. I don’t feel like I’ve got on top of it yet,” she says.

Successfully adjusting to new stages of training is key to maintaining professional confidence and personal wellbeing. Until recently, Sophie was an RLO for Northern Territory General Practice Education.

Some of the professional challenges that registrars raised with her included feeling that
“We should all be using the website more often because there is some really great information there.”
their supervision and access to education is inadequate, being unfamiliar with the National Terms and Conditions, and having trouble negotiating employment agreements.

Sophie says addressing these concerns is often straightforward and that GPRA and training organisations can usually help.

Meanwhile, Sophie says the common problems that can impact on registrars’ personal wellbeing vary, from feeling isolated (from working in remote locations and being in a room alone for most of the day) and the challenging nature of seeing patients with psycho-social problems, to workplace bullying.

Sophie believes that bullying (“in subtle ways”) towards registrars is quite common.

It is something that Sophie has personally encountered in the past.

How did she tackle the problem? “I was quite direct and told them what they were doing was wrong and this seemed to work.” She notes that she successfully used some of the strategies detailed on GPRA’s website.

Sophie advises registrars to raise any concerns as soon as they arise and then be “persistent and proactive” when seeking a resolution. She points out that registrars shouldn’t worry that raising a problem could result in professional ramifications.

“Training organisations usually have pretty good ways to deal with problems without any significant fall-out,” she says.

Sophie admits that achieving her own work-life balance is a constant work in progress, but eating well and exercise provide a foundation for her to feel good. She finds that committing to team sports (she plays touch rugby and netball in Jabiru) forces her to leave the office on time. Meanwhile, regular weekend camping trips allow her to enjoy the “amazing” Gunbalanya and surrounding landscape.

Failing that, a good Internet connection (“finally!”) means she can practise yoga via YouTube at home. “I look out to a billabong,” she says. “The sun rises over it in the morning and sets over the escarpment at night. I’ve got this amazing vista from my verandah.”

On a rainy day when the roads are closed, this seems like a pretty good place to be.
Looking after yourself
You’re not alone

Peer around the corner
Remember you are part of the Australian General Practice Training program. There are thousands of other GP registrars also undertaking the training. Whether you are in a busy town or on an island, your peers can be a great support in so many ways.

All registrars have access to a Registrar Liaison Officer. RLOs are GP registrars employed by RTOs to provide pastoral care, information and support to other GP registrars. If you are located in a rural or remote area, you may not get the chance to meet your RLO face-to-face, but know that they are available via telephone and email. If you are located remotely, ask your RLO if they can put you in touch with other registrars. See page 53 for more information about how to find your RLO.

Remember: Most problems or work situations you encounter are often resolved or supported when you talk to a peer.

Workplace issues
Feeling exhausted?
Fatigue is a huge problem for doctors at all stages of their career. It can compromise both the safe provision of high quality care to patients, and also the health and wellbeing of you, the doctor. It can affect how you work – and also how you study. It can have an impact on how you relate to your peers, practice staff and patients.

If you have suffered from fatigue, you will have experienced an acute, ongoing state of tiredness. It can lead to mental or physical exhaustion and prevent you from functioning within normal boundaries. There are many causes of fatigue, including working long hours, stressful case loads, the competing demands of family, work, study… the list is endless, but it is never something to be embarrassed about. It’s often a good idea to share your feelings and concerns about feeling fatigued with your peers – they are probably as tired as you are!

Can GPRA help?
Recognising fatigue as a major problem for registrars, a GPRA committee (in conjunction with other stakeholders) examined the problem and used their findings to produce a statement of principles and discussion paper. The paper, Fatigue Management in Vocational General Practice Training: Statement of Principles and Discussion Paper, draws on a number of sources to suggest methods of addressing the issue within general practice and is well worth reading, even if you don’t currently suffer from fatigue. It is equally valuable in developing strategies to avoid this hazard.

