



Dear 

DECISION ON YOUR ACCESS APPLICATION

I refer to your application under section 30 of the *Freedom of Information Act 2016* (FOI Act), received by Canberra Health Services (CHS) on **Thursday 23 September 2021** and rescoped on **Wednesday 6 October 2021**.

This application requested access to:

1. *The following documents referred to in Schedule Two of the ACT Health BPT Training Program review released in HDFOI20/50:*
 - *ACT Physician Training Network Handbook 2019*
 - *Canberra Hospital - Basic Training Orientation 2019*
 - *2018 ACT Physician Network's Clinical Examination Review*
 - *Leave taken / Claimed Overtime The Canberra Hospital 2016-2019*
 - *2019 BPT rotation roster 2019 JMO (Registrar) Orientation Guide, Calvary Hospital*
 - *Minutes Postgraduate Training Committee Meeting December 2015*
2. *All versions of the ACT Physician Training Network Handbook (and any successor documents) that have existed since 2019.*
3. *All versions of the Canberra Hospital - Basic Training Orientation 2019 (and any successor documents) that have existed since 2019.*
4. *All reviews (however described) of clinical examination that have been conducted since 2019.'*

I am an Information Officer appointed by the Chief Executive Officer of Canberra Health Services (CHS) under section 18 of the FOI Act to deal with access applications made under Part 5 of the Act. CHS was required to provide a decision on your access application by **Wednesday 3 November 2021**.

I have identified ten documents holding the information within scope of your access application. These are outlined in the schedule of documents included at [Attachment A](#) to this decision letter.

Please note the documents listed within Schedule 2 of Physician Program Training Review report are not all accurately titled to reflect the documents provided for the review. For the purposes of this application CHS reviewed the information provided to the reviewers and this forms the documentation considered in this application. Some information mentioned is not held by CHS and was sourced directly through alternate avenues for the review.

Decisions on access

I have decided to:

- grant full access to five documents; and
- grant partial access to five documents.

My access decisions are detailed further in the following statement of reasons and the documents released to you are provided as Attachment B to this letter.

In reaching my access decision, I have taken the following into account:

- The FOI Act;
- The contents of the documents that fall within the scope of your request;
- The views of relevant third parties; and
- The *Human Rights Act 2004*.

Full Access

I have decided to grant full access to five documents at references 2-5 and 7.

Partial Access

I have decided to grant partial access to five documents. Documents at references 1, 6 and 8-10 contain information that I consider, on balance, to be contrary to the public interest to disclose under the test set out in Section 17 of the Act as the information contained in these folios is partially comprised of personal information.

I have identified that there are no relevant factors favouring disclosure of this information under Schedule 2.1.

This information has not been disclosed as this could reasonably be expected to prejudice the protection of the individual's right to privacy under *Schedule 2.2 (a) (ii) prejudice the protection of an individual's right to privacy or any other right under the Human Rights Act 2004*. The disclosure of this detail would not provide any government information pertinent to your request therefore, I have decided this factor outweighs the public interest factors in the disclosure of this information.

Charges

Processing charges are not applicable to this request.

Disclosure Log

Under section 28 of the FOI Act, CHS maintains an online record of access applications called a disclosure log. The scope of your access application, my decision and documents released to you will be published in the disclosure log not less than three days but not more than 10 days after the date of this decision. Your personal contact details will not be published.

<https://www.health.act.gov.au/about-our-health-system/freedom-information/disclosure-log>.

Ombudsman review

My decision on your access request is a reviewable decision as identified in Schedule 3 of the FOI Act. You have the right to seek Ombudsman review of this outcome under section 73 of the Act within 20 working days from the day that my decision is published in ACT Health's disclosure log, or a longer period allowed by the Ombudsman.

If you wish to request a review of my decision you may write to the Ombudsman at:

The ACT Ombudsman
GPO Box 442
CANBERRA ACT 2601
Via email: ACTFOI@ombudsman.gov.au
Website: ombudsman.act.gov.au

ACT Civil and Administrative Tribunal (ACAT) review

Under section 84 of the Act, if a decision is made under section 82(1) on an Ombudsman review, you may apply to the ACAT for review of the Ombudsman decision. Further information may be obtained from the ACAT at:

ACT Civil and Administrative Tribunal
Level 4, 1 Moore St
GPO Box 370
Canberra City ACT 2601
Telephone: (02) 6207 1740
<http://www.acat.act.gov.au/>

Further assistance

Should you have any queries in relation to your request, please do not hesitate to contact the FOI Coordinator on (02) 5124 9831 or email HealthFOI@act.gov.au.

Yours sincerely



Dr Nick Coatsworth
Executive Director, Medical Services
Canberra Health Services

2 November 2021

FREEDOM OF INFORMATION SCHEDULE OF DOCUMENTS

Please be aware that under the *Freedom of Information Act 2016*, some of the information provided to you will be released to the public through the ACT Government's Open Access Scheme. The Open Access release status column of the table below indicates what documents are intended for release online through open access.

Personal information or business affairs information will not be made available under this policy. If you think the content of your request would contain such information, please inform the contact officer immediately.

Information about what is published on open access is available online at: <http://www.health.act.gov.au/public-information/consumers/freedom-information>

APPLICANT NAME		WHAT ARE THE PARAMETERS OF THE REQUEST			FILE NUMBER	
[REDACTED]		<p>'1. The following documents referred to in Schedule Two of the ACT Health BPT Training Program review released in HDFOI20/50:</p> <ul style="list-style-type: none"> • ACT Physician Training Network Handbook 2019 • Canberra Hospital - Basic Training Orientation 2019 • 2018 ACT Physician Network's Clinical Examination Review • Leave taken / Claimed Overtime The Canberra Hospital 2016-2019 • 2019 BPT rotation roster 2019 JMO (Registrar) Orientation Guide, Calvary Hospital • Minutes Postgraduate Training Committee Meeting December 2015 <p>2. All versions of the ACT Physician Training Network Handbook (and any successor documents) that have existed since 2019.</p> <p>3. All versions of the Canberra Hospital - Basic Training Orientation 2019 (and any successor documents) that have existed since 2019.</p> <p>4. All reviews (however described) of clinical examination that have been conducted since 2019.'</p>			CHSFOI21-22.07	
Ref Number	Page Number	Description	Date	Status Decision	Factor	Open Access release status
1.	1 – 27	ACT Physician Training Network Orientation Handbook 2019	2019	Partial Release	Schedule 2.2 (a)(ii) Privacy	YES
2.	28	2019 leave report by month Jan - Nov	2019	Full Release		YES

3.	29	Overtime and Leave Report comparison	2016 – 2019	Full Release		YES
4.	30 – 33	Overtime & leave comparison	2016 – 2019	Full Release		YES
5.	34 – 36	Data Reporting – Medicine Units	28 November 2019	Full Release		YES
6.	37 – 38	Updated 2019 Term allocation	15 October 2019	Partial Release	Schedule 2.2 (a)(ii) Privacy	YES
7.	39 – 41	Minutes Physicians Training Committee Meeting	4 December 2015	Full Release		YES
8.	42 – 69	ACT Physician Training Network Handbook 2020	2020	Partial Release	Schedule 2.2 (a)(ii) Privacy	YES
9.	70 – 97	ACT Physician Training Network Handbook 2021	2021	Partial Release	Schedule 2.2 (a)(ii) Privacy	YES
10.	98 – 125	ACT Physician Training Network Handbook 2022 – Draft for updating	2022	Partial Release	Schedule 2.2 (a)(ii) Privacy	YES
Total Number of Documents						
10						

ACT Physician Training Network

Orientation Handbook

2019

Contents

Introduction.....	3
Overview of Physician Training in Australia.....	4
BPT Program Requirements	4
Learning Strategies and Tools	5
Supervisors	8
Progress Reports	8
Summary of BPT Requirements per year	9
The ACT Physician Training Network	10
Training Sites	11
The Canberra Hospital	11
Calvary Hospital Bruce	12
Goulburn Base Hospital	12
South East Regional Hospital (Formerly Bega District Hospital).....	13
Physician Training Committee	14
PTC Membership	14
Education / Teaching sessions	15
The ACT Physician Website: PREPact.net.....	18
Supports for Trainees	19
Preparing for Exams	21
Written Examination.....	21
Clinical Examination.....	23
Career and Personal Development Program	25
Awards and Recognition	26
Notes:	27



Introduction

Welcome to Physician Training!

You have embarked on an exciting and challenging training pathway that can lead to diverse and fulfilling careers in adult medicine.

The role of the ACT Physician Training Network is to provide you with varied training opportunities and a supportive and stimulating learning environment, so that you successfully meet the requirements for physician training as set out by the Royal Australasian College of Physicians (RACP).

Importantly, we strive to achieve a healthy and proud physician training culture – one in which trainees and physicians encourage and support each other. You are an important member of our physician community, and we urge you to be an active contributor and participator in physician-related activities throughout your time with us.

This booklet outlines the curriculum and training requirements for physician training, describes clinical posts and training sites within our network of hospitals, and provides practical information regarding our educational program, examination preparation, rostering, leave requests and other resources available to you.

Overview of Physician Training in Australia

The RACP oversees the training of qualified medical practitioners who wish to become physicians in Australia and New Zealand.

The College's "Physician Readiness for Expert Practice" (PREP) training program takes a minimum of 6 years to complete, and comprises:

- 36 months (minimum) of Basic Physician Training
- 36 months or more years of Advanced Training in one or more Medical specialties

Successful completion of the PREP program enables a trainee to be admitted to Fellowship of the RACP and to use the initials FRACP after their name.

Purpose of PREP training

The aim of the PREP training is to develop a physician competent to provide, at consultant level, unsupervised comprehensive, high quality and safe medical care in one or more of the sub-specialties of internal medicine.

BPT Program Requirements

BPT consists of at least 36 months of prospectively approved training with certain mandatory requirements:

- A **minimum of 24 months core training**, which includes the following compulsory rotations:
 - **12 months** minimum in **medical specialties** (max. 6 months at any one specialty)
 - **3 months** minimum in **general and acute care medicine** (max. 6 months at any one training site)
- A maximum of **12 months non-core training** (can be replaced by additional core training)
- At least **12 months** at [a Level 3 Teaching Hospital](#) (e.g. Canberra Hospital)
- At least **3 months** **outside** a Level 3 Teaching Hospital (e.g. Calvary, Bega, Goulburn Hospitals)
- Completion of an Advanced Life Support course or equivalent

More information can be found here: <https://www.racp.edu.au/docs/default-source/default-document-library/basic-training-in-adult-internal-medicine-2019-handbook.pdf?sfvrsn=8>

Learning Strategies and Tools

The training is learner-centered and the approach taken in the PREP program encourages the trainee to:

- Take responsibility for their own knowledge and skills acquisition
- Construct networks of knowledge and skills by building links between new information and existing knowledge

The learner-centered approach incorporates the following key strategies:

- Self-directed and goal-oriented learning
- Experiential and reflective learning
- Collaborative learning
- Problem-based learning
- Role-modelling
- Feedback
- Learning tools

The PREP program contains various assessment methods which complement the above learning strategies:

Formative Assessment focus on *learning through feedback and guidance.*

The RACP's formative assessments aid the trainee and supervisor through a formal feedback discussion, prompting areas for discussion highlighted by the trainee's performance. The formative assessments are based on existing workplace-based assessment methods and best practice in medical education. Formative assessments do not require a 'pass' to progress to the next stage of training.



FORMATIVE ASSESSMENTS

Mini-Clinical Evaluation Exercise (mini-CEX)

The Mini-Clinical Evaluation Exercise is a work-based assessment used to evaluate a trainee's clinical performance in real life settings. The mini-CEX aims to guide a trainee's learning and improve clinical performance through structured feedback from an assessor. It can help identify ways for trainees to improve their practice in areas such as communication, history taking, physical examination and professional practice. A minimum of 4 mini-CEXs per year are required. Trainees enter data from the completed [mini-CEX rating form](#) into the online mini-CEX tool found on the BPT portal.

Learning Needs Analysis (LNA)

The LNA assists Trainees to identify their learning needs, plan their learning objectives based on the [Basic Training Curriculum](#), and evaluate their progress for each rotation. They are completed with their ward/service consultant via the BPT portal. Two LNAs per year are required.

Professional Qualities Reflection (PQR)

The Professional Qualities Reflection allows a trainee to reflect on an event, or series of events, that is medically and professionally significant to them. Through analysis of the event(s), a trainee is able to identify and integrate new skills and knowledge to improve performance. The PQR is discussed with the trainees Professional Development Advisor (PDA). Two PQRs per year are required.

Summative Assessments are an assessment 'of' learning

Summative assessments focus on judgements about trainee progression, resulting in pass or fail decisions on a trainee's performance. There are two summative assessments: Written Examination and Clinical Examination that occur in the 3rd year (at least) of PREP training to determine eligibility for progression to Advanced Training.

SUMMATIVE ASSESSMENTS

Written Examination

The Written Examination is designed as an external and objective indicator to show that a Basic Trainee has achieved a standard of knowledge that will enable progression to the Clinical Examination.

It may be attempted if a trainee has completed the full-time equivalent of 24 months of Basic Training before the beginning of the clinical year in which the exam is held.

It is held in February each year and can be undertaken in Canberra.

Clinical Examination

The Clinical Examination is designed to test a Trainee's clinical skills, attitudes and interpersonal relationships at the end of Basic Training and to provide an indication as to whether the Trainee has reached a sufficient standard to allow progression in to Advanced Training.

The Clinical Examination may only be attempted following success in the Written Examination.

The Clinical Exam is held in late July – early August each year. You will not be able to sit the Examination in your “home network” but are required to travel to an interstate examining center.

Supervisors

Supervisors will assist you with completing your formative assessments, complete mid- and annual reports, and provide career advice, pastoral care and general support.

Supervisors in the BPT years take the following forms:

SUPERVISOR TITLE	ROLE/S	YOUR INTERACTION WITH THEM
Director of Physician Education (DPE)	<p>Provides educational leadership and oversight of the training program delivery for the hospital/network.</p> <p>Provide support to trainees in difficulty.</p> <p>Acts as the liaison between the RACP and the hospital network.</p>	They will be in contact with you and your ES through your training period. Notify them of issues related to your training terms or College issues.
Educational Supervisor (ES):	<p>Oversees and monitors the longitudinal progress of a trainee through BPT.</p> <p>Provides career advice.</p> <p>Provides ongoing mentoring.</p>	Meet at least twice per year to discuss progress, ensure completion of training tasks as required by the College and submit mid-year and annual reports.
Professional Development Advisor (PDA):	Guides the trainee to critically reflect on their practice and develop a habit of professional reflection.	Meet at least twice per year to discuss Professional Quality Reflections.
Ward/Service consultant (WSC)	Provides direct oversight of trainees during a rotation.	Assist with completing LNA and Mini CEX per term. They complete the Term Assessment with you.

Progress Reports

For every year of Basic Physician Training, you are required to submit online progress reports (mid- and end of year) to the College to indicate that you have completed the mandatory requirements (e.g. LNA, Mini CEX, PQR). You will need to meet with your Educational Supervisor to complete these reports. They will base this report on your end of term (WSC) reviews and mini-CEX comments as well as their interactions with you through the year. It is your responsibility to ensure that your ES has all the relevant information at hand and meet with them with enough time to complete the reports on time (i.e. **do not** wait until the last day to submit!).

Summary of BPT Requirements per year

Assessment / Report	Number required per year	Due date
<u>BPT Registration / Re-registration</u>		28 February
<u>Learning needs analysis</u>	2	
<u>Professional Qualities Reflection</u>	2	
<u>Mini-CEX</u>	4	
<u>Ward Consultant Term Report</u>	Each Rotation (except Relief)	Towards end of rotation
<u>Mid-Year Progress Report</u>	1 (to cover first 6 months of year)	August 31st
<u>Annual Report</u>	1 (to cover 12 months)	January 31 st (following year)

Further information on the assessment requirements of the PREP BPT program can be found on the [RACP website](#).

The ACT Physician Training Network

The ACT PREP program currently has a workforce of over 90 registrars employed as Basic and Advanced Physician Trainees in a diverse range of general medicine and sub-specialty terms. Our network comprises four public hospitals in Canberra and regional NSW, allowing opportunities to undertake training in diverse clinical settings – from generalist medicine in a rural setting to highly specialised units in a large, tertiary-level teaching hospital. Each term is of 13 weeks duration.

Accredited BPT terms across our network include:

- Cardiology (including Coronary Care Unit)
- Rheumatology / Immunology / Dermatology (combined term)
- Endocrinology
- Gastroenterology
- General Medicine at Canberra Hospital
- General Medicine at Calvary Hospital
- General Medicine at Goulburn Base Hospital
- General Medicine at Bega Base Hospital
- Geriatric Medicine
- Haematology
- Intensive Care Unit
- Infectious Diseases
- Medical Assessment and Planning Unit (MAPU) at Calvary
- Medical Nights and Relief terms
- Medical Oncology
- Neurology
- Renal Medicine
- Respiratory Medicine

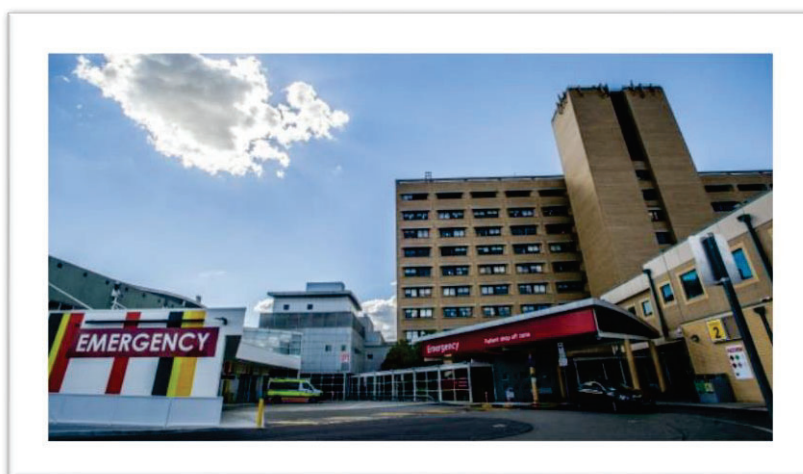
Medical rotations are allocated based on BPT preference, College requirements (i.e. ensuring an appropriate proportion of rural, generalist and sub-specialty terms) and clinical service delivery obligations. Your level of training is taken into account and previous term allocation. You will be asked to nominate preferred terms before the training year starts, and every effort will be made to ensure terms are allocated equitably and transparently. All BPTs should expect to have at least one relief term per year that will likely include night-shift duties.

