

# College Mandatory Hospital Requirement Guidance Document

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## Introduction

JCU GP training respects that both specialist colleges (ACRRM and RACGP) determine their relevant vocational training standards, including mandatory hospital training requirements all registrars must complete. Each college's mandatory hospital training requirements encompass time, disciplines, clinical content and competency standards.

Though it is the individual AGPT registrar's responsibility to demonstrate attainment of these college mandatory training requirements, JCU GP training seeks to assist registrars in meeting these requirements. This includes training advice prospectively, guidance for suitable hospital clinical placements, or retrospective demonstration and documentation. Generally these mandatory training requirements must be attained before commencement in community General Practice training terms, though with censor approval some elements can be planned through alternative training plans.

Registrars who are successful in joining the AGPT program with JCU are required to submit evidence of their previous hospital experience and to attend a pre-entry meeting by phone or Zoom with a JCU staff member and/or a Medical Educator.

During the meeting registrars' experience is assessed to determine whether they:

- a. Meet their chosen college's mandatory hospital term requirements, and
- b. Are eligible to apply for Recognition of Prior Learning (RPL).

This document aims to provide guidance on how JCU assesses the colleges' mandatory hospital term requirements and the supporting documentation required in evidence.

Further information can be found on the [RACGP](#) and [ACRRM](#) websites, or by contacting JCU by email on [jcugp.selections@jcu.edu.au](mailto:jcugp.selections@jcu.edu.au) or (07) 5373 4413.

## 1. Supporting Documentation

JCU requires all successful AGPT applicants (RACGP and ACRRM) to provide the following evidence in support of their previous hospital experience prior to undertaking their mandatory Pre-entry Meeting:

- Evidence of the date on which General Registration was first granted – an email or letter from AHPRA advising application for General Registration was successful,
- Current AHPRA General Registration certificate,
- Statements of Service for all previous hospital experience including intern year, *showing all leave periods*,
- RMO / End of Term assessments for all hospital terms,
- Term allocations for the remainder of AGPT application year on hospital letter head,
- If a hospital position has been secured for the next training year, a copy of the hospital contract or placement offer confirming the hospital name, placement dates, position level (i.e. SHO, PHO) and Department or discipline allocation.

## 2. RACGP Mandatory Hospital Term Requirements

Before commencing a community General Practice placement, registrars have to provide evidence that they:

1. Have completed or will complete a minimum of 2 years (104 weeks) hospital time in an accredited Australian or New Zealand public teaching hospital, including the Intern year – by the first day of the new training year.
2. Have met the mandatory requirements by successfully completing a 10 - 12 week rotation in an accredited Australian or New Zealand public teaching hospital for each of the following disciplines within the last 5 years:
  - a. **General Medicine** or one of the following approved Internal Medicine focused RMO clinical placement alternatives:
    - Cardiology
    - Dermatology
    - Endocrinology
    - Gastroenterology
    - Gastro-intestinal
    - Geriatrics
    - Haematology
    - Hepatology
    - Intensive Care Unit (ICU)
    - Infectious Disease
    - Internal Medicine
    - Medicine MAC
    - Nephrology
    - Neurology
    - Oncology
    - Palliative Care
    - Rehabilitation Medicine
    - Renal Medicine
    - Sexual Health
    - Stroke Medicine
    - Thoracic Unit / Respiratory
  - b. **General Surgery** or one of the following approved alternatives:
    - Acute Surgical Unit
    - Colorectal Surgery
    - Orthopaedics
    - Vascular Surgery
    - Paediatric Surgery

The following disciplines are not approved alternatives but may be assessed for meeting the General Surgery requirement. Registrars will be required to outline their surgery experience to demonstrate competency against the [Junior Doctor Curriculum](#), for RACGP Censor consideration.

- Hepatobiliary Surgery
- Neurosurgery
- Obstetrics
- Obstetrics & Gynaecology
- Plastic Surgery
- Surgery Relief
- Urology

The **Hospital Alternative Pathway Pre-GP years (HAPPY)** is a RACGP nationally approved approach for junior doctors to develop their competencies to meet the mandatory term requirements in Medicine and Surgery. This program utilises some modules developed by the Royal Australian College of Surgeons. It comes at an additional cost to the registrar and requires JCUGP Director and RACGP Censor endorsement.