To view the Fatigue Management in Vocational General Practice Training: Statement of Principles and Discussion Paper, visit gpra.org.au

I’m just not coping...
Sometimes the sheer volume of the competing priorities of work, study, relationships and home life can seem overwhelming. This doesn’t mean you are suffering from depression or exhausted,
but rather it is a normal reaction that we all experience from time-to-time.

If you are feeling like this, take time out: Have a weekend away from study and work. Treat yourself to a massage. Take a yoga class. Go for a run. Change your routine. Get a babysitter for the night or weekend. Reconnect with loved ones, or simply turn your phone and email off for a day and do something you really want to do – for you.

I’m being bullied – what can I do?

“Workplace bullying means any behaviour that is repeated, systematic and directed towards an employee or group of employees that a reasonable person, having regard to the circumstances, would expect to victimise, humiliate, undermine or threaten and which creates a risk to health and safety.”


Workplace bullying is a serious concern and a behaviour that no one should be subjected to. As a trainee, it can be particularly difficult to know what to do if you are being bullied at work. Bullying behaviour can impact your health, self-esteem and your enjoyment of life. If you are being bullied at work, GPRA urges you to report the problem. This usually means reporting it to your GP supervisor and/or director of training. If you can’t speak to them for whatever reason, you can approach your RLO, or please call GPRA for a confidential discussion on 03 9629 8878.

Some types of workplace bullying are criminal offences. If you have experienced violence, assault or stalking for example, these matters should be reported to the police as a matter of course.

What if I witness someone else being bullied?

People respect those who stand up for others. But being a supportive bystander can be tough. Sometimes it’s not easy to work out how to safely assist someone who you suspect is being bullied because bullying occurs in many ways.

There is no ‘one size fits all’ approach to being a supportive bystander. The following suggestions may assist supportive bystanders in taking safe and effective action:

- If you witness bullying, consider standing close to the person who is being bullied
- Make it clear that you won’t be involved in bullying behaviour
- Support the person who is being bullied. Suggest they ask for help: for example, go with them to a place they can get help or provide them with information about where to go for help (such as GPRA)
- Report the bullying to someone in authority or someone you trust at work. If the bullying is serious, report it to the police; if the bullying occurs on social media, report it
- Make notes of what you have witnessed: the time, place, how and by whom.
Registrar Liaison Officers
Support on the ground

Registrar Liaison Officers are GP registrars who provide pastoral care, information and support.

The core objectives of the RLO position are to:

- act as a liaison between GP registrars in their region and the training organisation
- advocate and represent registrar interests at several levels
- provide support to GP registrars in their region.

Advocacy and representation

Registrars on the AGPT program can contact their RLO confidentially to discuss any aspect of their training and employment. Your RLO may refer you to the appropriate person or group to resolve a particular problem, assist in mediating a dispute, or they may just hear you out when you have an issue. RLOs will often be able to answer a question on the spot.

RLOs also represent registrar concerns and opinions at the RTO level and nationally via the GPRA Advisory Council.

Pastoral care

Pastoral care is an important part of the RLO position. It is inappropriate for an RLO to enter into a patient-doctor type relationship with any of their registrar colleagues. However, they can refer registrars to a GP or other appropriate health professional.

When a placement is not going well for a registrar, or if there is a dispute with the RTO or practice, the RLO may have a role as a ‘sounding board’ and support person. They may listen to the complaint, direct the registrar to further support, or may assist with anonymous or identified enquiries with the RTO.

RLOs are also available to provide emotional support to registrars experiencing personal difficulties.

RLOs can facilitate social or group events that may help registrars debrief and support each other, particularly for those living in rural or remote areas. If you find yourself in a position where you are struggling or feeling isolated, your RLO can provide support via phone calls and emails. They may also be helpful with putting you in touch with other doctors in the area or with social networks.