Training Sites

Basic Physician Trainees in the ACT Network have the opportunity to work across four hospital sites:

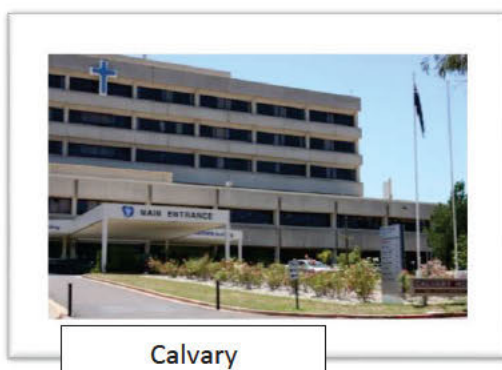
The Canberra Hospital

Number of beds:	~600 beds
Level of Training:	3
Address:	Yamba Drive, Garran, Canberra ACT 2605
Director of Physician Education:	Dr Ashwin Swaminathan
Medical Education Support Officer:	Ms Natalie Monkivitch (acting)
Physician Education Administrative Support Officer	Ms Rochelle Cook (acting)
Number of Trainees per term (2018):	38
BPT Rotations:	Cardiology, Endocrinology, Gastroenterology, General Medicine, Geriatrics, Haematology, Immunology, Infectious Diseases, Intensive Care Medicine, Medical Oncology, Neurology, Respiratory Medicine, Renal Medicine, Rheumatology
Library:	ACT Health Library
Amenities:	Staff cafeteria, cafes, nearby shopping centres
Teaching Program:	Extensive, hospital-wide and Unit specific; written and Clinical Exam preparation
Affiliated Universities:	Australian National University Medical School, University of Canberra



Calvary Hospital Bruce

Number of beds:	~250
Level of Training:	1
Address:	Belconnen Way, Bruce ACT 2617
Director of Physician Training:	Dr Ken Khoo
Medical Education Support Officer:	Lesley Pollock
Number of Trainees per Term:	9
BPT Rotations:	General Medicine – MAPU (4 BPTs) and General Medical Units (5 BPTs)
BPT Teaching Program:	General Medicine, Neurology and Cardiology teaching; Clinical exam sessions for Short and Long Cases
Library / Study facilities:	Health library and meeting rooms
Amenities:	Staff cafeteria, ICU
Affiliated Universities:	ANU, Australian Catholic University, University of Canberra



Calvary



Goulburn

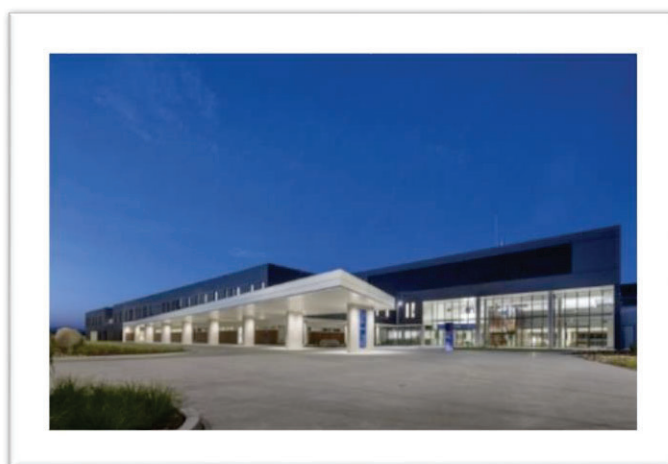
Goulburn Base Hospital

Number of beds:	~100
Level of Training:	Secondment Hospital
Address:	130 Goldsmith St, Goulburn NSW (~ 1 hour from Canberra)
Director of Physician Training:	Dr Tony Whelan
Administrative Support Officer:	[REDACTED]
No of trainees per term:	2
BPT Rotations:	General Medicine (2 teams – subspecialty interests gastroenterology, respiratory medicine and cardiology) with exposure to ICU/HDU. MET call lead

Library / Study facilities: ANUMS rooms incl videoconferencing facilities
Teaching Program: Weekly journal club
Accommodation: Provided near the hospital for seconded doctors

[South East Regional Hospital \(Formerly Bega District Hospital\)](#)

Number of beds: 134
Accredited Level of Training: Secondment Hospital
Address: McKee Drive, Bega NSW (2.5 hrs from Canberra)
Director of Physician Training: Drs Simon Bass / David Clark
Administrative Support Officer: [REDACTED]
 [REDACTED]
No of trainees: 2
BPT Rotations: General Medicine with exposure to HDU/ICU, Indigenous health
Library: Tutorial room and library
Accommodation: Provided near the hospital
Services: ICU; Visiting specialists, private hospital, Pambula District Hospital and an Aboriginal medical service
Teaching Program: Weekly teaching and case presentation sessions



Physician Training Committee

The Physician Training Committee (PTC) supports the education and training of Basic and Advanced Trainees throughout our local network.

The PTC performs several important tasks, including:

- Overseeing and implementing high quality post-graduate education and supervision in internal medicine throughout the ACT PREP Network and ensuring alignment to the RACP curriculum.
- Reviewing and developing internal medicine term rotations in line with RACP requirements and trainee feedback.
- Monitoring performance of trainees in difficulty and/or providing guidance where remedial actions are considered.
- Strategic planning and implementation of recruitment and retention policies for physician training and the physician trainee workforce.
- Liaising with the medical rostering units in each network hospital site regarding matters of administration for physician trainees.

PTC Membership

The membership comprises a cross-section of the physician training community across the network, including Directors of Physician Education, trainees (BPTs and ATs), Educational Supervisors and others relevant to term allocations and rostering, education and exam preparation.

Expressions of interest for trainee and educational supervisor representatives will be advertised at the beginning of each training year. PTC terms for trainees are for a maximum of 1 year to ensure that there is renewal of PTC membership and equitable representation across the network. Educational supervisors' terms are 2 years.

The current PTC membership can be found on the www.prepact.net website.

Education / Teaching sessions

Physician trainees in the ACT PREP Program have access to a wide range of education opportunities, with a structured educational program for the Written and Clinical Examinations, Unit meetings, Grand Rounds and facilitation of RACP lectures.

The following section outlines the formal teaching activities occurring across the network:

Canberra Hospital

Title of activity	Frequency	Day and Time	Venue	Audience / catering
Medical Morning Handover and Teaching	Weekdays	Each Weekday 0800 -0830	Room 1, Building 24	BPTs, ATs Tea / coffee
Internal Medicine Grand Rounds	Weekly	Wednesday 1230-1325	Main Auditorium	Internal Medicine Units; Lunch provided from 12pm
Endocrinology	Fortnight	Tuesday 1 st & 3 rd of each month 12:30 – 14:00	Endocrinology Unit; Level 3, Building 6	
Gastroenterology Radiology / pathology MDT	Weekly	Tuesday 1700-1800	Pathology building level 3 Meeting room	
Gastroenterology Journal Club	Monthly	Tuesday (first Tuesday of the month) 1800-1900	Pathology building level 3 Meeting room	
Gastroenterology Grand Rounds	Weekly	Thursday 0800 – 0900	Pathology building level 3 Meeting room	
General Medicine Clinical Unit Meeting	Weekly	Monday 1130 -1230	General Medicine Meeting Room	
General Medicine Teaching	Weekly	Thursday 1500-1600	General Medicine Meeting Room	
Haematology Education Meeting	Weekly	Tuesday 1300-1400	Haematology Level 1 Meeting Room, C	
Haematology Lab Morphology Meeting	3 out of 4 weeks	Wednesday 1000-1100	Haematology Lab, pathology building	Contact Haem admin on (02) 6244 2836 or sharon.reid@act.gov.au

Title of activity	Frequency	Day and Time	Venue	Audience / catering
Immunology education sessions	Weekly	Monday 1200-1300	Pathology building level 3 Meeting room	
Combined Immunology, Rheumatology, Dermatology meeting (case discussion and review)	Weekly	Wednesday 0800-1000	Starts in Level 3 Meeting room, Building 10	
Infectious Diseases Case presentation	Weekly	Monday 1300 - 1400	ANUMS Auditorium	
Infectious Diseases Unit meeting	Weekly	Thursday 1300-1400	General Medicine Meeting room	
Neurology Book Round	Weekly	Tuesday 12.30 - 1.30	Neurology Tutorial Room, Level 9	
Neurology Journal club	Weekly	Wednesday 9.00 - 10.00	Neurology Tutorial Room, Level 9	
Oncology	Fortnightly	Tuesday 13:00 – 14:00	Radiation Onc Tutorial Room Blg 19, Lvl 1	
Renal Medicine literature review	Weekly	Tuesday 1300-1400	Renal ward meeting room	
Respiratory Medicine Xray meeting	Weekly	Monday 1200-1300	Radiology	
Respiratory Medicine Journal Club and Case Presentation	Weekly	Friday 0830 - 0915	Main Auditorium	
Cardiology education session	Weekly	Monday 0800 - 0830	Main Auditorium	Sponsored light breakfast

Calvary Hospital

Title of activity	Frequency	Day and Time	Venue	Audience
Neurology Journal Club	Weekly	Monday 1200-1300	ANUMS, Lewisham Building	
Division of Medicine CME	Weekly	Tuesday 0800-0900	ACU Tutorial Room, Lewisham Building	
Medical Grand Rounds	Weekly	Wednesday 1200-1245	Function Rooms 1 & 2, Lewisham Building	
Cardiology echo Reviews	Weekly	Wednesday 1300-1400	CCU	
Neuro Radiology Meeting	Fortnightly	Friday 2 nd and 4 th Friday of the Month 0800-0900	Function Room 1, Lewisham Building	
Neurology Clinical Case Meeting	Fortnightly	Friday 1 st and 3 rd Friday of the Month 0800-0900	Function Room 1, Lewisham Building	
Gen Med Journal Club	Weekly	Friday 1500-1600	MAPU Meeting Room	

Goulburn Base Hospital

Title of activity	Frequency	Day and Time	Venue	Audience / catering
Gen Med Journal Club	Weekly	Tuesday 09:15	Tartan Room	BPT present once a month
JMO Teaching	Weekly	Wednesday 14:00 – 16:00	Clinical School	JMO's (BPTs Welcome)
Grand Rounds	Weekly	Thursday 13:00	Clinical School	BPT present once a term

South-Eastern Regional Hospital, Bega

Title of activity	Frequency	Day and Time	Venue	Audience / catering
General Medicine teaching	Weekly	Ad hoc		
Medical Grand Rounds	Weekly	Wednesday 07:30		

The ACT Physician Website: PREPact.net

The PREPact.net website is an innovative resource exclusively for Physician trainees and Physicians in the ACT that facilitates education, communication and community. It is meant to be like “Facebook for Physicians” – allowing members to upload content that is relevant to the local physician community.

The website acts as a repository of educational material and rosters, a supportive forum for discussions, a tool for scheduling appointments and notification of relevant events.

The MESOs / DPEs will use the PREPact.net site to upload notices for BPTs and ATs – you are therefore expected to log in to the site regularly to know what is going on!


Prospective members apply for registration via the log-in screen and are asked to complete an online form and to agree to an Agreed Code of Conduct.

The website has the following functionality:

- Can upload images, documents, videos that allows posting of clinical cases, journal articles, registrar rosters and educational events
- Interactive moderated discussion forum between members (with email notification on new comments)
- “Book a Physician” function to make appointments between trainees and physicians
- Twitter Feeds related to the latest developments in Internal Medicine
- Links to upcoming Conferences and Educational Courses
- Details of research opportunities at ANU and ACT Health

Recent Posts


News Flash
INTERNAL MEDICINE GRAND ROUNDS-20.06.201...



WEDNESDAY, 20th June 2018
12:30-1:30 "Every bit is variable: a case in ev...

[Read more](#)

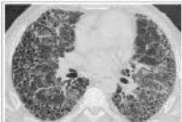
News Flash
INTERNAL MEDICINE GRAND ROUNDS- 13.06.18...



INTERNAL MEDICINE GRAND ROUNDS WEDNESDAY, 13th June 2018 12:30-1:30 ...

[Read more](#)


Journal Club
CONFUSED BY PULMONARY FIBROSIS?



NEJM has a good review article on IPF.
<https://www.nejm.org/doi/full/10.1016>

[Read more](#)

Clinical
ARE WE ADMINISTERING PIP/TAZ THE RIGHT W...




A recent systematic review and meta-analysis of RCTs suggests that infusing pip/...

[Read more](#)


Upcoming events

- 25 Jun Immunology Education Sessions
- 25 Jun Cardiology Weekly Presentation
- 26 Jun Haematology education meeting
- 27 Jun Grand Rounds


Latest Comments

 Great article with illustrative images, thanks @Shivekuma
r 1 Posted by Ashwin

Swaminathan 2018-06-05 03:18:15
Imaging pts with abnormal liver tests

 This is really helpful Ashwin, thanks for the... Posted by
Natalie Monkivitch 2018-05-18

Twitter Feeds

 JAMA Internal Medicine
@JAMAInternalMed

Does #tamsulosin promote the passage of #urinary stones within 28 days among #emergency department patients? Find out in this [#ret](#) of 512 adults. [jama/2MSY5qz](#)

Study ID	Year	Age	Sex	Outcome
1	2017	65-74	M	100%
2	2017	65-74	F	100%
3	2017	65-74	M	100%
4	2017	65-74	F	100%
5	2017	65-74	M	100%
6	2017	65-74	F	100%
7	2017	65-74	M	100%
8	2017	65-74	F	100%
9	2017	65-74	M	100%
10	2017	65-74	F	100%

Discussion Board Latest Post

No posts to display.

Supports for Trainees

There are a number of supports available to our physician trainees. Which support you use and when depends on the particular circumstance.

- **Supervisors**

Your ward consultant supervisor, educational supervisor and/or professional development advisor should be your first port of call if you are experiencing workplace difficulties e.g. related to workload, work-life balance or conflicts. Your ES/PDA is well placed to assist with issues related to study, career advice and professional goal setting. If you have an issue with the training structure or allocated terms, raise this with your ES and/or DPE.

- **Medical Education Support Officers**

The MESO at each hospital site has a wealth of practical knowledge of how “things work” and are excellent sources of advice regarding recruitment issues, leave, rostering, College paperwork, education and training sessions. Popping in “just for a chat” can make all the difference in a hectic term.

- **ACT Health Employee Assistance Scheme**

All ACT Health employees (including those seconded to regional hospitals) have access to a range of free professional and confidential counselling services, including for mental health issues, time management and career advice and relationship/situational crises counselling. The current providers include:

- [Assure](#)
- [Converge International](#)
- [Davidson-Trahaire Corpsych](#)
- [PeopleSense](#)

You also qualify for assistance via your membership of the RACP which also utilises Converge through their program 1300 687 327 or eap@convergeintl.com.au www.convergeinternational.com.au

- **RACP Support Program**

There are excellent resources on the RACP website for trainees which can be accessed [here](#) or email racpnsw@racp.edu.au

- **ACT JMO Forum Welfare Portfolio**

MOSCETU have published an excellent resource for junior doctors related to recognising signs of physical, mental or emotional health issues and what local supports that are available. It is available from the MOSCETU office.

One piece of excellent advice from this booklet is that all trainees should have your own General Practitioner that you consult for independent advice. See also: [http:// www.jmohealth.org.au/](http://www.jmohealth.org.au/)

- **The Doctors Health Advisory Service**



**NSW & ACT
Help Line
02 9437 6552**

**Dedicated service
available 7 days a
week**

**THIS IS NOT AN
EMERGENCY SERVICE.
FOR ANY EMERGENCY
PLEASE CALL 000**

Please do **NOT** use this
service to 'Find a Doctor'.

The Doctors' Health Advisory Service (NSW) aims to ensure that every doctor, dentist, veterinarian or student in these professions has ready access to health care.

We offer a telephone help line for personal and confidential advice for practitioners and students, and also for colleagues and family members in NSW and the ACT.

We handle calls relating to stress and mental illness, drug and alcohol problems, or personal and financial difficulties. No problem is too trivial or too serious. Our staff and volunteer doctors can provide advice and referrals if required. Professor Garry Walter is the Service's Medical Director supported by our medical social worker, Sarah Foster.

We strongly recommend that you have your own general practitioner and see him/her promptly if you are unwell - as William Osler said 'a physician who treats himself has a fool for a patient'. Don't be so foolish!

The Medical Board of Australia is funding similar initiatives across Australia. The Service has separate funding to ensure that we continue to serve and support our colleagues in Dentistry and Veterinary Medicine. We now have an office on the 2nd floor in AMA House St Leonards which will serve as a base for the DHAS staff.

Because our staff are part-time, we also rely on the support of GPs and specialists who have been so important in maintaining the Service on a voluntary basis for the past 40 years. Together we aim to ensure that every doctor, dentist and veterinarian (and all students in those disciplines) has timely access to confidential medical care.

Preparing for Exams

You can sit for the RACP's summative BPT assessments – the Written and Clinical Examinations – after completing 24 months of accredited BPT training. The Written Exam is held in February each year (in Canberra), and the Clinical Exam in late July or early August (interstate). You must successfully pass the Written Exam before progressing to the Clinical Exam, and both parts before entering Advanced Physician Training.

Many BPTs will sit for these Examinations in their third BPT year – however, this decision should be considered carefully, as you will need to commit a significant amount of time outside of work hours to be adequately prepared for these challenging assessments. Where there are competing time constraints in the period before the scheduled exams (e.g. planned or unplanned family events, recovering from illness, etc.), it may be better to defer sitting the Examinations. It is strongly advised that you speak to your Educational Supervisor or DPE when making this decision.

The following section outlines some recommended timelines and resources when preparing for the Examinations.

Written Examination

The examination is comprised of two papers:

- **Clinical Applications**- Examines your understanding of the practice of medicine and therapeutics; (3 hours, 100 questions – 92 MCQs; 8 Extended Matching Questions)
- **Medical Sciences** – Examines your understanding of the principles of medicine and the basic sciences applicable to clinical medicine; (2 hours, 66 MCQs, 4 EMQs)

When to start preparing: Trainees usually start preparing in the first half of the year preceding the planned year for sitting the Examinations. Preparation continues in earnest in the second half of that year and is coupled with a local Written Exam preparation program. It is important to note that there is no “one way” to prepare for this Exam, although putting aside dedicated study time, working together as a team and perseverance, are pre-requisites for success. Revising available past papers (official or unofficial!) and MCQ questions from other resources (see below) is valuable in gaining expertise and strategies in answering the particular types of MCQs commonly found in these papers.

Resources useful in preparation: Trainees in past years have suggested that the resources listed below have been useful for preparing for the Written Exam. Whilst all these resources are of value, you will find that some are more useful than others depending on your individual learning style.

Online resources:

- **Passing the FRACP** – online questions (MCQs) with worked answers. Requires a subscription. <http://www.fracpractice.co.nz/>
- **Up To Date** – helpful for looking up evidence-based answers to past MCQ questions. You can use the ACT Health library's subscription.
- **RACP College Learning Series (formerly the Physician Education Program)** – A weekly lecture series produced to assist BPTs with preparing with the Written Exam and systematically goes through the BPT curriculum. Many of you will find listening to lectures supplements and reinforces the reading that you are doing. <https://elearning.racp.edu.au/>
- **Online journals – Journal Watch, NEJM**

Courses:

- **Preparation courses** – the “big three” are the [Dunedin](#), [Royal Prince Alfred](#) and [DeltaMed](#) Courses that are run during the October to December period each year. They are similar in format and offer didactic lectures, practice examinations and are of 2 weeks duration. MOSCETU Rostering staff will ensure that you can make it to one of the 3 courses, although it may not be your first choice depending on demand. Note, you will only be approved to attend **one** preparatory course per year. Submitting a leave form to the Medical Rostering Unit at the earliest opportunity for Study Leave, following the standard Leave application procedure, gives you the best chance of going to your most preferred course
- **Immunology for BPTs** – A well regarded course that has assisted past trainees get their heads around the complexities of immunology with a particular emphasis on written exam questions. <http://www.immunology4bpts.com/>

Books:

- **Medical Knowledge Self-Assessment Program (MKSAP)** – developed by the American College of Physicians for preparation of the US Board Exams. Easy to read summaries on all subspecialties and MCQs with worked answers. <https://mksap17.acponline.org/>
- **Harrison Principles of Internal Medicine Self-Assessment and Board Review** – this contains more than 1000 clinical review MCQs based on the content of the textbook of the same name. This is a popular book in the US for those revising for their internal medicine “board exams”.

Local BPT Written Examination Program

We will be running a weekly written tutorial program and Masterclasses commencing in Term 3 and continuing through to the Written Exam which will supplement the RACP lecture series. Tutorials will be presented by local physicians and advanced trainees and the program will be based on feedback from previous years as well as suggested topics from the current trainee cohort. The time and venue for these lectures will be advised closer to the date. Given the time and effort provided by your senior colleagues in delivering these lectures, please make an effort to attend and prepare.

Practice Written Exams

We hold two practice (mini) exams in December and January with practice questions set by local clinicians. These are ideal preparation tests to accustom yourselves to “exam conditions” (which you may not have experienced since Medical School!).

Clinical Examination

The Clinical Examination is conducted in late July / early August of each training year. Trainees will need to travel to an interstate hospital network to undertake the Examination so as to reduce the risk of knowing local patients or examiners which could bias the assessment. Canberra and Calvary Hospital are both Examination centres and host trainees from outside of the ACT.

The Clinical Examination is conducted over a (long) day and consists of four short cases (structured examinations of an organ system; ~7.5 minutes examining; ~7.5 minutes presenting to examiners) and two long cases (detailed presentation of a complex medical case; 60 minutes with patient, 25 minutes presenting to the Examiners). The aim of the Clinical Exam is to assess whether trainees have the requisite clinical skills, medical “maturity” and interpersonal ability to advance to advanced training.

Training for the Clinical Exam should begin before the Exam year! At a minimum, you should volunteer as a bulldog or organiser in Trial exams for BPTs in the years above, so you know the expected standard and exam format. It is also important to support your colleagues as they will support you when your turn comes.

Preparation for the Clinical Exam begins in earnest in March after the Written Examination results have been released.

The following are resources for Clinical Exam preparation:

- **Talley and O'Connor:** “Clinical Examinations” and “Examination Medicine” - The “bibles” for this Exam. We are very lucky to have Dr O'Connor as a Canberra Hospital specialist who is very involved in physician training locally and as a National Examiner.
- **The Neurology Short Case by Dr John Morris** – Neurology short cases are always challenging and this short, concise book helps put things into perspective.