**c. Emergency Medicine** or the following approved alternative:

- Rural General Practice term with blended GP/Hospital/Emergency clinical duties (e.g. PIERCE – a Queensland Rural Generalist Pathway, Prevocational Integrated Extended Rural Community Experience).

**d. Paediatrics** – RACGP’s [Paediatric Term Requirement Guidance Document](#):

- A complete (10–12 weeks) Paediatric term in an accredited paediatric training hospital. *If annual leave during this term results in <10 weeks Paediatric experience, registrars may be required to provide evidence of further paediatric experience i.e. Emergency Medicine.*
- A complete (10 – 12 weeks) Paediatric Emergency term.
- A half Paediatric term (minimum 6 weeks in length) with an approved full (10–12 week) Emergency Department term.
- Two approved emergency department terms as defined in 4.1. One term may be undertaken in Post Graduate Year 1 (PGY1) if the other is undertaken in Post Graduate Year 2 (PGY2) or later. In both cases the Registrar needs to be able to demonstrate sufficient experience in assessing and managing paediatric cases and the training provider needs to be satisfied that adequate skills have been gained.
- An approved emergency department term as defined in 4.1.3 and a Post Graduate Prevocational Placements Program (PGPPP) term with appropriate supervision and education components. One term may be undertaken in PGY1 year (provided a sufficient number and spread of paediatric cases were seen) if the other is undertaken in PGY2 or later. A PGPPP term does not count as a standalone paediatric requirement.
- Completion of the coursework and exam for the Sydney Child Health Program at the Westmead Children’s Hospital (formerly the Westmead Diploma in Child Health) or any other RACGP Council of Censors approved course can also count as the paediatric component, as long as the doctor has also had some clinical exposure to children (for example an emergency department term or PGPPP term).
- Any other College Council of Censors approved program which adequately addresses the required content in 4.1.2 with appropriate levels of educational content, clinical experience and assessment. All programs in this category seeking to fulfil the paediatric requirement must obtain approval from the Council of Censors.

- ½ term Paediatric Surgery + either a ½ term Paediatrics term or a full Emergency Medicine term with paediatric evidence (acceptable evidence outlined below).
- The Paediatric Requirement Alternative Model (PRAM) consists of five key components and requires JCU GP Director and RACGP Censor endorsement:
  1. Successful completion of one half of the paediatric term clinical requirement or 2 ED terms with less than 20% paediatric presentations.
  2. Completion of the online course 'Spotting the sick child'.
  3. Completion of the 'Recognising the seriously ill child module'.
  4. Completion of OPTIMUS CORE or the Paediatric Essential Life Support (PELS) course (Townsville).
  5. Complete a logbook of 20 (minimum) paediatric patients, sighted and signed by the supervisor until the logbook is complete. JCU will provide registrars with the logbook template prior to their commencement date and will discuss this requirement with the supervisor.

**Acceptable evidence** of meeting the 20 % paediatric presentation requirement during an Emergency Medicine Term include:

1. A de-identified patient log for a minimum of 2 weeks of a full Emergency Medicine term.
2. A letter from the hospital Emergency Department confirming the registrar's own paediatric caseload as a percentage during the term.
3. A statement on the Statement of Service identifying the registrar's own paediatric caseload as a percentage during the term.

**A paediatric patient is between 0 and 17 years of age.**

**e. Breadth of Knowledge / Experience:**

- Successful completion of an additional 3 disciplines which are relevant to general practice, additional terms in General Medicine, General Surgery or Emergency, and Medical Educator (and possibly Censor) assessment of overall previous work experience for meeting this requirement.

### 3. Other RACGP Mandatory Requirements

1. **Basic Life Support:** AGPT registrars training on the RACGP pathway are required to complete a BLS course within 12 months **prior** to starting in their first General Practice placement (General Practice Term 1) and provide JCU with evidence of completion.