Contact your RTO to find out who your local RLOs are, or contact GPRA at gpgra.org.au
Dealing with stress
Tips to get you through

Maintaining stress levels during your training is vital. Dr Belinda Allan shares her wellbeing tips.

- Have another registrar or friend that you can debrief with at the end of a tough day.
- Always have a holiday or long weekend in the pipeline to look forward to.
- Do something on a Friday night for pleasure to mark the end of your working week (even if you have to work weekends).
- Always have one activity a week, booked into your diary which you do not cancel, that is just for enjoyment, such as yoga, sport, music, art or a hobby.
- Make exercise a part of your working week.
- Learn relaxation techniques and use them before sleep, depending on your beliefs this may include breathing techniques, mindfulness, meditation or prayer.
- Learn to leave work at work, debriefing can help with this.
- Learn to turn off your analytical brain, consider doing something creative or pleasurable instead such as listening to or making music or art, or spending time in your garden.
- Have a wind-down ritual, such as getting out of work clothes, having a shower, eating a nutritious meal, doing exercise, having time alone or spending time with loved ones.
- Recognise your signs of stress:
  - psychological – ruminating about work, inability to unwind, waking up anxious, low mood, general anxiety, perfectionism, irritability or mood swings, pessimism, feeling overwhelmed or inadequate, reduced concentration, difficulty making decisions
  - physical – fatigue, headaches, muscular aches, insomnia, gastrointestinal upsets, palpitations, and dermatological disorders
  - lifestyle – problems in your relationships, increased use of alcohol or drugs, lower tolerance of life stressors, social isolation, decrease in performance at work, increased number of sick days, loss of hobbies or outside interests.
- Have your own GP (don’t laugh – this is essential!) – make an appointment at least once every 12 months (and include a mental health check-up).
- Be honest – have someone in your life that you trust and can confide in about stress.
- Speak up early! Contact your RLO, GPRA or someone you trust about issues in your practice with your supervisor or RTO that are affecting your stress levels.
- Ask your fellow registrars how they are going – you’d be surprised how many of us are going through a similar experience.

GPRA has a dedicated self-care section on their website, including support programs, advice from GPs and more. Visit gpra.org.au or phone the GPRA registrar services team on 03 9629 8878.
4 Support that counts

If things go wrong
Ask for help

Occasionally during your general practice training, things may not go exactly as planned. If you find yourself in difficulty, remember that GPRA can provide support and assistance.

Occasionally, registrars find themselves in situations where they are unhappy about some aspect of their training. This may include practice placement, relocation, educational issues, interpersonal problems or employment disputes.

If you find yourself in this type of situation, don’t worry, you are not alone. There are many people involved in general practice training who are specifically employed to assist you with these difficulties. If you are in a fix, the best advice we can give you is to let someone know – and let them know as soon as possible.

The dedicated GPRA registrar services team is available for you to talk about any problems or difficulties you may encounter with your training. Our team can be contacted by email at registrarenquiries@gpra.org.au or by phoning 03 9629 8878. All matters are treated as confidential. We are an independent body run by registrars, for the benefit of all registrars.

Talk to someone

The most appropriate person to talk to depends on what the problem is and how you want to go about dealing with it.

Your RLOs are always there on the front line to support and advise you no matter what the problem. RLOs are registrars too, and it is a part of their job to provide peer support to you.

In some circumstances, the RLO can act on behalf of a registrar if the registrar feels that they are unable to confront the issue themselves. In general, most problems can be resolved locally with the practice or RTO. Your RTO will also have a staff member as a point-of-contact for registrars.

GPRA has a dedicated registrar services team you can contact if you are not comfortable talking to your RLO or RTO for any reason. They can double-check that the information you have been given is correct, provide suggestions on how to approach a difficult situation or help solve larger problems. We help by discussing matters thoroughly with the registrar, can speak directly with the RTO to straighten out any misunderstanding, and provide representation and assistance with appeals.