- **RACP Clinical Exam Series:** These are an excellent portfolio of sample long and short cases that shows the format, presentation style and level of detail required for the Clinical Examination.
<https://elearning.racp.edu.au/tag/index.php?tc=3&tag=Clinical+exam+series&from=15545&ctx=15545>
- **Short case sessions:** These will be held at Canberra and Calvary Hospitals every Tuesday and Thursday afternoons from April to July). Examiners will be organised for these sessions, but it is up to trainees to find cases.
- **Saturday morning Trial Exams:** Each Saturday morning at both hospitals, a half day practice exam will be conducted under Exam conditions. Four trainees will be examined for 2 short cases and 1 long case. Again, Examiners will be organised for these sessions but cases will be up to the organising registrars to coordinate.
- **Territory-wide Trial Exam:** A full scale half-day exam will be held in June at both Canberra and Calvary hospitals in order to prepare the centres for the actual exam to be held in July/August. This “dress rehearsal” also is excellent preparation for the real thing.
- **Mentors:** Each trainee will be allocated mentors to assist with preparation for the Clinical Exam. These senior physicians will be very important guides and confidants in your preparation and the expectation will be that you are in regular contact to present long cases.



Career and Personal Development Program

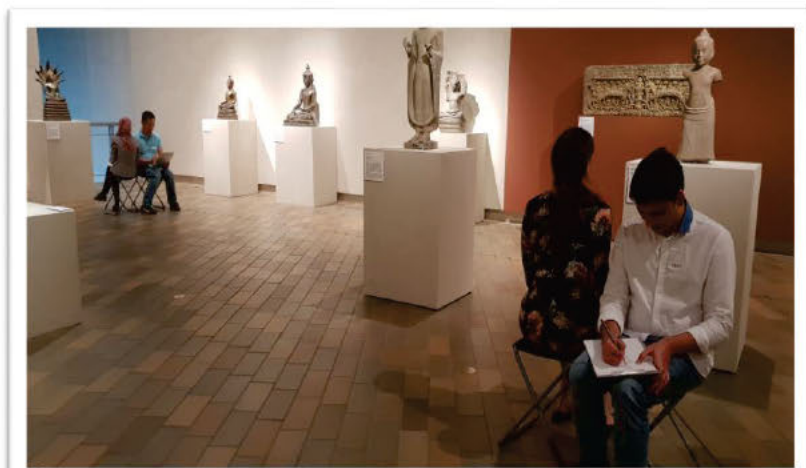
Your journey towards becoming specialist physicians is not all about diastolic murmurs and memorising all causes of hepatosplenomegaly (although they are important!). We also aim to foster your development as high-quality teachers, administrators, leaders and researchers – all essential traits required of the modern physician wherever you may end up working.

To this end, we will put on a number of workshops or events that aim to assist in this development and invite local and interstate clinicians to present an interesting and entertaining program.

These events will include the following areas (and more):

- Resume and Interview Preparation
- Clinical leadership
- Medical career development
- Art Med program in collaboration with the National Gallery of Australia
- Medical Ethics
- Maintaining a work-life balance
- Teaching on the Run

Again, your participation and contribution to this program is essential for their ongoing success.



Awards and Recognition

We encourage you to take up opportunities to become involved with physician training and the hospital more broadly. There are many hospital committees that require medical doctor representation as well as physician training specific (e.g. Physician Training Committee, Morning Handover, PREPact website committee, Clinical Exam Planning Committee).

To recognise an outstanding contribution to the Physician Training program by a BPT or AT, we will award the Dr William Coupland Prize at the end of each training year at the Valedictory Dinner. The recipient of this Prize is decided by the NDPE in consultation with the PTC and senior clinicians. This will be based on evidence of exceptional contribution to physician training (e.g. teaching, organising and pastoral care) and outstanding personal attributes that are consistent with the ACT Health values of Care, Excellence, Collaboration and Integrity.

Biography of Dr William Coupland:

William (Bill) Coupland, born in Manilla, NSW, graduated in Medicine from the University of Sydney in 1959 gaining First Class Honours, the University Medal and four separate prizes. In 1962 he was appointed to the Professorial Unit of the Royal Prince Alfred Hospital and became a member of the Royal Australasian College of Physicians. From 1963 to 1964 he was Senior Fellow in Haematology at Prince Henry Hospital in Sydney, and then was appointed Junior Physician, Royal Prince Alfred Hospital. He declined that appointment instead choosing to come to Canberra in 1964. Bill commenced work as a general physician, however, with his special training in Haematology that part of his practice expanded rapidly and there was a natural progression into the field of Oncology. Bill was instrumental in the development of the Department of Oncology at Woden Valley Hospital which has serviced Canberra and the surrounding regions. The tutoring and mentoring of medical students and junior doctors was one of his particular interests and many general practitioners and specialists now practising in Canberra owe a great deal to him. Bill was a modest man of great intellectual capacity and accomplishments. These did not in any way diminish his gifts of empathy, sympathy and human understanding so important for all doctors, particularly those dealing with carcinoma and related illnesses. The Coupland family established the annual prize for the Best Physician Trainee in recognition of Bill's lifetime passion.

Past winners of this prestigious award are:

2018 Dr Jon Baird-Gunning

2017 Dr Sadia Jahan

2016 Drs Claire Waller & Dr Anvita Verma

2015 Dr Kathryn Forwood

2014 Dr Terence Ting

Notes:

Code Analysis Summary

01/01/2019-31/01/2019		JANUARY		ADO	Annual	Pers	Carers	Study	Study/Conf
Unit	Totals	#	AC	P1	PA	S	S4		
MEDRRP	Occur.	108	41	23	15	4	7	18	
	Hours	864.00	328.00	184.00	120.00	32.00	56.00	144.00	

Code Analysis Summary

01/02/2019-28/02/2019		FEBRUARY		ADO	Annual	Pers	Carers	Study	Study/Conf
Unit	Totals	#	AC	P1	PA	S	S4		
MEDRRP	Occur.	101	12	15	8	11	15	40	
	Hours	808.00	96.00	120.00	64.00	88.00	120.00	320.00	

Code Analysis Summary

01/03/2019-31/03/2019		MARCH		ADO	Annual	Pers	Carers	Study	Study/Conf
Unit	Totals	#	AC	P1	PA	S	S4		
MEDRRP	Occur.	81	19	34	23	3	2		
	Hours	648.00	152.00	272.00	184.00	24.00	16.00		

Code Analysis Summary

01/04/2019-30/04/2019		APRIL		ADO	Annual	Pers	Carers	Study	Study/Conf
Unit	Totals	#	AC	P1	PA	S	S4		
MEDRRP	Occur.	114	33	73	5		3		
	Hours	912.00	264.00	584.00	40.00		24.00		

Code Analysis Summary

01/05/2019-31/05/2019		MAY		ADO	Annual	Pers	Carers	Study	Study/Conf
Unit	Totals	#	AC	P1	PA	S	S4		
MEDRRP	Occur.	110	40	46	22	2			
	Hours	880.00	320.00	368.00	176.00	16.00			

Code Analysis Summary

01/06/2019-30/06/2019		JUNE		ADO	Annual	Pers	Carers	Study	Study/Conf
Unit	Totals	#	AC	P1	PA	S	S4		
MEDRRP	Occur.	119	40	47	16		3	13	
	Hours	952.00	320.00	376.00	128.00		24.00	104.00	

Code Analysis Summary

01/07/2019-31/07/2019		JULY		ADO	Annual	Pers	Carers	Study	Study/Conf
Unit	Totals	#	AC	P1	PA	S	S4		
MEDRRP	Occur.	147	25	22	30	2	12	56	
	Hours	1,176.00	200.00	176.00	240.00	16.00	96.00	448.00	

Code Analysis Summary

01/08/2019-31/08/2019		AUGUST		ADO	Annual	Pers	Carers	Study	Study/Conf
Unit	Totals	#	AC	P1	PA	S	S4		
MEDRRP	Occur.	146	53	52	19	1	14	7	
	Hours	1,162.50	424.00	416.00	146.50	8.00	112.00	56.00	

Code Analysis Summary

01/09/2019-30/09/2019		SEPTEMBER		ADO	Annual	Pers	Carers	Study	Study/Conf
Unit	Totals	#	AC	P1	PA	S	S4		
MEDRRP	Occur.	83	22	40	5		5	11	
	Hours	664.00	176.00	320.00	40.00		40.00	88.00	

Code Analysis Summary

01/10/2019-31/10/2019		OCTOBER		ADO	Annual	Pers	Carers	Study	Study/Conf
Unit	Totals	#	AC	P1	PA	S	S4		
MEDRRP	Occur.	137	28	45	19	2	41	2	
	Hours	1,096.00	224.00	360.00	152.00	16.00	328.00	16.00	

Code Analysis Summary

01/11/2019-30/11/2019		NOVEMBER		ADO	Annual	Pers	Carers	Study	Study/Conf
Unit	Totals	#	AC	P1	PA	S	S4		
MEDRRP	Occur.	185	34	21	19		108	3	
	Hours	1,480.00	272.00	168.00	152.00		864.00	24.00	

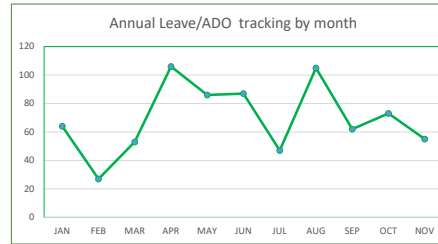
Personal Leave

JAN	19
FEB	19
MAR	26
APR	5
MAY	24
JUN	16
JUL	32
AUG	20
SEP	5
OCT	21
NOV	19



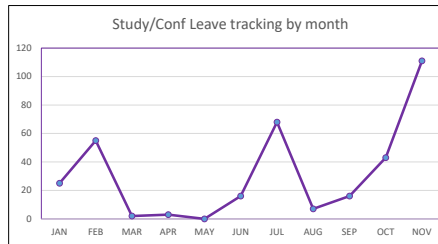
Annual/ADO Leave

JAN	64
FEB	27
MAR	53
APR	106
MAY	86
JUN	87
JUL	47
AUG	105
SEP	62
OCT	73
NOV	55



Study/Conference Leave

JAN	25
FEB	55
MAR	2
APR	3
MAY	0
JUN	16
JUL	68
AUG	7
SEP	16
OCT	43
NOV	111



**Pre-written prep courses are coded as study leave

**Exam attendance is also coded as study leave

CHHS Medicine 21/11/2019 13:35

Code Analysis Summary

Overtime & Callbacks

01/02/2019-20/11/2019

Unit		C5	C6	C8	OT	OX	OY
MEDRRP	Occur.	22	95	14	1	195	110
Average # trainees	Hours	53.25	810.50	96.50	8.00	297.26	322.25

Rostered Overtime

		OB	OC
		391	4
		2,396.95	49.50

Leave - ADO/Annual/Study

#	AC	S	S4
283	390	179	132
2,264.00	3,120.00	1,432.00	1,056.00

Leave - Personal/Carers/Bonding/Compassionate

	P1	PA	L2		
	149	21	18		
	1,186.50	168.00	144.00		

Code Analysis Summary

01/02/2018-20/11/2018

Unit		C5	C6	C8		OX	OY
MEDRRP	Occur.	10	65	7		86	45
Average # trainees	Hours	46	506.25	56.00		127.83	131.05

		OB	OC
		305	15
		1,862.00	191.00

#	AC	S	S4
228	255	143	154
1,824.00	2,037.00	1,144.00	1,232.00

	P1	PA	L2	LB	
	74	12	2	10	
	596.00	96.00	16.00	80.00	

Code Analysis Summary

01/02/2017-20/11/2017

Unit		C5	C6			OX	OY
MEDRRP	Occur.	1	69			30	36
Average # trainees	Hours	44.5	624.25			47.08	184.75

	OA	OB	
	3	156	
	12.00	1,230.00	

#	A	AC		S	S4
45	71	204		34	90
360.00	568.00	1,633.50		272.00	720.00

	P	P1	PA	L2		L9
	15	76	6	1		2
	118.00	628.50	44.00	8.00		16.00

Code Analysis Summary

01/02/2016-20/11/2016

Unit		C5	C6		OT	OX	OY
MEDRRP	Occur.	4	79		2	92	70
Average # trainees	Hours	44	759.50		3.00	118.18	255.50

	O1	OA	OB	OC
	1	4	98	1
	1.00	10.00	731.50	6.00

#	A	AC	AL	S	S4
60	69	158	6	3	188
481.00	552.00	1,290.50	48.00	24.00	1,503.00

	P	P1	PA	L2	LB	L9
	30	60	4	5	18	42
	244.00	501.00	32.00	40.00	144.00	336.00

- C5 Call Back (Recall) <= 4 hours
- C6 Call Back (Recall) > 4 hours
- C8 Callback(Recall)PubHol 8am-5pm
- OT Unrostered Overtime Request
- OX Unrostered OT <=2 Hrs Med
- OY Unrostered OT > 2 Hrs Med

- O1 RosteredOTMon-Fri 1530-1630Med
- OA Rostered OT <= 2 Hrs Med
- OB Rostered OT > 2 Hrs Med
- OC Rostered OT D/Time Med

- # ADO 8hrs
- A Annual Leave-Lve app pending
- AC Annual Leave Morning
- AL Annual Leave Night
- S Conference Leave
- S4 Study Leave

- P Personal Lve-Lve app pending
- P1 Personal Leave FullPay
- PA Carers Leave FullPay
- L2 Compassionate Lve-8hrs
- LB Bonding Leave Paid
- L9 Maternity Leave Paid Full Pay

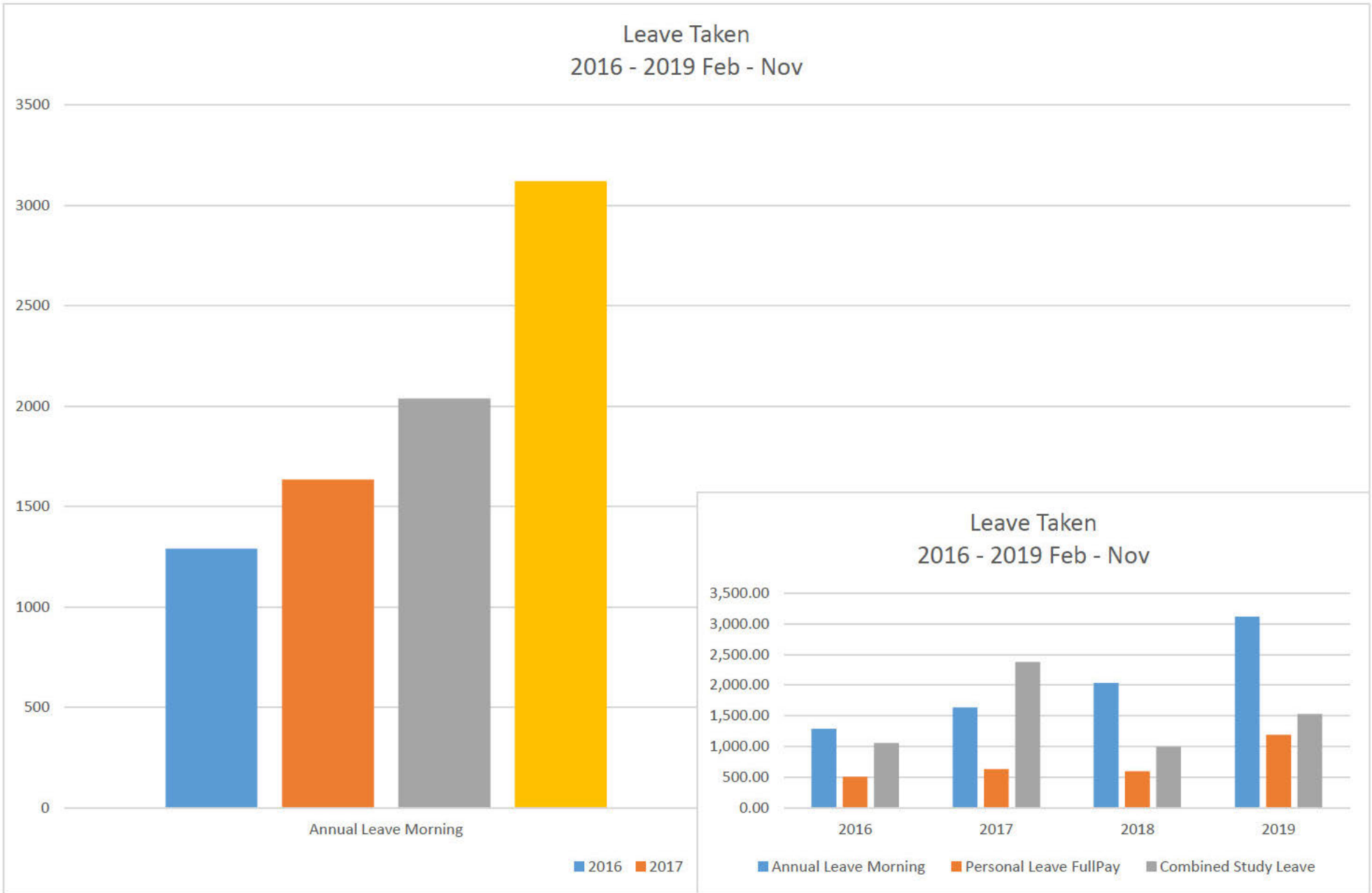
Trainee totals	2019	2018	2017	2016
Term 1	51	46	38	40
Term 2	55	46	46	39
Term 3	55	45	48	48
Term 4	52	47	46	49
Average	53.25	46	44.5	44

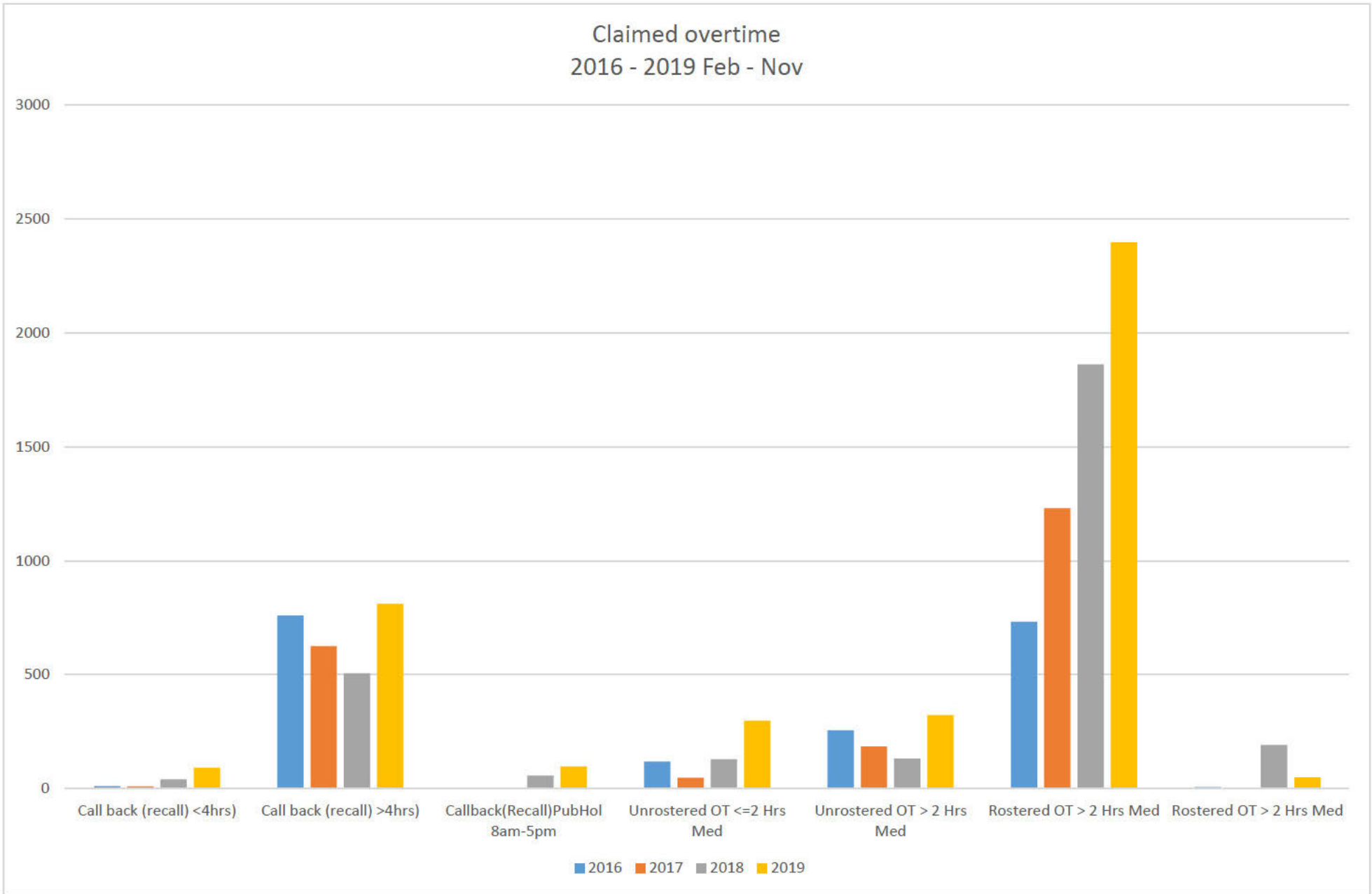
Personal Leave (Sick & Carers) P, P1 & PA codes 1 Feb - 20 Nov

