

This application is for (please tick):

Extended Skills Post (ESP) – 6 months

Advanced Rural Skills Training post for FARGP (ARST) – 12 months

If you should have any questions regarding the ESP or ARST accreditation process or on the completion of this accreditation application, please contact the Accreditation Coordinators via 08 8946 7079 or supervisor@ntgpe.org.

REGIONAL TRAINING PROVIDER DETAILS

Name of Regional Training Organisation: Northern Territory General Practice Education (NTGPE)

Address: Yellow Precinct, Building 1, Level 3, Charles Darwin University, Ellengowan Drive, Casuarina NT 0810

Phone: 08 8946 7079

Fax: 08 8946 7077

Email: supervisor@ntgpe.org

TRAINING POST DETAILS

Name of Post:

Discipline:

Address:

Phone:

Fax:

Email:

TRAINING POST PATIENT DETAILS

To be completed by the principal supervisor

1. Out of 100 patients how many would you see in an **average** week:

_____ In practice

_____ At home

_____ In a nursing home

_____ In hospital



2. Out of 100 patients how many would you see in an **average** week who are:

_____ Caucasian

_____ Aboriginal

_____ Torres Strait Islanders

_____ Other ethnic group, please specify: _____

3. Out of 100 patients how many would you see in an **average** week who are:

_____ Aged 0 – 4 years

_____ Aged 5 – 15 years

_____ Aged 16 – 25 years

_____ Aged 26 – 64 years

_____ Aged over 65 years

Total

_____ Male

_____ Female

4. List the 5 most common presentations you see in an **average** week (from least to most common)

1.

2.

3.

4.

5.

5. What type of work will GP registrars be undertaking? (e.g. typical health concerns of patients seen)



The principal and all additional supervisor(s) are required to complete the Supervisor(s) Details section of this accreditation application and provide the supporting documentation as outlined on the checklist listed on the last page. Please copy this page should there be more than one supervisor that will be supervising GP registrars at this training post.

SUPERVISOR(S) DETAILS

Name of Specialist Supervisor:

Qualifications:

Address:

Phone:

Email:

What advanced skills are you currently practising?

SUPERVISOR DECLARATION	
I have NOT been removed from the register for conduct, health or performance reasons under any jurisdiction at any time in my career.	True / False
I am NOT currently under investigation or the subject of disciplinary proceedings under any jurisdiction.	True / False
I am NOT currently subject to any conditions, limitations or restrictions from any jurisdiction.	True / False
<i>Please note that if you have answered "False" to any of the above questions NTGPE or the Chair of VTASC will contact you to discuss the subject further.</i>	
I will ensure that GP registrars have adequate insurance coverage and are registered with the state or territory medical council for the clinical work to be undertaken.	True / False
I agree to meet the RACGP Vocational Training Standards (available at: http://www.racgp.org.au/vocationaltraining/standards) and to assist GP registrars to meet their learning plans for terms undertaken.	True / False

Signature:

Date:



AGREEMENT TO PROVIDE EDUCATIONAL REQUIREMENTS

The supervisor(s) agree to provide the requisite educational activities to the GP registrar in the post.

Name of Post:

Discipline:

Name of Supervisor(s)	Signature	Date

The training post agrees to develop and implement policies and procedures (as required), which ensure that service requirements are compatible with the training requirements of GP registrars.

Name of Responsible Officer	Signature	Date



TRAINING POST DESCRIPTION

Please provide a description about your training post and what it offers for GP registrar training. Also include the contact details of the person that you would like to receive GP registrar applications. This will be used to advertise your training post to our GP registrars on our online **placemeNT** website.

Examples of other training post descriptions are available on **placemeNT** at <http://registrar.ntgpe.org/>.

CONTACT DETAILS:

Name:

Role:

Phone:

Email:

DESCRIPTION:



TRAINING POST TEACHING PLAN

To be completed by principal supervisor

Name of Post: <i>(i.e. Royal Darwin Hospital)</i>	
Discipline: <i>(i.e. Emergency Medicine)</i>	
Placement Term <i>(i.e. 2019.1, 2019.2)</i>	
Name of Principal Supervisor:	
Topics of education I plan to guide the GP registrars through:	
How will GP registrars learn at this post?	
How I plan to assess the GP registrar's education:	

Signature:

Date:



CHECKLIST FOR ESP / ARST ACCREDITATION

The below checklist outlines all documentation that is required to apply for ESP / ARST accreditation for the training of GP registrars. The NTGPE Accreditation Committee will be unable to review this ESP / ARST accreditation application if any applicable supporting documentation is outstanding.

- Completed ESP / ARST Accreditation Application Form (Pages 1-3)
- Agreement to provide Education Requirements (Page 4)
Signed by supervisor(s) and responsible officer of the training post
- Training Post Description (Page 5)
- Training Post Teaching Plan (Page 6)

Supporting documentation from the principal and additional supervisor(s):

- APHRA registration
- Up to date CV (*including current employment*)
- A letter of reference from a colleague worked clinically with in the past two years

Please return the completed accreditation application form with any relevant supporting documentation to the NTGPE Accreditation Team.

Email: supervisor@ntgpe.org