Document the evidence

The first thing we will advise you to do in the event of a dispute is to document the relevant events and evidence. Make a note of times and dates, make notes of any verbal advice you are given, retain copies of correspondence and try to stick to factual occurrences. Always be civil and professional in your dealings, as this will go a long way in supporting your case if a formal dispute arises.
What if I need to take it further?

If your issue does not seem to be resolved to your satisfaction, you may wish to escalate the matter further. Every RTO has an appeals process, and should that not resolve the issue, there is a further appeals process for the AGPT program administered by the Department of Health.

GPRA offers valuable assistance and advice during these processes. We have been involved in registrar appeals of all types, so don’t hesitate to talk to us if you find yourself in this situation. Often early intervention and discussion results in better outcomes for all parties. Contact us as soon as you realise you may need outside help in a situation.

Sometimes issues arise that indicate the possibility of a systemic problem, for example, a policy or situation that is disadvantaging a particular group of registrars. GPRA can act to collaborate with or lobby the relevant stakeholders to review and change their policies. Once again, GPRA has been involved in and advocated on many issues within the AGPT program that have resulted in positive change for all registrars.

Dispute resolution guidelines, policies and appeals

If a dispute arises, you need to be aware of relevant policies. Many RTOs have dispute resolution policies available on their websites. If you cannot find yours, contact your RLO. AGPT also has policies, which are available from the AGPT website, the Department of Health or GPRA.

AGPT appeals are initiated when a registrar wishes to appeal a decision made by their RTO. These appeals are a last resort when all else has failed and this is the final appeals process within the AGPT program.

Remember, all employees are covered by national and state legislation relating to employment including parental leave, discrimination, sexual harassment and bullying.

Look after yourself

Dealing with a dispute or conflict can place extra stress and pressure on you when you are already dealing with the many challenges of being a GP registrar (clinical practice, study, exam preparation). It is important that you pay attention to your own wellbeing. Refer to the looking after yourself and wellbeing articles on pages 51–54.
Training resources
Easy access: the key to good resources

GPRA Board Director and 2015 RACGP Registrar of the Year, Dr Ashlea Broomfield, likes to have her favourite resources right at her fingertips.

“Evidence based, up-to-date and accessible from everywhere.”

Dr Ashlea Broomfield knows what she wants in a medical or exam resource.

“You’re on the go,” she says of today’s GP registrars. “So you need portable resources that you can access from anywhere.”

The trick, she says, is to find the right resource, with the right amount of information for the right situation. This takes some exploration.

She cites Therapeutic Guidelines as one of her top resources, and has set up phone, tablet and computer access. “It is good for when I know what the diagnosis is, but need to know the treatment options and doses.”

If she needs to “figure something out” she turns to Medicine Today, Australian Family Physician (AFP) or the British Medical Journal’s ‘Best Practice’, which she says provides a good “step-by-step” approach to assessment.

When she is drilling down to details, she uses UpToDate, although warns it can be “really wordy”. And if she’s after some continuing professional development, she says the ThinkGP website offers some “great” opportunities for registrars and medical students.

Ashlea, who lives and works in Coffs Harbour, also found that using a range of resources was a successful way to prepare for exams.

For practice questions, she used BMJ’s OnExamination and would “definitely recommend” GPRA’s The general practice exam book.

Webinars, meanwhile, provided the winning combination of peer interaction and first-hand insight from registrars who had passed the exams.

“I did the GPRA Exam Preparation webinars and chaired the Applied Knowledge Test and Key Feature Problem webinar,” she notes.

Ashlea also recommends the RACGP’s webinar suite. “You listen to someone, possibly a person who will be writing questions, talk about a topic that could be a part of the exam.”

Both colleges have “invaluable” resources, Ashlea believes. And as an ex-RLO with North Coast General Practice Training, she advises registrars to tap into their RTO’s resources.

“Read whatever your RTO gives you! They are usually the best of the best and have collated resources and information for years.”