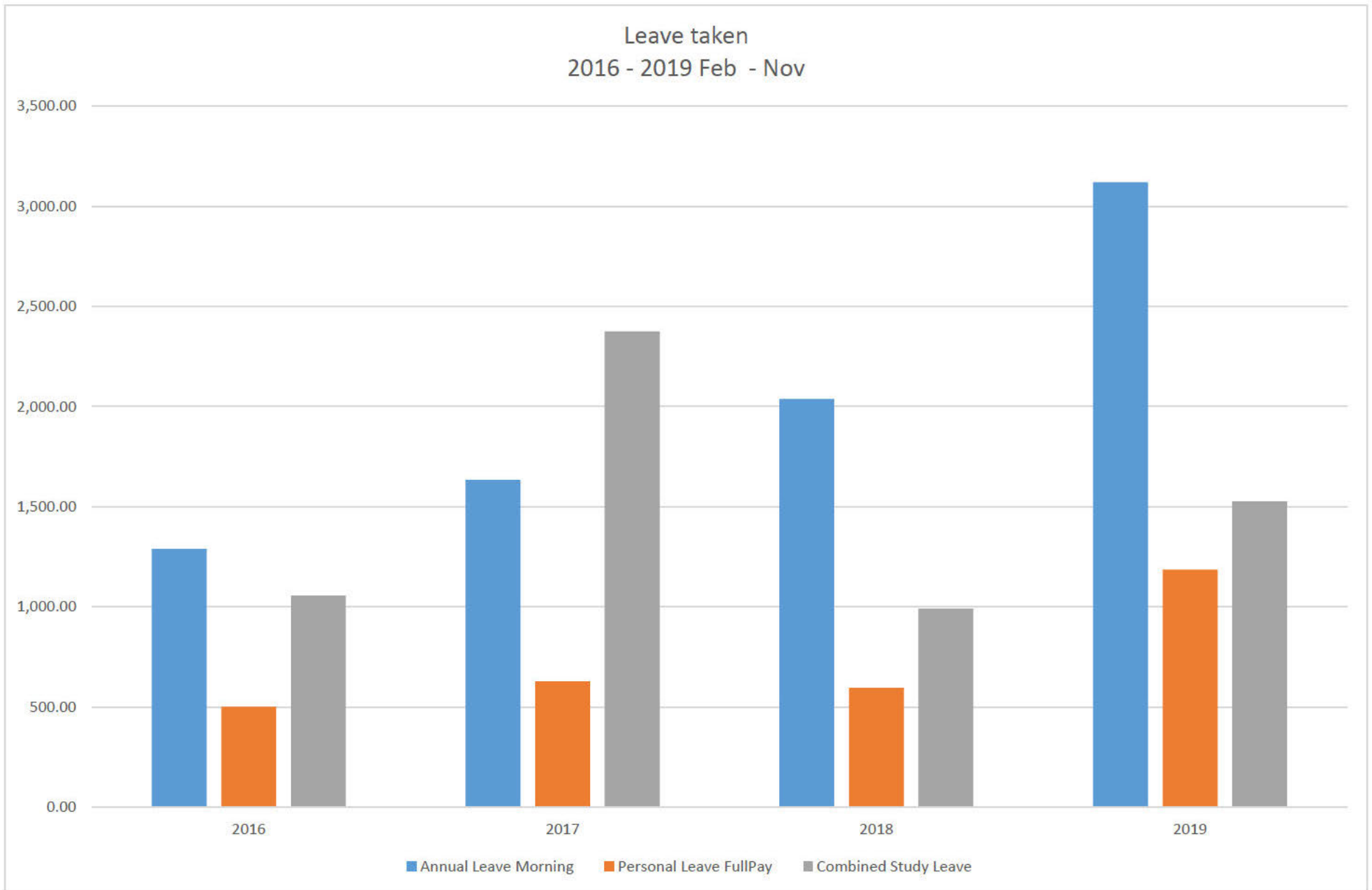
	Total	Average / trainee
2019	170	3.19
2018	86	1.87
2017	97	2.18
2016	94	2.13

Annual Leave, ADO, Conf & Study

	Total	Average / trainee
2019	984	18.47
2018	780	16.95
2017	444	9.97
2016	484	11







CHHS Medicine 21/11/2019 13 35

Code Analysis Summary

Overtime & Callbacks

Rostered Overtime

Leave - ADO/Annual/Study

Leave - Personal/Carers/Bonding/Compassionate

01/02/2019-20/11/2019

Unit		C5	C6	C8	OT	OX	OY
MEDRRP	Occur.	22	95	14	1	195	110
#s	Hours	91.50	810.50	96.50	8.00	297.26	322.25

	OB	OC
	391	4
	2,396.95	49.50

#	AC	S	S4
283	390	179	132
2,264.00	3,120.00	1,432.00	1,056.00

	P1	PA	L2		
	149	21	18		
	1,186.50	168.00	144.00		

Code Analysis Summary

01/02/2018-20/11/2018

Unit		C5	C6	C8		OX	OY
MEDRRP	Occur.	10	65	7		86	45
#s	Hours	40.00	506.25	56.00		127.83	131.05

	OB	OC
	305	15
	1,862.00	191.00

#	AC	S	S4
228	255	143	154
1,824.00	2,037.00	1,144.00	1,232.00

	P1	PA	L2	LB	
	74	12	2	10	
	596.00	96.00	16.00	80.00	

Code Analysis Summary

01/02/2017-20/11/2017

Unit		C5	C6			OX	OY
MEDRRP	Occur.	1	69			30	36
#s	Hours	8.50	624.25			47.08	184.75

	OA	OB	
	3	156	
	12.00	1,230.00	

#	A	AC		S	S4
45	71	204		34	90
360.00	568.00	1,633.50		272.00	720.00

	P	P1	PA	L2		L9
	15	76	6	1		2
	118.00	628.50	44.00	8.00		16.00

Code Analysis Summary

01/02/2016-20/11/2016

Unit		C5	C6		OT	OX	OY
MEDRRP	Occur.	4	79		2	92	70
#s	Hours	9.75	759.50		3.00	118.18	255.50

	O1	OA	OB	OC
	1	4	98	1
	1.00	10.00	731.50	6.00

#	A	AC	AL	S	S4
60	69	158	6	3	188
481.00	552.00	1,290.50	48.00	24.00	1,503.00

	P	P1	PA	L2	LB	L9
	30	60	4	5	18	42
	244.00	501.00	32.00	40.00	144.00	336.00

- C5 Call Back (Recall) < 4 hours
- C6 Call Back (Recall) > 4 hours
- C8 Callback(Recall)PubHol 8am-5pm
- OT Unrostered Overtime Request
- OX Unrostered OT < 2 Hrs Med
- OY Unrostered OT > 2 Hrs Med

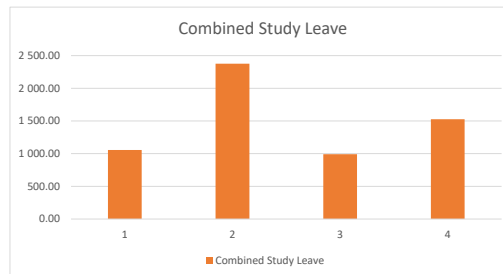
- O1 RosteredOTMon-Fri 1530-1630Med
- OA Rostered OT < 2 Hrs Med
- OB Rostered OT > 2 Hrs Med
- OC Rostered OT D/Time Med

- # ADO 8hrs
- A Annual Leave-Lve app pending
- AC Annual Leave Morning
- AL Annual Leave Night
- S Conference Leave
- S4 Study Leave

- P Personal Lve-Lve app pending
- P1 Personal Leave FullPay
- PA Carers Leave FullPay
- L2 Compassionate Lve-8hrs
- LB Bonding Leave Paid
- L9 Maternity Leave Paid Full Pay

YEAR

YEAR	all) <4hrs)	ecall) >4hrs)	l 8am-5pm)	Unrostered	Unrostered	Rostered O	Rostered O	Annual Leave	Personal Le	Conference	Study Leave	Combined	5
2016	9.75	759.50		118.18	255.50	731.50	6.00	1,290.50	501.00	24.00	1,503.00	1,056.00	
2017	8.50	624.25		47.08	184.75	1,230.00		1,633.50	628.50	272.00	720.00	2,376.00	
2018	40.00	506.25	56.00	127.83	131.05	1,862.00	191.00	2,037.00	596.00	1,144.00	1,232.00	992.00	
2019	91.50	810.50	96.50	297.26	322.25	2,396.95	49.50	3,120.00	1,186.50	1,432.00	1,056.00	1,527.00	



28/11/2019 14:23 E-ROSTERING MEDICAL DATABASE
 Roster Code Summary
 Occurrences for the Period: 01/02/2019-20/11/2019

Coding in separate unit rosters
 ATs in Units & BPTs in Reg Relief Pool

Occurrences for Unit:	
61787 Clinical Haematology	Total
#-ADO 8hrs	3
AC-Annual Leave Morning	32
C5-Call Back (Recall) <= 4 hours	2
C6-Call Back (Recall) > 4 hours	49
C8-Callback(Recall)PubHol 8am-5pm	5
@4-OnCall Allowance	216
@5-OnCall & Recalled to Duty	2
OB-Rostered OT > 2 Hrs Med	23
OX-Unrostered OT <=2 Hrs Med	118
OY-Unrostered OT > 2 Hrs Med	26
P1-Personal Leave FullPay	4
Total for Selected Codes	483

Occurrences for Unit:	
61771 Clinical Immunology Unit	Total
#-ADO 8hrs	3
AC-Annual Leave Morning	11
C6-Call Back (Recall) > 4 hours	1
@4-OnCall Allowance	6
OB-Rostered OT > 2 Hrs Med	17
S-Conference Leave	10
Total for Selected Codes	48

Occurrences for Unit:	
61721 Medical Oncology	Total
#-ADO 8hrs	6
AC-Annual Leave Morning	62
C5-Call Back (Recall) <= 4 hours	3
C6-Call Back (Recall) > 4 hours	9
C8-Callback(Recall)PubHol 8am-5pm	4
@4-OnCall Allowance	230
OB-Rostered OT > 2 Hrs Med	56
OC-Rostered OT D/Time Med	1
OX-Unrostered OT <=2 Hrs Med	15
OY-Unrostered OT > 2 Hrs Med	15
P1-Personal Leave FullPay	4
S-Conference Leave	16
Total for Selected Codes	434

Occurrences for Unit:	
61741 Cardiology Unit	Total
#-ADO 8hrs	37
AC-Annual Leave Morning	16
C5-Call Back (Recall) <= 4 hours	43
C6-Call Back (Recall) > 4 hours	72
C8-Callback(Recall)PubHol 8am-5pm	8
@4-OnCall Allowance	294
OT-Unrostered Overtime Request	20
OX-Unrostered OT <=2 Hrs Med	63
OY-Unrostered OT > 2 Hrs Med	8
P1-Personal Leave FullPay	28
S-Conference Leave	6
S4-Study Leave	6
Total for Selected Codes	601

Occurrences for Unit:	
61731 Gastroenterology&HepUnit	Total
#-ADO 8hrs	19

AC-Annual Leave Morning	24
C5-Call Back (Recall) <= 4 hours	49
C6-Call Back (Recall) > 4 hours	68
C8-Callback(Recall)PubHol 8am-5pm	9
@4-OnCall Allowance	424
OB-Rostered OT > 2 Hrs Med	110
OC-Rostered OT D/Time Med	41
OT-Unrostered Overtime Request	1
OX-Unrostered OT <=2 Hrs Med	48
OY-Unrostered OT > 2 Hrs Med	74
S-Conference Leave	12
Total for Selected Codes	879

Occurrences for Unit:	
61781 Clin Infect Disease Unit	Total
#-ADO 8hrs	4
AC-Annual Leave Morning	38
C5-Call Back (Recall) <= 4 hours	2
@4-OnCall Allowance	21
OB-Rostered OT > 2 Hrs Med	65
OC-Rostered OT D/Time Med	1
OT-Unrostered Overtime Request	1
OX-Unrostered OT <=2 Hrs Med	33
OY-Unrostered OT > 2 Hrs Med	15
P1-Personal Leave FullPay	7
PA-Carers Leave FullPay	15
S-Conference Leave	27
S4-Study Leave	10
Total for Selected Codes	239

Occurrences for Unit:	
61674 Renal Unit	Total
AC-Annual Leave Morning	14
C5-Call Back (Recall) <= 4 hours	15
C6-Call Back (Recall) > 4 hours	4
C8-Callback(Recall)PubHol 8am-5pm	1
@4-OnCall Allowance	137
OA-Rostered OT <= 2 Hrs Med	2
OB-Rostered OT > 2 Hrs Med	27
OX-Unrostered OT <=2 Hrs Med	32
OY-Unrostered OT > 2 Hrs Med	9
P1-Personal Leave FullPay	2
Total for Selected Codes	254

Occurrences for Unit:	
61735 Registrar Relief Pool	Total
#-ADO 8hrs	286
AC-Annual Leave Morning	390
C5-Call Back (Recall) <= 4 hours	22
C6-Call Back (Recall) > 4 hours	95
C8-Callback(Recall)PubHol 8am-5pm	14
@4-OnCall Allowance	725
@5-OnCall & Recalled to Duty	7
L2-Compassionate Lve-8hrs	18
OB-Rostered OT > 2 Hrs Med	391
OC-Rostered OT D/Time Med	4
OT-Unrostered Overtime Request	1
OX-Unrostered OT <=2 Hrs Med	195
OY-Unrostered OT > 2 Hrs Med	110
P1-Personal Leave FullPay	153
PA-Carers Leave FullPay	21
S-Conference Leave	179
S4-Study Leave	132
Total for Selected Codes	2743

Occurrences for Unit:	
61727 Respiratory & Sleep Unit	Total
#-ADO 8hrs	2
AC-Annual Leave Morning	45
C6-Call Back (Recall) > 4 hours	2
@4-OnCall Allowance	17
OB-Rostered OT > 2 Hrs Med	57
OX-Unrostered OT <=2 Hrs Med	43
OY-Unrostered OT > 2 Hrs Med	2
P1-Personal Leave FullPay	4
S-Conference Leave	15
S4-Study Leave	3
Total for Selected Codes	191

Occurrences for Unit:	
61746 Endocrinology Unit	Total
AC-Annual Leave Morning	7
C6-Call Back (Recall) > 4 hours	2
@4-OnCall Allowance	6
OB-Rostered OT > 2 Hrs Med	43
OX-Unrostered OT <=2 Hrs Med	6
P1-Personal Leave FullPay	1
S-Conference Leave	18
Total for Selected Codes	83

Occurrences for Unit:	
61751 Neurology Unit	Total
#-ADO 8hrs	14
AC-Annual Leave Morning	22
C5-Call Back (Recall) <= 4 hours	79
C6-Call Back (Recall) > 4 hours	14
C8-Callback(Recall)PubHol 8am-5pm	4
@4-OnCall Allowance	289
L3-Compassionate Lve-10hrs	2
L9-Maternity Leave Paid Full Pay	42
LB-Bonding Leave Paid	6
OT-Unrostered Overtime Request	8
OX-Unrostered OT <=2 Hrs Med	31
OY-Unrostered OT > 2 Hrs Med	5
PA-Carers Leave FullPay	1
S-Conference Leave	11
Total for Selected Codes	528

Occurrences for Unit:	
61756 Geriatric Clinical Serv	Total
#-ADO 8hrs	7
AC-Annual Leave Morning	23
C5-Call Back (Recall) <= 4 hours	4
C6-Call Back (Recall) > 4 hours	17
C8-Callback(Recall)PubHol 8am-5pm	1
@4-OnCall Allowance	52
@5-OnCall & Recalled to Duty	1
OB-Rostered OT > 2 Hrs Med	73
OX-Unrostered OT <=2 Hrs Med	39
P1-Personal Leave FullPay	7
PA-Carers Leave FullPay	2
S-Conference Leave	10
Total for Selected Codes	237

[Redacted]

[Yellow box] = Updated since last distributed version

[Orange box] = needs addressing

[Red box] = Urgent or critical

[Green box] = to call to request a term change

[Redacted]

[Redacted]

MINUTES

Subject	Physicians Training Committee		Meeting No:	2015.5	
Date	Friday 4 December 2015				
Time	3PM – 5PM				
Location	Building 24, Meeting Room 2				
Chair	Dr Chandima Perera				
Secretariat	Ms Tess Dennes (Secretariat)				
Members					
Title / Department	Name	Initials	Attendance	Apologies	
Network Director of Physician Education (Chair)	Perera, Chandima	CP		✓	
MESO Admin Support	Natalie Monkivitch	NM		✓	
PA to Clinical Director of Medicine (Secretariat)	Tess Dennes	TD	✓		
Current and Previous National RACP Examiner	Dr. Simon O'Connor Dr. James D'Rozario Dr. Andrew Hughes Professor Walter Abhayaratna	SO JDR AH WA	✓ ✓ ✓	✓	
Director of Physician Education (The Canberra Hospital)	Dr Carolyn Petersons	CPs	✓		
Director of Physician Education (Calvary Health Care ACT)	Dr Ken Khoo	KK	✓		
Director of Physician Education (Goulburn Base Hospital)	Dr. Tony Whelan	TW		✓	
Director of Physician Education (Bega Hospital)	Dr. Simon Bass	SB		✓	
Clinical Director of Medicine	Dr Walter Abhayaratna	WA	✓		
Professor of Medicine	Dr Walter Abhayaratna	WA	✓		
Chief Medical Registrar/Clinical Supervisor	Vacant	-			
Medical Education Support Officer (Calvary)	Rachel Jones	RJ		✓	
Educational Supervisors	Dr. Ashwin Swaminathan Dr. Mary-Ann Kulh Dr. Arnagretta Hunter	AS MK AHR	✓ ✓		
JMO Representation:	Hilman Harryanto Ross Penglase Jonathan Baird-Gunning Shaun Zhai Ayano Nakayama	HH RP JBG SZ AN	✓ ✓ ✓	✓ ✓	

= Special Guest, often present first to allow them to leave for the remainder of the meeting.

Secretariat – Natalie Monkivitch, Ag MESO, Division of Medicine

✉ natalie.monkivitch@act.gov.au ☎ 6244 3635

AGENDA ITEM 1: Apologies:**AGENDA ITEM 2:** Previous minutes

No.	Item
1	Previous minutes accepted

AGENDA ITEM 3: New Business (All Attendees)

No.	Item
1	<p>Update on Recruitment for 2016 BPTs</p> <ul style="list-style-type: none"> • Two trainees short for 2016 – trainees going interstate as pay at TCH doesn't compare; • Considering going through recruitment agency & looking internationally; • 2 x PGY2s pulled into BPT positions to cover (Eli Dunn & Estella Janz-Robinson); • ?Appropriate rotations. Geriatrics, Neurology, Endocrinology agreed on by PTC; • 4 x last minute resignations this term, nothing that could have been planned or pre-empted; • RP doesn't see anything obvious to fix for trainees, people seem happy with training & prep for exams;
2	<p>Forward Planning for 2016 PREP Program</p> <ul style="list-style-type: none"> • 19 candidates in written exam; • Masterclasses to be organised – Tara Mackenzie & Michelle Leach to do ½ day masterclass ~10-2 on 20 February 2016; • Trial exam to be held week of 7 December 2015, another in late January 2016; • Genetics Masterclass to be organised – different Geneticist to last year – TD to send contact details of VMO Geneticists to CPs (done 07/12/15); • JDR suggested a Geneticist through Darren Roberts; • AS suggested survey for successful/unsuccessful trainees; • JDR stated that candidates are not establishing contact with their mentor early enough - ?confidence issue; •
3	<p>2016 M1 Staffing – Geriatrics inclusion?</p> <ul style="list-style-type: none"> • Yes.
4	<p>Approach to leave allocation</p> <ul style="list-style-type: none"> • Critical periods blocked off; • “floater” for unexpected sick leave; • No allocated leave in January 2016; • AH brought up AT leave cover – stated that some units are inflexible with covering others; • WA stated there needs to be agreed plan for cover – WA & CPs to discuss and generate letter advising of plan.
5	Finalising SOP for supporting AT leave with relief cover
6	PREPACT

= Special Guest, often present first to allow them to leave for the remainder of the meeting.