To meet RACGP requirements, BLS courses **must** meet the terms outlined in the RACGP [Basic Life Support and Advanced Life Support Guidance Document](#). RACGP has confirmed that acceptable trainer codes include HLTAID001, HLTAID002, and HLTAID007, even though Section 3.2.1 only lists HLTAID001.

2. **RACGP financial membership:** AGPT Registrars must hold financial membership of their chosen college at the commencement of training and for the duration of their training on the program. RACGP emails an invoice for payment to each new AGPT registrar prior to training commencement. Registrars must submit evidence of payment to JCU.

#### 4. ACRRM Mandatory Hospital Term Requirements

Before commencing in Core Generalist Training (CGT) or an Advanced Specialised Training (AST) placement, registrars have to submit evidence that they:

- Have completed or will complete a minimum of 2 years (104 weeks) of hospital time in an accredited Australian or New Zealand public teaching hospital, including the Intern year – by the first day of the new training year.
- Have met the mandatory requirements by successfully completing a 10 - 12 week rotation in an accredited Australian or New Zealand public hospital for each of the following disciplines:
  - **General Medicine**
  - **General Surgery**
  - **Emergency**
  - \* **Paediatrics, O&G and Anaesthetics** or approved alternative as per the [ACRRM Fellowship Training Handbook](#) (by the end of Vocational Training)

Other generalist placements that would be helpful, but not mandatory include:

- Rehabilitation
- Aged care
- Palliative care
- Intensive care
- Psychiatry
- Emergency (additional placement)

\* **Please note:** Registrars who have not met ACRRM's prevocational requirements for Anaesthetics, Obstetrics and Gynaecology and Paediatrics *prior to commencing CGT*, can meet this requirement by the end of their Vocational Training through the approved alternative options listed for each discipline in the [ACRRM Fellowship Training Handbook](#) (pg. 10 – 12) and in the Appendices of this document.

**Identified gaps will be documented in the registrar's ACRRM Training Plan during their Pre-entry meeting and they will be required to submit the necessary evidence of completion to JCU.**

#### 5. Other ACRRM Mandatory Requirements

1. **ACRRM financial membership:** AGPT Registrars must hold financial membership of their chosen college at the commencement of training and for the duration of their training on the program and submit evidence of membership to JCU.
2. **ACRRM procedural logbook**

## 6. Appendix 1 – ACRRM Paediatric Alternatives

<b>Requirement</b>		
Paediatrics training that equates to 10 weeks or more FTE, at PGY1 or above Options to meet this requirement are describes below.		
<b>Competencies</b>		
The knowledge, skills and attributes that are being worked towards are defined in the Rural Generalist Curriculum: Paediatrics learning area.		
<b>Accreditation options</b>	<b>Training options</b>	<b>Evidence required</b>
Train in a post holding one of the following accreditations: <ul style="list-style-type: none"> <li>• PMC Intern training, or</li> <li>• RACP basic training or</li> <li>• ACRRM CGT or</li> <li>• ACRRM AST Paediatrics</li> </ul>	10 weeks or more FTE paediatrics placement, or	Supervisor report
	Six months or more FTE emergency department placement, (where at least 25% of presentations are children) or	Supervisor report Evidence of a minimum of 25% child presentations
	General Practice placement, or Integrated rural hospital placement eg PIERCE* or Paediatrics outreach service placement, assisting a paediatrician (or paediatrics team) Plus for the three options above two educational activities in paediatrics, these may be online courses or workshops.	Supervisor report Record 50 paediatric consults (16 years and under) Complete paediatrics component of Procedural Skills Logbook Evidence of two education activities
As specified for program	Sydney Child Health Program or	Evidence of completion
AST Paediatrics	AST Paediatrics	Letter of completion

Source: [ACRRM Fellowship Training Handbook](#)