Traditional medical journals round up Ashlea’s favourite resources. She reads AFP and Medicine Today (and recommends signing up for GPRA’s weekly e-clinical email, which uses cases from Medicine Today’s archive). Meanwhile, Australian Doctor’s ‘App of the Week’ section helps her to find handy new additions to store on her smart phone.
“You’re on the go, so you need portable resources that you can access from anywhere.”
Ashlea, who grew up in Armidale and later in Barraba, started to discover the real essence of general practice as a medical student through the Rural Australian Medical Undergraduate Scholarship program. She also attended Coffs Harbour Rural Clinical School. It was in this northern coastal city that she became encouraged by the variety of presentations that GPs saw.

A PGPPP took her experience a step further. “I had autonomy, was seen as a team member, supported and valued.”

However, back in the hospital, the majority of her cohort was choosing other specialties, and she was concerned that she would miss being part of the hospital team of doctors and allied health professionals.

Yet she also questioned if working in another specialty in a Sydney hospital would give her enough variety. “I always liked my rotations, but never enough to see the same things over and over,” Ashlea recalls.

Ashlea, who lives with her husband Sam and their kelpie-poodle Argo, says the chance of a “better lifestyle,” being able to choose where she worked, and not being subject to “ridiculous” amounts of on-call, helped to cement her decision.

General practice allows Ashlea, who was named the RACGP 2015 General Practice Registrar of the Year, to pursue teaching, education and other medical interests.

And when she is working in a clinic setting, she enjoys seeing the personal impact that GPs can have.

“When patients tell their family members about you and they come and see you too…it tells you that you are doing a good job,” she says. “It’s rewarding seeing the really small changes that people do in their lives that make such a big change in their health.”

Keeping up with new resources is important, but Ashlea says that even the best apps, websites and journals can’t offer the same insight that the people who walk into her consulting room can.

“Your patients are the best resources,” she says.

The social side of resources

Social media provides an immediate platform for registrars from around the country to connect with each other on training, advocacy and political issues, and can be used as sounding board for clinical cases.

Ashlea has joined over 1600 other GPs as a member of the ‘GPs down under’ Facebook group. “It opens up a whole range of FOAMed…a lot of people are involved in blogs and podcasts on anything from emergency medicine to pregnancy,” she says.

It can also help with “feelings of isolation” that GPs can experience. “In general practice, you go into a room on your own for most of the day, and don’t always get the same peer interaction as you would in a hospital.”
The AGPT program
Endpoint qualifications and fellowships

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<th>FACRRM qualifications (ACRRM)</th>
<th>FRACGP qualifications (RACGP)</th>
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<td>FACRRM and FARGP candidates</td>
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Possible equivalence*           Possible equivalence*

*Credit given for AGPT training already undertaken towards one fellowship, prior to undertaking a second or third fellowship
† Can be achieved in dual-accredited practices or posts

Note: Although this table is presented in a linear format, both colleges have flexible training options to enable registrars to plan their training around their own needs and interests. See the college websites for more information.

Registrars can undertake dual fellowships with both ACRRM and the RACGP and the training must be concurrent. However, requirements for placement, duration, completion of training and assessment are different between FACRRM and FRACGP. Registrars seeking both fellowships will need to talk to their training organisation about a program that complies with both colleges.

For more information and full details, visit
acrrm.org.au
racgp.org.au
As an RACGP member ...

You can tailor education to suit your professional needs

gplearning

Members gain access to 300 hours of self-directed learning. Activities are evidence based, peer reviewed and developed to assist GPs in meeting their Quality Improvement and Continuing Professional Development (QI&CPD) requirements.

AFP and check

Australian Family Physician (AFP) provides relevant, evidence-based, clearly articulated information to Australian GPs to assist them in providing the highest quality patient care.

check, an independent learning program produced monthly by the RACGP, is a quality improvement QI&CPD activity written by expert clinicians.