	<ul style="list-style-type: none"> Monitoring use of PREPACT using google analytics (who accesses & when); Several people posting regularly; Book a physician up & running; AS to talk to WA regarding purchase of external server, as current server requires updating; Received award at the Quality in HealthCare awards in November.
7	<p>Letter to Denise Lamb in addition to RACP letter to Rosemary O'Donnell requesting permission to use CRCC L2 for 2016 CHHS clinical exam</p> <ul style="list-style-type: none"> Rosemary O'Donnell to respond to the College; TCH exams 24/7/16, Calvary exams 25/7/16; Claire Waller exam organise for TCH.
8	<p>Letter requesting exam preparation support</p> <ul style="list-style-type: none"> Concerns about specialty for Sam, a lot of anxiety; Need program tailored to Sam (attempt #4 in 2016); National examiners required for long cases for people re-sitting (2 x examiners for each long case) – to start ASAP – national examiners to send availability to CPs
9	<p>Other business</p> <ul style="list-style-type: none"> Stats course – EBM Session – WA to look into; ArtMed – Frances required letter – WA to follow up re funds for ArtMed Program; Dr Arnagretta Hunter stepping down from PTC & as regional examiner - CPs to respond to letter; Next meeting to discuss Senior Registrar position – NM to add to agenda;

AGENDA ITEM 4: Other Business (restricted attendees)

No.	Item
1	Performance Issues regarding professional conduct
2	Work/Life Balance
3	Exam Trainee general discussion

AGENDA ITEM 5: Next Scheduled Meeting – Friday, 29 January 2015

Meeting room 2, Level 1, Building 24 (TBC).



ACT Physician Training Network

Handbook

2020

Contents

Introduction	3
Overview of Physician Training in Australia.....	4
BPT Program Requirements	4
Learning Strategies and Tools	5
Supervisors.....	8
Progress Reports	8
Summary of BPT Requirements per year.....	9
The ACT Physician Training Network.....	10
Training Sites	11
The Canberra Hospital	11
Calvary Hospital Bruce.....	12
Goulburn Base Hospital	13
South East Regional Hospital (Formerly Bega District Hospital).....	14
Physician Training Committee.....	15
PTC Membership	15
Education / Teaching sessions.....	16
The ACT Physician Website: PREPact.net.....	19
Supports for Trainees.....	20
Preparing for Exams	22
Written Examination	22
Clinical Examination	24
Career and Personal Development Program.....	26
Awards and Recognition	27
Notes:	28



Introduction

Welcome to Physician Training!

You have embarked on an exciting and challenging training pathway that can lead to diverse and fulfilling careers in adult medicine.

The role of the ACT Physician Training Network is to provide you with varied training opportunities and a supportive and stimulating learning environment, so that you successfully meet the requirements for physician training as set out by the Royal Australasian College of Physicians (RACP).

Importantly, we strive to achieve a healthy and proud physician training culture – one in which trainees and physicians encourage and support each other. You are an important member of our physician community, and we urge you to be an active contributor and participator in physician-related activities throughout your time with us.

This booklet outlines the curriculum and training requirements for physician training, describes clinical posts and training sites within our network of hospitals, and provides practical information regarding our educational program, examination preparation, rostering, leave requests and other resources available to you.



Overview of Physician Training in Australia

The RACP oversees the training of qualified medical practitioners who wish to become physicians in Australia and New Zealand.

The College's “Physician Readiness for Expert Practice” (PREP) training program takes a minimum of 6 years to complete, and comprises:

- 36 months (minimum) of Basic Physician Training
- 36 months or more years of Advanced Training in one or more Medical specialties

Successful completion of the PREP program enables a trainee to be admitted to Fellowship of the RACP and to use the initials FRACP after their name.

Purpose of PREP training

The aim of the PREP training is to develop a physician competent to provide, at consultant level, unsupervised comprehensive, high quality and safe medical care in one or more of the sub-specialties of internal medicine.

BPT Program Requirements

BPT consists of at least 36 months of prospectively approved training with certain mandatory requirements:

- A **minimum of 24 months core training**, which includes the following compulsory rotations:
 - **12 months** minimum in **medical specialties** (max. 6 months at any one specialty)
 - **3 months** minimum in **general and acute care medicine** (max. 6 months at any one training site)
- A maximum of **12 months non-core training** (can be replaced by additional core training)
- At least **12 months** at [a Level 3 Teaching Hospital](#) (e.g. Canberra Hospital)
- At least **3 months** **outside** a Level 3 Teaching Hospital (e.g. Calvary, Bega, Goulburn Hospitals)
- Completion of an Advanced Life Support course or equivalent

More information can be found here: <https://www.racp.edu.au/docs/default-source/default-document-library/basic-training-in-adult-internal-medicine-2019-handbook.pdf?sfvrsn=8>

Learning Strategies and Tools

The training is learner-centered, and the approach taken in the PREP program encourages the trainee to:

- Take responsibility for their own knowledge and skills acquisition
- Construct networks of knowledge and skills by building links between new information and existing knowledge

The learner-centered approach incorporates the following key strategies:

- Self-directed and goal-oriented learning
- Experiential and reflective learning
- Collaborative learning
- Problem-based learning
- Role-modelling
- Feedback
- Learning tools

The PREP program contains various assessment methods which complement the above learning strategies:

Formative Assessment focus on *learning through feedback and guidance.*

The RACP's formative assessments aid the trainee and supervisor through a formal feedback discussion, prompting areas for discussion highlighted by the trainee's performance. The formative assessments are based on existing workplace-based assessment methods and best practice in medical education. Formative assessments do not require a 'pass' to progress to the next stage of training.



FORMATIVE ASSESSMENTS

Mini-Clinical Evaluation Exercise (mini-CEX)

The Mini-Clinical Evaluation Exercise is a work-based assessment used to evaluate a trainee's clinical performance in real life settings. The mini-CEX aims to guide a trainee's learning and improve clinical performance through structured feedback from an assessor. It can help identify ways for trainees to improve their practice in areas such as communication, history taking, physical examination and professional practice. A minimum of 4 mini-CEXs per year are required. Trainees enter data from the completed [mini-CEX rating form](#) into the online mini-CEX tool found on the BPT portal.

Learning Needs Analysis (LNA)

The LNA assists Trainees to identify their learning needs, plan their learning objectives based on the [Basic Training Curriculum](#), and evaluate their progress for each rotation. They are completed with their ward/service consultant via the BPT portal. Two LNAs per year are required.

Professional Qualities Reflection (PQR)

The Professional Qualities Reflection allows a trainee to reflect on an event, or series of events, that is medically and professionally significant to them. Through analysis of the event(s), a trainee is able to identify and integrate new skills and knowledge to improve performance. The PQR is discussed with the trainees Professional Development Advisor (PDA). Two PQRs per year are required.

Summative Assessments are an assessment 'of' learning

Summative assessments focus on judgements about trainee progression, resulting in pass or fail decisions on a trainee's performance. There are two summative assessments: Written Examination and Clinical Examination that occur in the 3rd year (at least) of PREP training to determine eligibility for progression to Advanced Training.

SUMMATIVE ASSESSMENTS

Written Examination

The Written Examination is designed as an external and objective indicator to show that a Basic Trainee has achieved a standard of knowledge that will enable progression to the Clinical Examination.

It may be attempted if a trainee has completed the full-time equivalent of 24 months of Basic Training before the beginning of the clinical year in which the exam is held.

It is held in February each year and can be undertaken in Canberra.

Clinical Examination

The Clinical Examination is designed to test a Trainee's clinical skills, attitudes and interpersonal relationships at the end of Basic Training and to provide an indication as to whether the Trainee has reached a sufficient standard to allow progression in to Advanced Training.

The Clinical Examination may only be attempted following success in the Written Examination.

The Clinical Exam is held in late July – early August each year. You will not be able to sit the Examination in your “home network” but are required to travel to an interstate examining center.

Supervisors

[Supervisors](#) will assist you with completing your formative assessments, complete mid- and annual reports, and provide career advice, pastoral care and general support.

Supervisors in the BPT years take the following forms:

SUPERVISOR TITLE	ROLE/S	YOUR INTERACTION WITH THEM
Director of Physician Education (DPE)	<p>Provides educational leadership and oversight of the training program delivery for the hospital/network.</p> <p>Provide support to trainees in difficulty.</p> <p>Acts as the liaison between the RACP and the hospital network.</p>	They will be in contact with you and your ES through your training period. Notify them of issues related to your training terms or College issues.
Educational Supervisor (ES):	<p>Oversees and monitors the longitudinal progress of a trainee through BPT.</p> <p>Provides career advice.</p> <p>Provides ongoing mentoring.</p>	Meet at least twice per year to discuss progress, ensure completion of training tasks as required by the College and submit mid-year and annual reports.
Professional Development Advisor (PDA):	Guides the trainee to critically reflect on their practice and develop a habit of professional reflection.	Meet at least twice per year to discuss Professional Quality Reflections.
Ward/Service consultant (WSC)	Provides direct oversight of trainees during a rotation.	Assist with completing LNA and Mini CEX per term. They complete the Term Assessment with you.

Progress Reports

For every year of Basic Physician Training, you are required to submit online progress reports (mid- and end of year) to the College to indicate that you have completed the mandatory requirements (e.g. LNA, Mini CEX, PQR). You will need to meet with your Educational Supervisor to complete these reports. They will base this report on your end of term (WSC) reviews and mini-CEX comments as well as their interactions with you through the year. It is your responsibility to ensure that your ES has all the relevant information at hand and meet with them with enough time to complete the reports on time (i.e. **do not** wait until the last day to submit!).

Summary of BPT Requirements per year

Assessment / Report	Number required per year	Due date
<u>BPT Registration / Re-registration</u>		28 February
<u>Learning needs analysis</u>	2	
<u>Professional Qualities Reflection</u>	2	
<u>Mini-CEX</u>	4	
<u>Ward Consultant Term Report</u>	Each Rotation (except Relief)	Towards end of rotation
<u>Mid-Year Progress Report</u>	1 (to cover first 6 months of year)	August 31st
<u>Annual Report</u>	1 (to cover 12 months)	January 31 st (following year)

Further information on the assessment requirements of the PREP BPT program can be found on the [RACP website](#).

The ACT Physician Training Network

The ACT PREP program currently has a workforce of over 90 registrars employed as Basic and Advanced Physician Trainees in a diverse range of general medicine and sub-specialty terms. Our network comprises four public hospitals in Canberra and regional NSW, allowing opportunities to undertake training in diverse clinical settings – from generalist medicine in a rural setting to highly specialised units in a large, tertiary-level teaching hospital. Each term is of 13 weeks duration.

Accredited BPT terms across our network include:

- Cardiology (including Coronary Care Unit)
- Rheumatology / Immunology / Dermatology (combined term)
- Endocrinology
- Gastroenterology
- General Medicine at Canberra Hospital
- General Medicine at Calvary Hospital
- General Medicine at Goulburn Base Hospital
- General Medicine at Bega Base Hospital
- Geriatric Medicine
- Haematology
- Intensive Care Unit
- Infectious Diseases
- Medical Assessment and Planning Unit (MAPU) at Calvary
- Medical Nights and Relief terms
- Medical Oncology
- Neurology
- Palliative Care
- Renal Medicine
- Respiratory Medicine

Medical rotations are allocated based on BPT preference, College requirements (i.e. ensuring an appropriate proportion of rural, generalist and sub-specialty terms) and clinical service delivery obligations. Your level of training is taken into account and previous term allocation. You will be asked to nominate preferred terms before the training year starts, and every effort will be made to ensure terms are allocated equitably and transparently. All BPTs should expect to have at least one relief term per year that will likely include night-shift duties.

Training Sites

Basic Physician Trainees in the ACT Network have the opportunity to work across four hospital sites:

[The Canberra Hospital](#)

Number of beds:	~600 beds
Level of Training:	3
Address:	Yamba Drive, Garran, Canberra ACT 2605
Director of Physician Education:	Dr Ashwin Swaminathan
Medical Education Support Officer:	Ms Natalie Monkivitch
Senior Medical Registrar (SMR):	Dr Khoula Al-Maqbali
Number of Trainees per term (2019):	52
BPT Rotations:	Cardiology, Endocrinology, Gastroenterology, General Medicine, Geriatrics, Haematology, Immunology, Infectious Diseases, Intensive Care Medicine, Medical Oncology, Neurology, Palliative Care, Respiratory Medicine, Renal Medicine, Rheumatology
Library:	ACT Health Library
Amenities:	Staff cafeteria, cafes, nearby shopping centres
Teaching Program:	Extensive, hospital-wide and Unit specific; written and Clinical Exam preparation
Affiliated Universities:	Australian National University Medical School, University of Canberra




Calvary Hospital Bruce

Number of beds:	~250
Level of Training:	1
Address:	Belconnen Way, Bruce ACT 2617
Director of Physician Training:	Dr Ken Khoo
Medical Education Support Officer:	Lesley Pollock
Senior Medical Registrar (SMR):	Dr Elizabeth Canale
Number of Trainees per Term:	9
BPT Rotations:	General Medicine – MAPU (4 BPTs) and General Medical Units (5 BPTs)
BPT Teaching Program:	General Medicine, Neurology and Cardiology teaching; Clinical exam sessions for Short and Long Cases
Library / Study facilities:	Health library and meeting rooms
Amenities:	Staff cafeteria, ICU
Affiliated Universities:	ANU, Australian Catholic University, University of Canberra



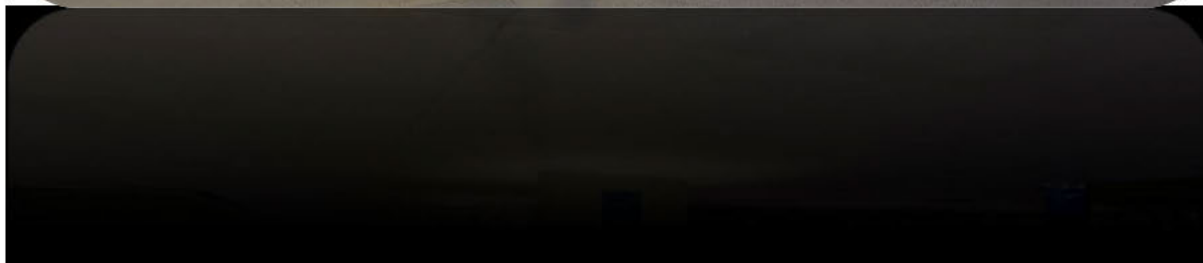
Goulburn Base Hospital

Number of beds:	~100
Level of Training:	Secondment Hospital
Address:	130 Goldsmith St, Goulburn NSW (~ 1 hour from Canberra)
Director of Physician Training:	Dr Tony Whelan
Administrative Support Officer:	
No of trainees per term:	2
BPT Rotations:	General Medicine (2 teams – subspecialty interests gastroenterology, respiratory medicine and cardiology) with exposure to ICU/HDU. MET call lead
Library / Study facilities:	ANUMS rooms incl videoconferencing facilities
Teaching Program:	Weekly journal club
Accommodation:	Provided near the hospital for seconded doctors



South East Regional Hospital (Formerly Bega District Hospital)

Number of beds:	134
Accredited Level of Training:	Secondment Hospital
Address:	McKee Drive, Bega NSW (2.5 hrs from Canberra)
Director of Physician Training:	Dr Phillip Braslins
Administrative Support Officer:	[REDACTED]
No of trainees:	2
BPT Rotations:	General Medicine with exposure to HDU/ICU, Indigenous health
Library:	Tutorial room and library
Accommodation:	Provided near the hospital
Services:	ICU; Visiting specialists, private hospital, Pambula District Hospital and an Aboriginal medical service
Teaching Program:	Weekly teaching and case presentation sessions



Physician Training Committee

The Physician Training Committee (PTC) supports the education and training of Basic and Advanced Trainees throughout our local network.

The PTC performs several important tasks, including:

- Overseeing and implementing high quality post-graduate education and supervision in internal medicine throughout the ACT PREP Network and ensuring alignment to the RACP curriculum.
- Reviewing and developing internal medicine term rotations in line with RACP requirements and trainee feedback.
- Monitoring performance of trainees in difficulty and/or providing guidance where remedial actions are considered.
- Strategic planning and implementation of recruitment and retention policies for physician training and the physician trainee workforce.
- Liaising with the medical rostering units in each network hospital site regarding matters of administration for physician trainees.

PTC Membership

The membership comprises a cross-section of the physician training community across the network, including Directors of Physician Education, trainees (BPTs and ATs), Educational Supervisors and others relevant to term allocations and rostering, education and exam preparation.

Expressions of interest for trainee and educational supervisor representatives will be advertised at the beginning of each training year. PTC terms for trainees are for a maximum of 1 year to ensure that there is renewal of PTC membership and equitable representation across the network. Educational supervisors' terms are 2 years.

The current PTC membership can be found on the www.prepact.net website.

Education / Teaching sessions

Physician trainees in the ACT PREP Program have access to a wide range of education opportunities, with a structured educational program for the Written and Clinical Examinations, Unit meetings, Grand Rounds and facilitation of RACP lectures.

The following section outlines the formal teaching activities occurring across the network:

Canberra Hospital

Title of activity	Frequency	Day and Time	Venue	Audience / catering
Medical Morning Handover	Weekdays	Each Weekday 0800 -0830	Conference room 1, Building 1, Level 3	BPTs, ATs
Internal Medicine Grand Rounds	Weekly	Wednesday 1230-1325	Main Auditorium	Internal Medicine Units; Lunch provided from 12pm
Endocrinology	Fortnight	Tuesday 1 st & 3 rd of each month 12:30 – 14:00	Endocrinology Unit; Level 3, Building 6	
Gastroenterology Radiology / pathology MDT	Weekly	Tuesday 1700-1800	Pathology building level 3 Meeting room	
Gastroenterology Journal Club	Monthly	Tuesday (first Tuesday of the month) 1800-1900	Pathology building level 3 Meeting room	
Gastroenterology Grand Rounds	Weekly	Thursday 0800 – 0900	Pathology building level 3 Meeting room	
General Medicine Clinical Unit Meeting	Weekly	Monday 1130 -1230	General Medicine Meeting Room	
General Medicine Teaching	Weekly	Thursday 1500-1600	General Medicine Meeting Room	
Haematology Education Meeting	Weekly	Tuesday 1300-1400	Haematology Level 1 Meeting Room, C	
Haematology Lab Morphology Meeting	3 out of 4 weeks	Wednesday 1000-1100	Haematology Lab, pathology building	Contact Haem admin on (02) 6244 2836 or sharon.reid@act.gov.au

Title of activity	Frequency	Day and Time	Venue	Audience / catering
Immunology education sessions	Weekly	Monday 1200-1300	Pathology building level 3 Meeting room	
Combined Immunology, Rheumatology, Dermatology meeting (case discussion and review)	Weekly	Wednesday 0800-0900	Starts in Level 3 Meeting room, Building 10	
Infectious Diseases Case presentation	Weekly	Monday 1300 - 1400	ANUMS Auditorium	
Infectious Diseases Unit meeting	Weekly	Thursday 1300-1400	General Medicine Meeting room	
Neurology Book Round	Weekly	Tuesday 12.30 - 1.30	Neurology Tutorial Room, Level 9	
Neurology Journal club	Weekly	Wednesday 9.00 - 10.00	Neurology Tutorial Room, Level 9	
Oncology	Fortnightly	Tuesday 13:00 – 14:00	Radiation Onc Tutorial Room Blg 19, Lvl 1	
Renal Medicine literature review	Weekly	Tuesday 1300-1400	Renal ward meeting room	
Respiratory Medicine Xray meeting	Weekly	Monday 1200-1300	Radiology	
Respiratory Medicine Journal Club and Case Presentation	Weekly	Friday 0830 - 0915	Main Auditorium	
Cardiology education session	Weekly	Monday 0800 - 0830	Main Auditorium	Sponsored light breakfast
Basic Physician Trainee weekly teaching activities	Weekly	Friday 1200-0200	Conference room 1, Building 1, Level 3	Lunch provided

Calvary Hospital

Title of activity	Frequency	Day and Time	Venue	Audience
Neurology Journal Club	Weekly	Monday 1200-1300	ANUMS, Lewisham Building	
Division of Medicine CME	Weekly	Tuesday 0800-0900	ACU Tutorial Room, Lewisham Building	
Medical Grand Rounds	Weekly	Wednesday 1200-1245	Function Rooms 1 & 2, Lewisham Building	
Neuro Radiology Meeting	Weekly	Friday 0815-0900	Function Room 1, Lewisham Building	
Basic Physician Trainee weekly teaching activities	Weekly	Friday 1200-0200	ANU Room	

Goulburn Base Hospital

Title of activity	Frequency	Day and Time	Venue	Audience / catering
Gen Med Journal Club	Weekly	Tuesday 09:15	Tartan Room	BPT present once a month
JMO Teaching	Weekly	Wednesday 14:00 – 16:00	Clinical School	JMO's (BPTs Welcome)
Grand Rounds	Weekly	Thursday 13:00	Clinical School	Medical students (BPT present once a term)

South-Eastern Regional Hospital, Bega

Title of activity	Frequency	Day and Time	Venue	Audience / catering
Medical Grand Rounds	Weekly	Wednesday 07:30		

Supports for Trainees

There are a number of supports available to our physician trainees. Which support you use and when depends on the particular circumstance.