## 7. Appendix 2 – ACRRM Obstetrics & Gynaecology Alternatives

<p><b>Requirement</b></p> <p>Obstetrics training that equates to 10 weeks or more FTE, at PGY1 or above</p> <p>Options to meet this requirement are describes below</p>		
<p><b>Competencies</b></p> <p>The knowledge, skills and attributes that are being worked towards are defined in the Rural Generalist Curriculum: Obstetrics and Gynaecology learning area.</p>		
Accreditation options	Training options	Evidence required
<p>Train in a post holding one of the following accreditations:</p> <ul style="list-style-type: none"> <li>• PMC Intern training</li> <li>• RANZCOG Fellowship training or</li> <li>• RANZCOG Advanced Diploma training</li> <li>• ACRRM CGT</li> </ul>	<p>10 weeks or more FTE O&amp;G placement, or</p>	<p>Supervisor report</p>
	<p>Clinical attachment or work with a Specialist or GP obstetrician (minimum of 10 sessions over no more than 6 months), or</p> <p>General Practice placement, or</p> <p>Integrated rural hospital placement eg PIERCE*</p> <p>Plus for the three options above, demonstrate intrapartum care</p> <ul style="list-style-type: none"> <li>• through deliveries</li> </ul> <p>or</p> <ul style="list-style-type: none"> <li>• through simulation by completing one of the following courses <ul style="list-style-type: none"> <li>○ Rural Emergency Obstetrics Training (REOT), or</li> <li>○ Preparation in Maternity Safety (PIMS), or</li> <li>○ RVTS workshops, or</li> <li>○ CRANA Maternity Emergency care course</li> </ul> </li> </ul>	<p>Supervisor report</p> <p>Record 25 antenatal and 25 postnatal consultations</p> <p>Complete O&amp;G component of Procedural Skills Logbook (including manage normal delivery)</p> <p>Course certificate</p>
<p>As applicable for the program</p>	<p><a href="#">Certificate in Women's Health DRANZCOG</a>, or</p> <p><a href="#">DRANZCOG Advanced</a></p>	<p>Evidence of completion</p>

Source: [ACRRM Fellowship Training Handbook](#)



## 8. Appendix 3 – ACRRM Anaesthetics Alternatives

<b>Requirement</b>		
Anaesthetic training that equates to 10 weeks or more FTE, at PGY1 or above Options to meet this requirement are describes below		
<b>Competencies</b>		
The knowledge, skills and attributes that are being worked towards are defined in the Rural Generalist Curriculum: Anaesthetics learning area.		
<b>Accreditation options</b>	<b>Training options</b>	<b>Evidence required</b>
Train in a post holding one of the following accreditations: <ul style="list-style-type: none"> <li>• PMC Intern training,</li> <li>• ANZCA training or</li> <li>• JCCA training, or</li> <li>• Supervisor with appropriate anaesthetic qualification/credentiaing when undertaking sessions</li> </ul>	10-weeks or more FTE anaesthetics placement, or	Supervisor report
	Combination of placements providing anaesthetics skills (e.g. ICU, emergency, or retrieval)	Supervisor reports
	Minimum of 10 anaesthetic sessions, under supervision of a GP anaesthetist or specialist anaesthetist or  Integrated rural hospital placement eg PIERCE*	Supervisor report  Record 50 procedures selected from the Anaesthetic component in the Procedural Skills Logbook  Complete Anaesthetics component of Procedural Skills Logbook
	Plus for both options above an advanced airways skills workshop: <ul style="list-style-type: none"> <li>• Rural Anaesthetic Crisis Management (RACM), which will also count as Tier 2 EM course</li> </ul> or <ul style="list-style-type: none"> <li>• RVTS workshop (RVTS registrars only)</li> </ul>	Evidence of workshop completion
	ProStart Anaesthetics program  This requires undertaking sessions with an anaesthetist while working through the program	Course logbook and supervisor sign off  Complete Anaesthetics component of Procedural Skills Logbook
	AST in Anaesthetics (JCCA)	Letter of completion

\* PIERCE A Queensland Rural Generalist Program, Prevocational Integrated Extended Rural Clinical Experience. May cover anaesthetics, paediatrics and obstetrics providing there are enough cases. A supervisor report and logbook covering each discipline is required.

Source: [ACRRM Fellowship Training Handbook](#)