Clinical guidelines

The RACGP produces a wide range of clinical guidelines to assist GPs in their work. In addition to these resources, the RACGP also recognises externally-produced guidelines through the RACGP Endorsement and Accepted Clinical Resource processes.

Join the RACGP online today at racgp.org.au/membership

Follow us  

Royal Australian College of General Practitioners
Resources for the road

There are a vast range of resources available on the journey towards fellowship. Many are free, and some may already be available at your practice, hospital or through your training organisation. Here are some of the best for the road ahead.

In the clinic

Common presentations

General practice is a lot about having an approach to deal with the unknown, and ultimately to assess and manage risks. Common presentations well covered by GP-friendly resources include:

- Australian Family Physician: racgp.org.au
- Australian Prescriber: australianprescriber.com
- GP Companion by GPRA: gpra.org.au (discounted price for GPRA members)
- How to Treat by Australian Doctor: australiandoctor.com.au
- John Murtagh’s General Practice: mheducation.com.au
- Medicine Today: medicinetoday.com.au
- Royal Children’s Hospital Melbourne: rch.org.au/rch/health-professionals
- Rural and Remote Medical Education Online (RRMEO): rrmeo.com
- The NICE pathways: pathways.nice.org.uk
- Therapeutic Guidelines and eTG complete: tg.org.au

Continuity of care and preventive medicine

- ACRRM offers their registrars clinical guidelines for mobile devices: acrrm.org.au
- The RACGP offers a range of free and member-only guidelines, including preventive activities in general practice, putting prevention into practice, smoking cessation and aged care: racgp.org.au

Referrals

- AMA referrals position statement: ama.com.au
- RLOs are valuable when referring to tertiary hospitals
- Familiarise yourself with the health professionals in your area, introduce yourself and network. Ask your colleagues and practice manager. Ask your patients too.

Other online resources

- AMA offers a range of resources including a GP desktop practice support toolkit (member access only): ama.com.au
- Blogs written by GPs and registrars can be useful during training. For a list of reviewed blogs and podcasts, visit gplearning.racgp.org.au
- gplearning by the RACGP: gplearning.racgp.org.au
- MBS online: mbsonline.gov.au
- Medical Observer: medicalobserver.com.au
- Pharmaceutical Benefits Scheme (PBS): pbs.gov.au
- Think GP: thinkgp.com.au
**The business end**

**Employment agreements – a necessity**

GPRA is your one-stop-shop for everything employment agreements, offering webinars and clued-up RLOs to assist you. Our publications, *Negotiating employment: Essential knowledge for general practice registrars* and the *Terms and Conditions Benchmarking Report* are available to assist with employment agreement negotiations. Visit [gpra.org.au](http://gpra.org.au)

**Billing – what is that?**

Correct billing will allow you to get properly remunerated for the work that you do. More information about percentages and other money matters can be obtained through GPRA, visit [gpra.org.au](http://gpra.org.au)


Tip: Don’t be afraid to ask your practice manager or reception staff to help out with the basics when you start out. If you don’t know a specific MBS or DVA code, then simply inform your front staff of the length and type of appointment (eg. <5 min, <20 min). You will soon get the hang of it.

**Medicolegal stuff**

Your indemnity insurance provider should be the first point-of-contact. However, *Australian Family Physician*, *Medical Observer*, *Medical Journal of Australia* and *Australian Doctor* have all published medicolegal articles worth reading. Check out their websites for details.

**Key organisations**

- Australian College of Rural and Remote Medicine (ACRRM): [acrrm.org.au](http://acrrm.org.au)
- General Practice Registrars Australia (GPRA): [gpra.org.au](http://gpra.org.au)
- National Prescribing Service (NPS): [nps.org.au](http://nps.org.au)
- Rural Health Workforce Australia (RHWA): [rhwa.org.au](http://rhwa.org.au)
- The Royal Australian College of General Practitioners (RACGP): [racgp.org.au](http://racgp.org.au)
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