- **Supervisors**
Your ward consultant supervisor, educational supervisor and/or professional development advisor should be your first port of call if you are experiencing workplace difficulties e.g. related to workload, work-life balance or conflicts. Your ES/PDA is well placed to assist with issues related to study, career advice and professional goal setting. If you have an issue with the training structure or allocated terms, raise this with your ES and/or DPE.

- **Medical Education Support Officers**
The MESO at each hospital site has a wealth of practical knowledge of how “things work” and are excellent sources of advice regarding recruitment issues, leave, rostering, College paperwork, education and training sessions. Popping in “just for a chat” can make all the difference in a hectic term.

- **ACT Health Employee Assistance Scheme**

All ACT Health employees (including those seconded to regional hospitals) have access to a range of free professional and confidential counselling services, including for mental health issues, time management and career advice and relationship/situational crises counselling. The current providers include:

- [Assure](#)
- [Converge International](#)
- [Davidson-Trahaire Corpsych](#)
- [PeopleSense](#)

You also qualify for assistance via your membership of the RACP which also utilises Converge through their program 1300 687 327 or eap@convergeintl.com.au www.convergeinternational.com.au

- **RACP Support Program**
There are excellent resources on the RACP website for trainees which can be accessed [here](#) or email racpnsw@racp.edu.au
- **ACT JMO Forum Welfare Portfolio**
MOSCETU have published an excellent resource for junior doctors related to recognising signs of physical, mental or emotional health issues and what local supports that are available. It is available from the MOSCETU office.

One piece of excellent advice from this booklet is that all trainees should have your own General Practitioner that you consult for independent advice. See also: [http:// www.jmohealth.org.au/](http://www.jmohealth.org.au/)

- **The Doctors Health Advisory Service**



**NSW & ACT
Help Line
02 9437 6552**

**Dedicated service
available 7 days a
week**

**THIS IS NOT AN
EMERGENCY SERVICE.
FOR ANY EMERGENCY
PLEASE CALL 000**

Please do **NOT** use this
service to 'Find a Doctor'.

The Doctors' Health Advisory Service (NSW) aims to ensure that every doctor, dentist, veterinarian or student in these professions has ready access to health care.

We offer a telephone help line for personal and confidential advice for practitioners and students, and also for colleagues and family members in NSW and the ACT.

We handle calls relating to stress and mental illness, drug and alcohol problems, or personal and financial difficulties. No problem is too trivial or too serious. Our staff and volunteer doctors can provide advice and referrals if required. Professor Garry Walter is the Service's Medical Director supported by our medical social worker, Sarah Foster.

We strongly recommend that you have your own general practitioner and see him/her promptly if you are unwell - as William Osler said 'a physician who treats himself has a fool for a patient'. Don't be so foolish!

The Medical Board of Australia is funding similar initiatives across Australia. The Service has separate funding to ensure that we continue to serve and support our colleagues in Dentistry and Veterinary Medicine. We now have an office on the 2nd floor in AMA House St Leonards which will serve as a base for the DHAS staff.

Because our staff are part-time, we also rely on the support of GPs and specialists who have been so important in maintaining the Service on a voluntary basis for the past 40 years. Together we aim to ensure that every doctor, dentist and veterinarian (and all students in those disciplines) has timely access to confidential medical care.

Preparing for Exams

You can sit for the RACP's summative BPT assessments – the Written and Clinical Examinations – after completing 24 months of accredited BPT training. The Written Exam is held in February each year (in Canberra), and the Clinical Exam in late July or early August (interstate). You must successfully pass the Written Exam before progressing to the Clinical Exam, and both parts before entering Advanced Physician Training.

Many BPTs will sit for these Examinations in their third BPT year – however, this decision should be considered carefully, as you will need to commit a significant amount of time outside of work hours to be adequately prepared for these challenging assessments. Where there are competing time constraints in the period before the scheduled exams (e.g. planned or unplanned family events, recovering from illness, etc.), it may be better to defer sitting the Examinations. It is strongly advised that you speak to your Educational Supervisor or DPE when making this decision.

The following section outlines some recommended timelines and resources when preparing for the Examinations.

Written Examination

The examination is comprised of two papers:

- **Clinical Applications**- Examines your understanding of the practice of medicine and therapeutics; (3 hours, 100 questions – 92 MCQs; 8 Extended Matching Questions)
- **Medical Sciences** – Examines your understanding of the principles of medicine and the basic sciences applicable to clinical medicine; (2 hours, 66 MCQs, 4 EMQs)

When to start preparing: Trainees usually start preparing in the first half of the year preceding the planned year for sitting the Examinations. Preparation continues in earnest in the second half of that year and is coupled with a local Written Exam preparation program. It is important to note that there is no “one way” to prepare for this Exam, although putting aside dedicated study time, working together as a team and perseverance, are pre-requisites for success. Revising available past papers (official or unofficial!) and MCQ questions from other resources (see below) is valuable in gaining expertise and strategies in answering the particular types of MCQs commonly found in these papers.

Resources useful in preparation: Trainees in past years have suggested that the resources listed below have been useful for preparing for the Written Exam. Whilst all these resources are of value, you will find that some are more useful than others depending on your individual learning style.

Online resources:

- **Passing the FRACP** – online questions (MCQs) with worked answers. Requires a subscription. <http://www.fracpractice.co.nz/>
- **Up To Date** – helpful for looking up evidence-based answers to past MCQ questions. You can use the ACT Health library's subscription.
- **RACP College Learning Series (formerly the Physician Education Program)** – A weekly lecture series produced to assist BPTs with preparing with the Written Exam and systematically goes through the BPT curriculum. Many of you will find listening to lectures supplements and reinforces the reading that you are doing. <https://elearning.racp.edu.au/>
- **Online journals – Journal Watch, NEJM**

Courses:

- **Preparation courses** – the “big three” are the [Dunedin](#), [Royal Prince Alfred](#) and [DeltaMed](#) Courses that are run during the October to December period each year. They are similar in format and offer didactic lectures, practice examinations and are of 2 weeks duration. MOSCETU Rostering staff will ensure that you can make it to one of the 3 courses, although it may not be your first choice depending on demand. Note, you will only be approved to attend **one** preparatory course per year. Submitting a leave form to the Medical Rostering Unit at the earliest opportunity for Study Leave, following the standard Leave application procedure, gives you the best chance of going to your most preferred course
- **Immunology for BPTs** – A well regarded course that has assisted past trainees get their heads around the complexities of immunology with a particular emphasis on written exam questions. <http://www.immunology4bpts.com/>

Books:

- **Medical Knowledge Self-Assessment Program (MKSAP)** – developed by the American College of Physicians for preparation of the US Board Exams. Easy to read summaries on all subspecialties and MCQs with worked answers. <https://mksap17.acponline.org/>
- **Harrison Principles of Internal Medicine Self-Assessment and Board Review** – this contains more than 1000 clinical review MCQs based on the content of the textbook of the same name. This is a popular book in the US for those revising for their internal medicine “board exams”.

Local BPT Written Examination Program

We will be running a weekly written tutorial program and Masterclasses commencing in Term 3 and continuing through to the Written Exam which will supplement the RACP lecture series. Tutorials will be presented by local physicians and advanced trainees and the program will be based on feedback from previous years as well as suggested topics from the current trainee cohort. The time and venue for these lectures will be advised closer to the date. Given the time and effort provided by your senior colleagues in delivering these lectures, please make an effort to attend and prepare.

Practice Written Exams

We hold two practice (mini) exams in December and January with practice questions set by local clinicians. These are ideal preparation tests to accustom yourselves to “exam conditions” (which you may not have experienced since Medical School!).

Clinical Examination

The Clinical Examination is conducted in late July / early August of each training year. Trainees will need to travel to an interstate hospital network to undertake the Examination so as to reduce the risk of knowing local patients or examiners which could bias the assessment. Canberra and Calvary Hospital are both Examination centres and host trainees from outside of the ACT.

The Clinical Examination is conducted over a (long) day and consists of four short cases (structured examinations of an organ system; ~7.5 minutes examining; ~7.5 minutes presenting to examiners) and two long cases (detailed presentation of a complex medical case; 60 minutes with patient, 25 minutes presenting to the Examiners). The aim of the Clinical Exam is to assess whether trainees have the requisite clinical skills, medical “maturity” and interpersonal ability to advance to advanced training.

Training for the Clinical Exam should begin before the Exam year! At a minimum, you should volunteer as a bulldog or organiser in Trial exams for BPTs in the years above, so you know the expected standard and exam format. It is also important to support your colleagues as they will support you when your turn comes.

Preparation for the Clinical Exam begins in earnest in March after the Written Examination results have been released.

The following are resources for Clinical Exam preparation:

- **Talley and O'Connor:** “Clinical Examinations” and “Examination Medicine” - The “bibles” for this Exam. We are very lucky to have Dr O'Connor as a Canberra Hospital specialist who is very involved in physician training locally and as a National Examiner.
- **The Neurology Short Case by Dr John Morris** – Neurology short cases are always challenging and this short, concise book helps put things into perspective.

- **RACP Clinical Exam Series:** These are an excellent portfolio of sample long and short cases that shows the format, presentation style and level of detail required for the Clinical Examination.
<https://elearning.racp.edu.au/tag/index.php?tc=3&tag=Clinical+exam+series&form=15545&ctx=15545>
- **Short case sessions:** These will be held at Canberra and Calvary Hospitals every Tuesday and Thursday afternoons from April to July). Examiners will be organised for these sessions, but it is up to trainees to find cases.
- **Saturday morning Trial Exams:** Each Saturday morning at both hospitals, a half day practice exam will be conducted under Exam conditions. Four trainees will be examined for 2 short cases and 1 long case. Again, Examiners will be organised for these sessions but cases will be up to the organising registrars to coordinate.
- **Territory-wide Trial Exam:** A full scale half-day exam will be held in June at both Canberra and Calvary hospitals in order to prepare the centres for the actual exam to be held in July/August. This “dress rehearsal” also is excellent preparation for the real thing.
- **Mentors:** Each trainee will be allocated mentors to assist with preparation for the Clinical Exam. These senior physicians will be very important guides and confidants in your preparation and the expectation will be that you are in regular contact to present long cases.



Career and Personal Development Program

Your journey towards becoming specialist physicians is not all about diastolic murmurs and memorising all causes of hepatosplenomegaly (although they are important!). We also aim to foster your development as high-quality teachers, administrators, leaders and researchers – all essential traits required of the modern physician wherever you may end up working.

To this end, we will put on a number of workshops or events that aim to assist in this development and invite local and interstate clinicians to present an interesting and entertaining program.

These events will include the following areas (and more):

- Resume and Interview Preparation
- Clinical leadership
- Medical career development
- Art Med program in collaboration with the National Gallery of Australia
- Medical Ethics
- Maintaining a work-life balance
- Teaching on the Run

Again, your participation and contribution to this program is essential for their ongoing success.



Awards and Recognition

We encourage you to take up opportunities to become involved with physician training and the hospital more broadly. There are many hospital committees that require medical doctor representation as well as physician training specific (e.g. Physician Training Committee, Morning Handover, PREPact website committee, Clinical Exam Planning Committee).

To recognise an outstanding contribution to the Physician Training program by a BPT or AT, we will award the Dr William Coupland Prize at the end of each training year at the Valedictory Dinner. The recipient of this Prize is decided by the NDPE in consultation with the PTC and senior clinicians. This will be based on evidence of exceptional contribution to physician training (e.g. teaching, organising and pastoral care) and outstanding personal attributes that are consistent with the ACT Health values of Care, Excellence, Collaboration and Integrity.

Biography of Dr William Coupland:

William (Bill) Coupland, born in Manilla, NSW, graduated in Medicine from the University of Sydney in 1959 gaining First Class Honours, the University Medal and four separate prizes. In 1962 he was appointed to the Professorial Unit of the Royal Prince Alfred Hospital and became a member of the Royal Australasian College of Physicians. From 1963 to 1964 he was Senior Fellow in Haematology at Prince Henry Hospital in Sydney, and then was appointed Junior Physician, Royal Prince Alfred Hospital. He declined that appointment instead choosing to come to Canberra in 1964. Bill commenced work as a general physician, however, with his special training in Haematology that part of his practice expanded rapidly and there was a natural progression into the field of Oncology. Bill was instrumental in the development of the Department of Oncology at Woden Valley Hospital which has serviced Canberra and the surrounding regions. The tutoring and mentoring of medical students and junior doctors was one of his particular interests and many general practitioners and specialists now practising in Canberra owe a great deal to him. Bill was a modest man of great intellectual capacity and accomplishments. These did not in any way diminish his gifts of empathy, sympathy and human understanding so important for all doctors, particularly those dealing with carcinoma and related illnesses. The Coupland family established the annual prize for the Best Physician Trainee in recognition of Bill's lifetime passion.

Past winners of this prestigious award are:

2019 Drs Jia Qi Yang & Prianka Puri

2018 Dr Jon Baird-Gunning

2017 Dr Sadia Jahan

2016 Drs Claire Waller & Dr Anvita Verma

2015 Dr Kathryn Forwood

2014 Dr Terence Ting

Notes:



ACT Physician Training Network

Handbook

2021

Contents

Introduction	3
Overview of Physician Training in Australia.....	4
BPT Program Requirements	4
Learning Strategies and Tools	5
Supervisors.....	8
Progress Reports	8
Summary of BPT Requirements per year.....	9
The ACT Physician Training Network.....	10
Training Sites	11
The Canberra Hospital	11
Calvary Hospital Bruce.....	12
Goulburn Base Hospital	13
South East Regional Hospital (Formerly Bega District Hospital).....	14
Physician Training Committee.....	15
PTC Membership	15
Education / Teaching sessions.....	16
The ACT Physician Website: PREPact.net.....	19
Supports for Trainees.....	20
Preparing for Exams	22
Written Examination	22
Clinical Examination	24
Career and Personal Development Program.....	26
Awards and Recognition	27
Notes:	28



Introduction

Welcome to Physician Training!

You have embarked on an exciting and challenging training pathway that can lead to diverse and fulfilling careers in adult medicine.

The role of the ACT Physician Training Network is to provide you with varied training opportunities and a supportive and stimulating learning environment, so that you successfully meet the requirements for physician training as set out by the Royal Australasian College of Physicians (RACP).

Importantly, we strive to achieve a healthy and proud physician training culture – one in which trainees and physicians encourage and support each other. You are an important member of our physician community, and we urge you to be an active contributor and participator in physician-related activities throughout your time with us.

This booklet outlines the curriculum and training requirements for physician training, describes clinical posts and training sites within our network of hospitals, and provides practical information regarding our educational program, examination preparation, rostering, leave requests and other resources available to you.



Overview of Physician Training in Australia

The RACP oversees the training of qualified medical practitioners who wish to become physicians in Australia and New Zealand.

The College's “Physician Readiness for Expert Practice” (PREP) training program takes a minimum of 6 years to complete, and comprises:

- 36 months (minimum) of Basic Physician Training
- 36 months or more years of Advanced Training in one or more Medical specialties

Successful completion of the PREP program enables a trainee to be admitted to Fellowship of the RACP and to use the initials FRACP after their name.

Purpose of PREP training

The aim of the PREP training is to develop a physician competent to provide, at consultant level, unsupervised comprehensive, high quality and safe medical care in one or more of the sub-specialties of internal medicine.

BPT Program Requirements

BPT consists of at least 36 months of prospectively approved training with certain mandatory requirements:

- A **minimum of 24 months core training**, which includes the following compulsory rotations:
 - **12 months** minimum in **medical specialties** (max. 6 months at any one specialty)
 - **3 months** minimum in **general and acute care medicine** (max. 6 months at any one training site)
- A maximum of **12 months non-core training** (can be replaced by additional core training)
- At least **12 months** at [a Level 3 Teaching Hospital](#) (e.g. Canberra Hospital)
- At least **3 months** **outside** a Level 3 Teaching Hospital (e.g. Calvary, Bega, Goulburn Hospitals)
- Completion of an Advanced Life Support course or equivalent

More information can be found here: <https://www.racp.edu.au/docs/default-source/default-document-library/basic-training-in-adult-internal-medicine-2019-handbook.pdf?sfvrsn=8>

Learning Strategies and Tools

The training is learner-centered, and the approach taken in the PREP program encourages the trainee to:

- Take responsibility for their own knowledge and skills acquisition
- Construct networks of knowledge and skills by building links between new information and existing knowledge

The learner-centered approach incorporates the following key strategies:

- Self-directed and goal-oriented learning
- Experiential and reflective learning
- Collaborative learning
- Problem-based learning
- Role-modelling
- Feedback
- Learning tools

The PREP program contains various assessment methods which complement the above learning strategies:

Formative Assessment focus on *learning through feedback and guidance*.

The RACP's formative assessments aid the trainee and supervisor through a formal feedback discussion, prompting areas for discussion highlighted by the trainee's performance. The formative assessments are based on existing workplace-based assessment methods and best practice in medical education. Formative assessments do not require a 'pass' to progress to the next stage of training.



FORMATIVE ASSESSMENTS

Mini-Clinical Evaluation Exercise (mini-CEX)

The Mini-Clinical Evaluation Exercise is a work-based assessment used to evaluate a trainee's clinical performance in real life settings. The mini-CEX aims to guide a trainee's learning and improve clinical performance through structured feedback from an assessor. It can help identify ways for trainees to improve their practice in areas such as communication, history taking, physical examination and professional practice. A minimum of 4 mini-CEXs per year are required. Trainees enter data from the completed [mini-CEX rating form](#) into the online mini-CEX tool found on the BPT portal.

Learning Needs Analysis (LNA)

The LNA assists Trainees to identify their learning needs, plan their learning objectives based on the [Basic Training Curriculum](#), and evaluate their progress for each rotation. They are completed with their ward/service consultant via the BPT portal. Two LNAs per year are required.

Professional Qualities Reflection (PQR)

The Professional Qualities Reflection allows a trainee to reflect on an event, or series of events, that is medically and professionally significant to them. Through analysis of the event(s), a trainee is able to identify and integrate new skills and knowledge to improve performance. The PQR is discussed with the trainees Professional Development Advisor (PDA). Two PQRs per year are required.

Summative Assessments are an assessment 'of' learning

Summative assessments focus on judgements about trainee progression, resulting in pass or fail decisions on a trainee's performance. There are two summative assessments: Written Examination and Clinical Examination that occur in the 3rd year (at least) of PREP training to determine eligibility for progression to Advanced Training.

SUMMATIVE ASSESSMENTS

Written Examination

The Written Examination is designed as an external and objective indicator to show that a Basic Trainee has achieved a standard of knowledge that will enable progression to the Clinical Examination.

It may be attempted if a trainee has completed the full-time equivalent of 24 months of Basic Training before the beginning of the clinical year in which the exam is held.

It is held in February each year and can be undertaken in Canberra.

Clinical Examination

The Clinical Examination is designed to test a Trainee's clinical skills, attitudes and interpersonal relationships at the end of Basic Training and to provide an indication as to whether the Trainee has reached a sufficient standard to allow progression in to Advanced Training.

The Clinical Examination may only be attempted following success in the Written Examination.

The Clinical Exam is held in late July – early August each year. You will not be able to sit the Examination in your “home network” but are required to travel to an interstate examining center.

Supervisors

[Supervisors](#) will assist you with completing your formative assessments, complete mid- and annual reports, and provide career advice, pastoral care and general support.

Supervisors in the BPT years take the following forms:

SUPERVISOR TITLE	ROLE/S	YOUR INTERACTION WITH THEM
Director of Physician Education (DPE)	<p>Provides educational leadership and oversight of the training program delivery for the hospital/network.</p> <p>Provide support to trainees in difficulty.</p> <p>Acts as the liaison between the RACP and the hospital network.</p>	They will be in contact with you and your ES through your training period. Notify them of issues related to your training terms or College issues.
Educational Supervisor (ES):	<p>Oversees and monitors the longitudinal progress of a trainee through BPT.</p> <p>Provides career advice.</p> <p>Provides ongoing mentoring.</p>	Meet at least twice per year to discuss progress, ensure completion of training tasks as required by the College and submit mid-year and annual reports.
Professional Development Advisor (PDA):	Guides the trainee to critically reflect on their practice and develop a habit of professional reflection.	Meet at least twice per year to discuss Professional Quality Reflections.
Ward/Service consultant (WSC)	Provides direct oversight of trainees during a rotation.	Assist with completing LNA and Mini CEX per term. They complete the Term Assessment with you.

Progress Reports

For every year of Basic Physician Training, you are required to submit online progress reports (mid- and end of year) to the College to indicate that you have completed the mandatory requirements (e.g. LNA, Mini CEX, PQR). You will need to meet with your Educational Supervisor to complete these reports. They will base this report on your end of term (WSC) reviews and mini-CEX comments as well as their interactions with you through the year. It is your responsibility to ensure that your ES has all the relevant information at hand and meet with them with enough time to complete the reports on time (i.e. **do not** wait until the last day to submit!).

Summary of BPT Requirements per year

Assessment / Report	Number required per year	Due date
<u>BPT Registration / Re-registration</u>		28 February
<u>Learning needs analysis</u>	2	
<u>Professional Qualities Reflection</u>	2	
<u>Mini-CEX</u>	4	
<u>Ward Consultant Term Report</u>	Each Rotation (except Relief)	Towards end of rotation
<u>Mid-Year Progress Report</u>	1 (to cover first 6 months of year)	August 31st
<u>Annual Report</u>	1 (to cover 12 months)	January 31 st (following year)

Further information on the assessment requirements of the PREP BPT program can be found on the [RACP website](#).

The ACT Physician Training Network

The ACT PREP program currently has a workforce of over 90 registrars employed as Basic and Advanced Physician Trainees in a diverse range of general medicine and sub-specialty terms. Our network comprises four public hospitals in Canberra and regional NSW, allowing opportunities to undertake training in diverse clinical settings – from generalist medicine in a rural setting to highly specialised units in a large, tertiary-level teaching hospital. Each term is of 13 weeks duration.

Accredited BPT terms across our network include:

- Cardiology (including Coronary Care Unit)
- Rheumatology / Immunology / Dermatology (combined term)
- Endocrinology
- Gastroenterology
- General Medicine at Canberra Hospital
- General Medicine at Calvary Hospital
- General Medicine at Goulburn Base Hospital
- General Medicine at Bega Base Hospital
- Geriatric Medicine
- Haematology
- Intensive Care Unit
- Infectious Diseases
- Medical Assessment and Planning Unit (MAPU) at Calvary
- Medical Nights and Relief terms
- Medical Oncology
- Neurology
- Palliative Care
- Renal Medicine
- Respiratory Medicine

Medical rotations are allocated based on BPT preference, College requirements (i.e. ensuring an appropriate proportion of rural, generalist and sub-specialty terms) and clinical service delivery obligations. Your level of training is taken into account and previous term allocation. You will be asked to nominate preferred terms before the training year starts, and every effort will be made to ensure terms are allocated equitably and transparently. All BPTs should expect to have at least one relief term per year that will likely include night-shift duties.

Training Sites

Basic Physician Trainees in the ACT Network have the opportunity to work across four hospital sites:

[The Canberra Hospital](#)

Number of beds:	~600 beds
Level of Training:	3
Address:	Yamba Drive, Garran, Canberra ACT 2605
Director of Physician Education:	Dr Ashwin Swaminathan
Medical Education Support Officer:	Ms Natalie Monkivitch
Senior Medical Registrar (SMR):	Dr Khoula Al-Maqbali
Number of Trainees per term (2019):	52
BPT Rotations:	Cardiology, Endocrinology, Gastroenterology, General Medicine, Geriatrics, Haematology, Immunology, Infectious Diseases, Intensive Care Medicine, Medical Oncology, Neurology, Palliative Care, Respiratory Medicine, Renal Medicine, Rheumatology
Library:	ACT Health Library
Amenities:	Staff cafeteria, cafes, nearby shopping centres
Teaching Program:	Extensive, hospital-wide and Unit specific; written and Clinical Exam preparation
Affiliated Universities:	Australian National University Medical School, University of Canberra



Calvary Hospital Bruce

Number of beds:	~250
Level of Training:	1
Address:	Belconnen Way, Bruce ACT 2617
Director of Physician Training:	Dr Ken Khoo
Medical Education Support Officer:	Lesley Pollock
Senior Medical Registrar (SMR):	Dr Elizabeth Canale
Number of Trainees per Term:	9
BPT Rotations:	General Medicine – MAPU (4 BPTs) and General Medical Units (5 BPTs)
BPT Teaching Program:	General Medicine, Neurology and Cardiology teaching; Clinical exam sessions for Short and Long Cases
Library / Study facilities:	Health library and meeting rooms
Amenities:	Staff cafeteria, ICU
Affiliated Universities:	ANU, Australian Catholic University, University of Canberra



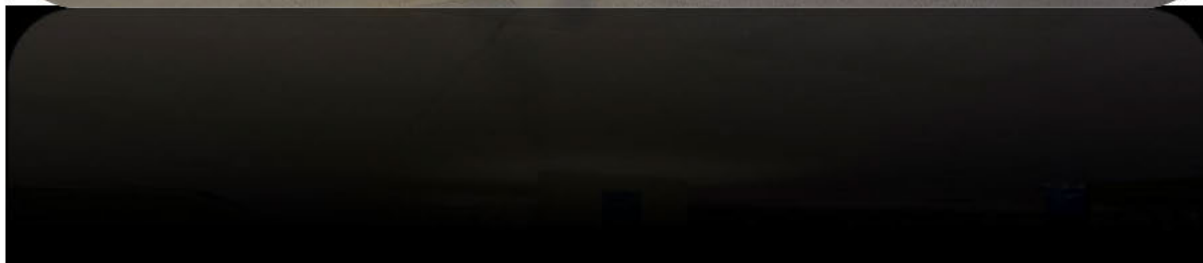
Goulburn Base Hospital

Number of beds:	~100
Level of Training:	Secondment Hospital
Address:	130 Goldsmith St, Goulburn NSW (~ 1 hour from Canberra)
Director of Physician Training:	Dr Tony Whelan
Administrative Support Officer:	[REDACTED]
No of trainees per term:	2
BPT Rotations:	General Medicine (2 teams – subspecialty interests gastroenterology, respiratory medicine and cardiology) with exposure to ICU/HDU. MET call lead
Library / Study facilities:	ANUMS rooms incl videoconferencing facilities
Teaching Program:	Weekly journal club
Accommodation:	Provided near the hospital for seconded doctors



South East Regional Hospital (Formerly Bega District Hospital)

Number of beds:	134
Accredited Level of Training:	Secondment Hospital
Address:	McKee Drive, Bega NSW (2.5 hrs from Canberra)
Director of Physician Training:	Dr Phillip Braslins
Administrative Support Officer:	[REDACTED]
No of trainees:	2
BPT Rotations:	General Medicine with exposure to HDU/ICU, Indigenous health
Library:	Tutorial room and library
Accommodation:	Provided near the hospital
Services:	ICU; Visiting specialists, private hospital, Pambula District Hospital and an Aboriginal medical service
Teaching Program:	Weekly teaching and case presentation sessions



Physician Training Committee

The Physician Training Committee (PTC) supports the education and training of Basic and Advanced Trainees throughout our local network.

The PTC performs several important tasks, including:

- Overseeing and implementing high quality post-graduate education and supervision in internal medicine throughout the ACT PREP Network and ensuring alignment to the RACP curriculum.
- Reviewing and developing internal medicine term rotations in line with RACP requirements and trainee feedback.
- Monitoring performance of trainees in difficulty and/or providing guidance where remedial actions are considered.
- Strategic planning and implementation of recruitment and retention policies for physician training and the physician trainee workforce.
- Liaising with the medical rostering units in each network hospital site regarding matters of administration for physician trainees.

PTC Membership

The membership comprises a cross-section of the physician training community across the network, including Directors of Physician Education, trainees (BPTs and ATs), Educational Supervisors and others relevant to term allocations and rostering, education and exam preparation.

Expressions of interest for trainee and educational supervisor representatives will be advertised at the beginning of each training year. PTC terms for trainees are for a maximum of 1 year to ensure that there is renewal of PTC membership and equitable representation across the network. Educational supervisors' terms are 2 years.

The current PTC membership can be found on the www.prepact.net website.

Education / Teaching sessions

Physician trainees in the ACT PREP Program have access to a wide range of education opportunities, with a structured educational program for the Written and Clinical Examinations, Unit meetings, Grand Rounds and facilitation of RACP lectures.

The following section outlines the formal teaching activities occurring across the network:

Canberra Hospital

Title of activity	Frequency	Day and Time	Venue	Audience / catering
Medical Morning Handover	Weekdays	Each Weekday 0800 -0830	Conference room 1, Building 1, Level 3	BPTs, ATs
Internal Medicine Grand Rounds	Weekly	Wednesday 1230-1325	Main Auditorium	Internal Medicine Units; Lunch provided from 12pm
Endocrinology	Fortnight	Tuesday 1 st & 3 rd of each month 12:30 – 14:00	Endocrinology Unit; Level 3, Building 6	
Gastroenterology Radiology / pathology MDT	Weekly	Tuesday 1700-1800	Pathology building level 3 Meeting room	
Gastroenterology Journal Club	Monthly	Tuesday (first Tuesday of the month) 1800-1900	Pathology building level 3 Meeting room	
Gastroenterology Grand Rounds	Weekly	Thursday 0800 – 0900	Pathology building level 3 Meeting room	
General Medicine Clinical Unit Meeting	Weekly	Monday 1130 -1230	General Medicine Meeting Room	
General Medicine Teaching	Weekly	Thursday 1500-1600	General Medicine Meeting Room	
Haematology Education Meeting	Weekly	Tuesday 1300-1400	Haematology Level 1 Meeting Room, C	
Haematology Lab Morphology Meeting	3 out of 4 weeks	Wednesday 1000-1100	Haematology Lab, pathology building	Contact Haem admin on (02) 6244 2836 or sharon.reid@act.gov.au

Title of activity	Frequency	Day and Time	Venue	Audience / catering
Immunology education sessions	Weekly	Monday 1200-1300	Pathology building level 3 Meeting room	
Combined Immunology, Rheumatology, Dermatology meeting (case discussion and review)	Weekly	Wednesday 0800-0900	Starts in Level 3 Meeting room, Building 10	
Infectious Diseases Grand Rounds	Weekly	Monday 1300 - 1400	ANUMS Auditorium	
Infectious Diseases Unit meeting	Weekly	Thursday 1300-1400	General Medicine Meeting room	
Neurology Book Round	Weekly	Tuesday 12.30 - 1.30	Neurology Tutorial Room, Level 9	
Neurology Journal club	Weekly	Wednesday 9.00 - 10.00	Neurology Tutorial Room, Level 9	
Oncology	Fortnightly	Tuesday 13:00 – 14:00	Radiation Onc Tutorial Room Blg 19, Lvl 1	
Renal Medicine literature review	Weekly	Tuesday 1300-1400	Renal ward meeting room	
Respiratory Medicine Xray meeting	Weekly	Monday 1200-1300	Radiology	
Respiratory Medicine Journal Club and Case Presentation	Weekly	Friday 0830 - 0915	Main Auditorium	
Cardiology education session	Weekly	Monday 0800 - 0830	Main Auditorium	Sponsored light breakfast
Basic Physician Trainee weekly teaching activities	Weekly	Friday 1200-1400	Conference room 1, Building 1, Level 3	Lunch provided

Calvary Hospital

Title of activity	Frequency	Day and Time	Venue	Audience
Neurology Journal Club	Weekly	Monday 1200-1300	ANUMS, Lewisham Building	
Division of Medicine CME	Weekly	Tuesday 0800-0900	ACU Tutorial Room, Lewisham Building	
Medical Grand Rounds	Weekly	Wednesday 1200-1245	Function Rooms 1 & 2, Lewisham Building	
Neuro Radiology Meeting	Weekly	Friday 0815-0900	Function Room 1, Lewisham Building	
Basic Physician Trainee weekly teaching activities	Weekly	Friday 1200-0200	ANU Room	

Goulburn Base Hospital

Title of activity	Frequency	Day and Time	Venue	Audience / catering
Gen Med Journal Club	Weekly	Tuesday 09:15	Tartan Room	BPT present once a month
JMO Teaching	Weekly	Wednesday 14:00 – 16:00	Clinical School	JMO's (BPTs Welcome)
Grand Rounds	Weekly	Thursday 13:00	Clinical School	Medical students (BPT present once a term)

South-Eastern Regional Hospital, Bega

Title of activity	Frequency	Day and Time	Venue	Audience / catering
Medical Grand Rounds	Weekly	Wednesday 07:30		

The ACT Physician Website: PREPact.net

The PREPact.net website is an innovative resource exclusively for Physician trainees and Physicians in the ACT that facilitates education, communication and community. It is meant to be like “Facebook for Physicians” – allowing members to upload content that is relevant to the local physician community.

The website acts as a repository of educational material and rosters, a supportive forum for discussions, a tool for scheduling appointments and notification of relevant events.

The MESOs / DPEs will use the PREPact.net site to upload notices for BPTs and ATs – you are therefore expected to log in to the site regularly to know what is going on!

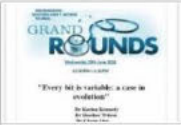
Prospective members apply for registration via the log-in screen and are asked to complete an online form and to agree to an Agreed Code of Conduct.

The website has the following functionality:

- Can upload images, documents, videos that allows posting of clinical cases, journal articles, registrar rosters and educational events
- Interactive moderated discussion forum between members (with email notification on new comments)
- “Book a Physician” function to make appointments between trainees and physicians
- Twitter Feeds related to the latest developments in Internal Medicine
- Links to upcoming Conferences and Educational Courses
- Details of research opportunities at ANU and ACT Health


Recent Posts

News Flash
INTERNAL MEDICINE GRAND
ROUNDS-20.06.201...



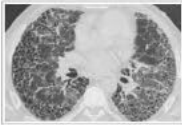
WEDNESDAY, 20th June 2018
12:30-1:30 "Every bit is variable: a case in evolution..."
Read more

News Flash
INTERNAL MEDICINE GRAND
ROUNDS- 13.06.18...




INTERNAL MEDICINE GRAND
ROUNDS WEDNESDAY, 13th June
2018 12:30-1:30 ...
Read more

Journal Club
CONFUSED BY PULMONARY
FIBROSIS?



NEJM has a good review article on
IPF.
<https://www.nejm.org/doi/full/10.1016>
Read more

Clinical
ARE WE ADMINISTERING PIP/TAZ
THE RIGHT W...



A recent systematic review and
meta-analysis of RCTs suggests
that infusing pip/...
Read more

Upcoming events

- 25 Jun Immunology Education Sessions
- 25 Jun Cardiology Weekly Presentation
- 26 Jun Haematology education meeting
- 27 Jun Grand Rounds

Latest Comments

Great article with illustrative images, thanks @Shivakumar | Posted by Ashwin Swaminathan 2018-06-05 05:18:15
Imaging pts with abnormal liver tests

This is really helpful Ashwin, thanks for the... Posted by Natalie Monkivitch 2018-05-15

Twitter Feeds

JAMA Internal Medicine @JAMAInternalMed
Does #furosemide promote the passage of #urinary stones within 28 days among #emergency department patients? Find out in this #ret of 512 adults [ja.ma/2MSY5qz](https://doi.org/10.1001/jama.2018.11111)

Author	Retweets	Replies	Views	Profile
...
...
...
...
...

Discussion Board Latest Post

No posts to display.

Supports for Trainees

There are a number of supports available to our physician trainees. Which support you use and when depends on the particular circumstance.

- **Supervisors**
Your ward consultant supervisor, educational supervisor and/or professional development advisor should be your first port of call if you are experiencing workplace difficulties e.g. related to workload, work-life balance or conflicts. Your ES/PDA is well placed to assist with issues related to study, career advice and professional goal setting. If you have an issue with the training structure or allocated terms, raise this with your ES and/or DPE.

- **Medical Education Support Officers**
The MESO at each hospital site has a wealth of practical knowledge of how “things work” and are excellent sources of advice regarding recruitment issues, leave, rostering, College paperwork, education and training sessions. Popping in “just for a chat” can make all the difference in a hectic term.

- **ACT Health Employee Assistance Scheme**

All ACT Health employees (including those seconded to regional hospitals) have access to a range of free professional and confidential counselling services, including for mental health issues, time management and career advice and relationship/situational crises counselling. The current providers include:

- [Assure](#)
- [Converge International](#)
- [Davidson-Trahaire Corpsych](#)
- [PeopleSense](#)

You also qualify for assistance via your membership of the RACP which also utilises Converge through their program 1300 687 327 or eap@convergeintl.com.au www.convergeinternational.com.au

- **RACP Support Program**
There are excellent resources on the RACP website for trainees which can be accessed [here](#) or email racpnsw@racp.edu.au
- **ACT JMO Forum Welfare Portfolio**
MOSCETU have published an excellent resource for junior doctors related to recognising signs of physical, mental or emotional health issues and what local supports that are available. It is available from the MOSCETU office.

One piece of excellent advice from this booklet is that all trainees should have your own General Practitioner that you consult for independent advice. See also: [http:// www.jmohealth.org.au/](http://www.jmohealth.org.au/)

- **The Doctors Health Advisory Service**



Dedicated service available 7 days a week

THIS IS NOT AN EMERGENCY SERVICE. FOR ANY EMERGENCY PLEASE CALL 000

Please do **NOT** use this service to 'Find a Doctor'.

The Doctors' Health Advisory Service (NSW) aims to ensure that every doctor, dentist, veterinarian or student in these professions has ready access to health care.

We offer a telephone help line for personal and confidential advice for practitioners and students, and also for colleagues and family members in NSW and the ACT.

We handle calls relating to stress and mental illness, drug and alcohol problems, or personal and financial difficulties. No problem is too trivial or too serious. Our staff and volunteer doctors can provide advice and referrals if required. Professor Garry Walter is the Service's Medical Director supported by our medical social worker, Sarah Foster.

We strongly recommend that you have your own general practitioner and see him/her promptly if you are unwell - as William Osler said 'a physician who treats himself has a fool for a patient'. Don't be so foolish!

The Medical Board of Australia is funding similar initiatives across Australia. The Service has separate funding to ensure that we continue to serve and support our colleagues in Dentistry and Veterinary Medicine. We now have an office on the 2nd floor in AMA House St Leonards which will serve as a base for the DHAS staff.

Because our staff are part-time, we also rely on the support of GPs and specialists who have been so important in maintaining the Service on a voluntary basis for the past 40 years. Together we aim to ensure that every doctor, dentist and veterinarian (and all students in those disciplines) has timely access to confidential medical care.

Preparing for Exams

You can sit for the RACP's summative BPT assessments – the Written and Clinical Examinations – after completing 24 months of accredited BPT training. The Written Exam is held in February each year (in Canberra), and the Clinical Exam in late July or early August (interstate). You must successfully pass the Written Exam before progressing to the Clinical Exam, and both parts before entering Advanced Physician Training.

Many BPTs will sit for these Examinations in their third BPT year – however, this decision should be considered carefully, as you will need to commit a significant amount of time outside of work hours to be adequately prepared for these challenging assessments. Where there are competing time constraints in the period before the scheduled exams (e.g. planned or unplanned family events, recovering from illness, etc.), it may be better to defer sitting the Examinations. It is strongly advised that you speak to your Educational Supervisor or DPE when making this decision.

The following section outlines some recommended timelines and resources when preparing for the Examinations.

Written Examination

The examination is comprised of two papers:

- **Clinical Applications**- Examines your understanding of the practice of medicine and therapeutics; (3 hours, 100 questions – 92 MCQs; 8 Extended Matching Questions)
- **Medical Sciences** – Examines your understanding of the principles of medicine and the basic sciences applicable to clinical medicine; (2 hours, 66 MCQs, 4 EMQs)

When to start preparing: Trainees usually start preparing in the first half of the year preceding the planned year for sitting the Examinations. Preparation continues in earnest in the second half of that year and is coupled with a local Written Exam preparation program. It is important to note that there is no “one way” to prepare for this Exam, although putting aside dedicated study time, working together as a team and perseverance, are pre-requisites for success. Revising available past papers (official or unofficial!) and MCQ questions from other resources (see below) is valuable in gaining expertise and strategies in answering the particular types of MCQs commonly found in these papers.

Resources useful in preparation: Trainees in past years have suggested that the resources listed below have been useful for preparing for the Written Exam. Whilst all these resources are of value, you will find that some are more useful than others depending on your individual learning style.

Online resources:

- **Passing the FRACP** – online questions (MCQs) with worked answers. Requires a subscription. <http://www.fracpractice.co.nz/>
- **Up To Date** – helpful for looking up evidence-based answers to past MCQ questions. You can use the ACT Health library's subscription.
- **RACP College Learning Series (formerly the Physician Education Program)** – A weekly lecture series produced to assist BPTs with preparing with the Written Exam and systematically goes through the BPT curriculum. Many of you will find listening to lectures supplements and reinforces the reading that you are doing. <https://elearning.racp.edu.au/>
- **Online journals – Journal Watch, NEJM**

Courses:

- **Preparation courses** – the “big three” are the [Dunedin](#), [Royal Prince Alfred](#) and [DeltaMed](#) Courses that are run during the October to December period each year. They are similar in format and offer didactic lectures, practice examinations and are of 2 weeks duration. MOSCETU Rostering staff will ensure that you can make it to one of the 3 courses, although it may not be your first choice depending on demand. Note, you will only be approved to attend **one** preparatory course per year. Submitting a leave form to the Medical Rostering Unit at the earliest opportunity for Study Leave, following the standard Leave application procedure, gives you the best chance of going to your most preferred course
- **Immunology for BPTs** – A well regarded course that has assisted past trainees get their heads around the complexities of immunology with a particular emphasis on written exam questions. <http://www.immunology4bpts.com/>

Books:

- **Medical Knowledge Self-Assessment Program (MKSAP)** – developed by the American College of Physicians for preparation of the US Board Exams. Easy to read summaries on all subspecialties and MCQs with worked answers. <https://mksap17.acponline.org/>
- **Harrison Principles of Internal Medicine Self-Assessment and Board Review** – this contains more than 1000 clinical review MCQs based on the content of the textbook of the same name. This is a popular book in the US for those revising for their internal medicine “board exams”.

Local BPT Written Examination Program

We will be running a weekly written tutorial program and Masterclasses commencing in Term 3 and continuing through to the Written Exam which will supplement the RACP lecture series. Tutorials will be presented by local physicians and advanced trainees and the program will be based on feedback from previous years as well as suggested topics from the current trainee cohort. The time and venue for these lectures will be advised closer to the date. Given the time and effort provided by your senior colleagues in delivering these lectures, please make an effort to attend and prepare.

Practice Written Exams

We hold two practice (mini) exams in December and January with practice questions set by local clinicians. These are ideal preparation tests to accustom yourselves to “exam conditions” (which you may not have experienced since Medical School!).

Clinical Examination

The Clinical Examination is conducted in late July / early August of each training year. Trainees will need to travel to an interstate hospital network to undertake the Examination so as to reduce the risk of knowing local patients or examiners which could bias the assessment. Canberra and Calvary Hospital are both Examination centres and host trainees from outside of the ACT.

The Clinical Examination is conducted over a (long) day and consists of four short cases (structured examinations of an organ system; ~7.5 minutes examining; ~7.5 minutes presenting to examiners) and two long cases (detailed presentation of a complex medical case; 60 minutes with patient, 25 minutes presenting to the Examiners). The aim of the Clinical Exam is to assess whether trainees have the requisite clinical skills, medical “maturity” and interpersonal ability to advance to advanced training.

Training for the Clinical Exam should begin before the Exam year! At a minimum, you should volunteer as a bulldog or organiser in Trial exams for BPTs in the years above, so you know the expected standard and exam format. It is also important to support your colleagues as they will support you when your turn comes.

Preparation for the Clinical Exam begins in earnest in March after the Written Examination results have been released.

The following are resources for Clinical Exam preparation:

- **Talley and O'Connor:** “Clinical Examinations” and “Examination Medicine” - The “bibles” for this Exam. We are very lucky to have Dr O'Connor as a Canberra Hospital specialist who is very involved in physician training locally and as a National Examiner.
- **The Neurology Short Case by Dr John Morris** – Neurology short cases are always challenging and this short, concise book helps put things into perspective.

- **RACP Clinical Exam Series:** These are an excellent portfolio of sample long and short cases that shows the format, presentation style and level of detail required for the Clinical Examination.
<https://elearning.racp.edu.au/tag/index.php?tc=3&tag=Clinical+exam+series&form=15545&ctx=15545>
- **Short case sessions:** These will be held at Canberra and Calvary Hospitals every Tuesday and Thursday afternoons from April to July). Examiners will be organised for these sessions, but it is up to trainees to find cases.
- **Saturday morning Trial Exams:** Each Saturday morning at both hospitals, a half day practice exam will be conducted under Exam conditions. Four trainees will be examined for 2 short cases and 1 long case. Again, Examiners will be organised for these sessions but cases will be up to the organising registrars to coordinate.
- **Territory-wide Trial Exam:** A full scale half-day exam will be held in June at both Canberra and Calvary hospitals in order to prepare the centres for the actual exam to be held in July/August. This “dress rehearsal” also is excellent preparation for the real thing.
- **Mentors:** Each trainee will be allocated mentors to assist with preparation for the Clinical Exam. These senior physicians will be very important guides and confidants in your preparation and the expectation will be that you are in regular contact to present long cases.



Career and Personal Development Program

Your journey towards becoming specialist physicians is not all about diastolic murmurs and memorising all causes of hepatosplenomegaly (although they are important!). We also aim to foster your development as high-quality teachers, administrators, leaders and researchers – all essential traits required of the modern physician wherever you may end up working.

To this end, we will put on a number of workshops or events that aim to assist in this development and invite local and interstate clinicians to present an interesting and entertaining program.

These events will include the following areas (and more):

- Resume and Interview Preparation
- Clinical leadership
- Medical career development
- Art Med program in collaboration with the National Gallery of Australia
- Medical Ethics
- Maintaining a work-life balance
- Teaching on the Run

Again, your participation and contribution to this program is essential for their ongoing success.



Awards and Recognition

We encourage you to take up opportunities to become involved with physician training and the hospital more broadly. There are many hospital committees that require medical doctor representation as well as physician training specific (e.g. Physician Training Committee, Morning Handover, PREPact website committee, Clinical Exam Planning Committee).

To recognise an outstanding contribution to the Physician Training program by a BPT or AT, we will award the Dr William Coupland Prize at the end of each training year at the Valedictory Dinner. The recipient of this Prize is decided by the NDPE in consultation with the PTC and senior clinicians. This will be based on evidence of exceptional contribution to physician training (e.g. teaching, organising and pastoral care) and outstanding personal attributes that are consistent with the ACT Health values of Care, Excellence, Collaboration and Integrity.

Biography of Dr William Coupland:

William (Bill) Coupland, born in Manilla, NSW, graduated in Medicine from the University of Sydney in 1959 gaining First Class Honours, the University Medal and four separate prizes. In 1962 he was appointed to the Professorial Unit of the Royal Prince Alfred Hospital and became a member of the Royal Australasian College of Physicians. From 1963 to 1964 he was Senior Fellow in Haematology at Prince Henry Hospital in Sydney, and then was appointed Junior Physician, Royal Prince Alfred Hospital. He declined that appointment instead choosing to come to Canberra in 1964. Bill commenced work as a general physician, however, with his special training in Haematology that part of his practice expanded rapidly and there was a natural progression into the field of Oncology. Bill was instrumental in the development of the Department of Oncology at Woden Valley Hospital which has serviced Canberra and the surrounding regions. The tutoring and mentoring of medical students and junior doctors was one of his particular interests and many general practitioners and specialists now practising in Canberra owe a great deal to him. Bill was a modest man of great intellectual capacity and accomplishments. These did not in any way diminish his gifts of empathy, sympathy and human understanding so important for all doctors, particularly those dealing with carcinoma and related illnesses. The Coupland family established the annual prize for the Best Physician Trainee in recognition of Bill's lifetime passion.

Past winners of this prestigious award are:

- 2020 Dr Emma Sharp
- 2019 Drs Jia Qi Yang & Prianka Puri
- 2018 Dr Jon Baird-Gunning
- 2017 Dr Sadia Jahan
- 2016 Drs Claire Waller & Dr Anvita Verma
- 2015 Dr Kathryn Forwood
- 2014 Dr Terence Ting

Notes:



ACT Physician Training Network

Handbook

2022

DRAFT FOR UPDATING

Contents

Introduction	3
Overview of Physician Training in Australia.....	4
BPT Program Requirements	4
Learning Strategies and Tools	5
Supervisors.....	8
Progress Reports	8
Summary of BPT Requirements per year.....	9
The ACT Physician Training Network.....	10
Training Sites	11
The Canberra Hospital	11
Calvary Hospital Bruce.....	12
Goulburn Base Hospital	13
South East Regional Hospital (Formerly Bega District Hospital)	14
Physician Training Committee.....	15
PTC Membership	15
Education / Teaching sessions.....	16
The ACT Physician Website: PREPact.net.....	19
Supports for Trainees.....	20
Preparing for Exams	22
Written Examination	22
Clinical Examination	24
Career and Personal Development Program.....	26
Awards and Recognition	27
Notes:	28



Introduction

Welcome to Physician Training!

You have embarked on an exciting and challenging training pathway that can lead to diverse and fulfilling careers in adult medicine.

The role of the ACT Physician Training Network is to provide you with varied training opportunities and a supportive and stimulating learning environment, so that you successfully meet the requirements for physician training as set out by the Royal Australasian College of Physicians (RACP).

Importantly, we strive to achieve a healthy and proud physician training culture – one in which trainees and physicians encourage and support each other. You are an important member of our physician community, and we urge you to be an active contributor and participator in physician-related activities throughout your time with us.

This booklet outlines the curriculum and training requirements for physician training, describes clinical posts and training sites within our network of hospitals, and provides practical information regarding our educational program, examination preparation, rostering, leave requests and other resources available to you.



Overview of Physician Training in Australia

The RACP oversees the training of qualified medical practitioners who wish to become physicians in Australia and New Zealand.

The College's “Physician Readiness for Expert Practice” (PREP) training program takes a minimum of 6 years to complete, and comprises:

- 36 months (minimum) of Basic Physician Training
- 36 months or more years of Advanced Training in one or more Medical specialties

Successful completion of the PREP program enables a trainee to be admitted to Fellowship of the RACP and to use the initials FRACP after their name.

Purpose of PREP training

The aim of the PREP training is to develop a physician competent to provide, at consultant level, unsupervised comprehensive, high quality and safe medical care in one or more of the sub-specialties of internal medicine.

BPT Program Requirements

BPT consists of at least 36 months of prospectively approved training with certain mandatory requirements:

- A **minimum of 24 months core training**, which includes the following compulsory rotations:
 - **12 months** minimum in **medical specialties** (max. 6 months at any one specialty)
 - **3 months** minimum in **general and acute care medicine** (max. 6 months at any one training site)
- A maximum of **12 months non-core training** (can be replaced by additional core training)
- At least **12 months** at [a Level 3 Teaching Hospital](#) (e.g. Canberra Hospital)
- At least **3 months** **outside** a Level 3 Teaching Hospital (e.g. Calvary, Bega, Goulburn Hospitals)
- Completion of an Advanced Life Support course or equivalent

More information can be found here: <https://www.racp.edu.au/docs/default-source/default-document-library/basic-training-in-adult-internal-medicine-2019-handbook.pdf?sfvrsn=8>

Learning Strategies and Tools

The training is learner-centered, and the approach taken in the PREP program encourages the trainee to:

- Take responsibility for their own knowledge and skills acquisition
- Construct networks of knowledge and skills by building links between new information and existing knowledge

The learner-centered approach incorporates the following key strategies:

- Self-directed and goal-oriented learning
- Experiential and reflective learning
- Collaborative learning
- Problem-based learning
- Role-modelling
- Feedback
- Learning tools

The PREP program contains various assessment methods which complement the above learning strategies:

Formative Assessment focus on *learning through feedback and guidance.*

The RACP's formative assessments aid the trainee and supervisor through a formal feedback discussion, prompting areas for discussion highlighted by the trainee's performance. The formative assessments are based on existing workplace-based assessment methods and best practice in medical education. Formative assessments do not require a 'pass' to progress to the next stage of training.



FORMATIVE ASSESSMENTS

Mini-Clinical Evaluation Exercise (mini-CEX)

The Mini-Clinical Evaluation Exercise is a work-based assessment used to evaluate a trainee's clinical performance in real life settings. The mini-CEX aims to guide a trainee's learning and improve clinical performance through structured feedback from an assessor. It can help identify ways for trainees to improve their practice in areas such as communication, history taking, physical examination and professional practice. A minimum of 4 mini-CEXs per year are required. Trainees enter data from the completed [mini-CEX rating form](#) into the online mini-CEX tool found on the BPT portal.

Learning Needs Analysis (LNA)

The LNA assists Trainees to identify their learning needs, plan their learning objectives based on the [Basic Training Curriculum](#), and evaluate their progress for each rotation. They are completed with their ward/service consultant via the BPT portal. Two LNAs per year are required.

Professional Qualities Reflection (PQR)

The Professional Qualities Reflection allows a trainee to reflect on an event, or series of events, that is medically and professionally significant to them. Through analysis of the event(s), a trainee is able to identify and integrate new skills and knowledge to improve performance. The PQR is discussed with the trainees Professional Development Advisor (PDA). Two PQRs per year are required.

Summative Assessments are an assessment 'of' learning

Summative assessments focus on judgements about trainee progression, resulting in pass or fail decisions on a trainee's performance. There are two summative assessments: Written Examination and Clinical Examination that occur in the 3rd year (at least) of PREP training to determine eligibility for progression to Advanced Training.

SUMMATIVE ASSESSMENTS**Written Examination**

The Written Examination is designed as an external and objective indicator to show that a Basic Trainee has achieved a standard of knowledge that will enable progression to the Clinical Examination.

It may be attempted if a trainee has completed the full-time equivalent of 24 months of Basic Training before the beginning of the clinical year in which the exam is held.

It is held in February each year and can be undertaken in Canberra.

Clinical Examination

The Clinical Examination is designed to test a Trainee's clinical skills, attitudes and interpersonal relationships at the end of Basic Training and to provide an indication as to whether the Trainee has reached a sufficient standard to allow progression in to Advanced Training.

The Clinical Examination may only be attempted following success in the Written Examination.

The Clinical Exam is held in late July – early August each year. You will not be able to sit the Examination in your “home network” but are required to travel to an interstate examining center.

Supervisors

[Supervisors](#) will assist you with completing your formative assessments, complete mid- and annual reports, and provide career advice, pastoral care and general support.

Supervisors in the BPT years take the following forms:

SUPERVISOR TITLE	ROLE/S	YOUR INTERACTION WITH THEM
Director of Physician Education (DPE)	<p>Provides educational leadership and oversight of the training program delivery for the hospital/network.</p> <p>Provide support to trainees in difficulty.</p> <p>Acts as the liaison between the RACP and the hospital network.</p>	They will be in contact with you and your ES through your training period. Notify them of issues related to your training terms or College issues.
Educational Supervisor (ES):	<p>Oversees and monitors the longitudinal progress of a trainee through BPT.</p> <p>Provides career advice.</p> <p>Provides ongoing mentoring.</p>	Meet at least twice per year to discuss progress, ensure completion of training tasks as required by the College and submit mid-year and annual reports.
Professional Development Advisor (PDA):	Guides the trainee to critically reflect on their practice and develop a habit of professional reflection.	Meet at least twice per year to discuss Professional Quality Reflections.
Ward/Service consultant (WSC)	Provides direct oversight of trainees during a rotation.	Assist with completing LNA and Mini CEX per term. They complete the Term Assessment with you.

Progress Reports

For every year of Basic Physician Training, you are required to submit online progress reports (mid- and end of year) to the College to indicate that you have completed the mandatory requirements (e.g. LNA, Mini CEX, PQR). You will need to meet with your Educational Supervisor to complete these reports. They will base this report on your end of term (WSC) reviews and mini-CEX comments as well as their interactions with you through the year. It is your responsibility to ensure that your ES has all the relevant information at hand and meet with them with enough time to complete the reports on time (i.e. **do not** wait until the last day to submit!).

Summary of BPT Requirements per year

Assessment / Report	Number required per year	Due date
<u>BPT Registration / Re-registration</u>		28 February
<u>Learning needs analysis</u>	2	
<u>Professional Qualities Reflection</u>	2	
<u>Mini-CEX</u>	4	
<u>Ward Consultant Term Report</u>	Each Rotation (except Relief)	Towards end of rotation
<u>Mid-Year Progress Report</u>	1 (to cover first 6 months of year)	August 31 st
<u>Annual Report</u>	1 (to cover 12 months)	January 31 st (following year)

Further information on the assessment requirements of the PREP BPT program can be found on the [RACP website](#).

The ACT Physician Training Network

The ACT PREP program currently has a workforce of over 90 registrars employed as Basic and Advanced Physician Trainees in a diverse range of general medicine and sub-specialty terms. Our network comprises four public hospitals in Canberra and regional NSW, allowing opportunities to undertake training in diverse clinical settings – from generalist medicine in a rural setting to highly specialised units in a large, tertiary-level teaching hospital. Each term is of 13 weeks duration.

Accredited BPT terms across our network include:

- Cardiology (including Coronary Care Unit)
- Rheumatology / Immunology / Dermatology (combined term)
- Endocrinology
- Gastroenterology
- General Medicine at Canberra Hospital
- General Medicine at Calvary Hospital
- General Medicine at Goulburn Base Hospital
- General Medicine at Bega Base Hospital
- Geriatric Medicine
- Haematology
- Intensive Care Unit
- Infectious Diseases
- Medical Assessment and Planning Unit (MAPU) at Calvary
- Medical Nights and Relief terms
- Medical Oncology
- Neurology
- Palliative Care
- Renal Medicine
- Respiratory Medicine

Medical rotations are allocated based on BPT preference, College requirements (i.e. ensuring an appropriate proportion of rural, generalist and sub-specialty terms) and clinical service delivery obligations. Your level of training is taken into account and previous term allocation. You will be asked to nominate preferred terms before the training year starts, and every effort will be made to ensure terms are allocated equitably and transparently. All BPTs should expect to have at least one relief term per year that will likely include night-shift duties.

Training Sites

Basic Physician Trainees in the ACT Network have the opportunity to work across four hospital sites:

[The Canberra Hospital](#)

Number of beds:	~600 beds
Level of Training:	3
Address:	Yamba Drive, Garran, Canberra ACT 2605
Director of Physician Education:	Dr Renee Eslick
Medical Education Support Officer:	Ms Natalie Monkivitch
Senior Medical Registrar (SMR):	Dr Daniel Wang
Number of Trainees per term (2019):	59
BPT Rotations:	Cardiology, Endocrinology, Gastroenterology, General Medicine, Geriatrics, Haematology, Immunology, Infectious Diseases, Intensive Care Medicine, Medical Oncology, Neurology, Palliative Care, Respiratory Medicine, Renal Medicine, Rheumatology
Library:	ACT Health Library
Amenities:	Staff cafeteria, cafes, nearby shopping centres
Teaching Program:	Extensive, hospital-wide and Unit specific; written and Clinical Exam preparation
Affiliated Universities:	Australian National University Medical School, University of Canberra



Calvary Hospital Bruce

Number of beds:	~250
Level of Training:	1
Address:	Belconnen Way, Bruce ACT 2617
Director of Physician Training:	Dr Ken Khoo
Medical Education Support Officer:	Ms Lesley Pollock
Senior Medical Registrar (SMR):	Dr Darren Kong
Number of Trainees per Term:	12
BPT Rotations:	General Medicine – MAPU (7 BPTs) and General Medical Units (5 BPTs)
BPT Teaching Program:	General Medicine, Neurology and Cardiology teaching; Clinical exam sessions for Short and Long Cases
Library / Study facilities:	Health library and meeting rooms
Amenities:	Staff cafeteria, ICU
Affiliated Universities:	ANU, Australian Catholic University, University of Canberra



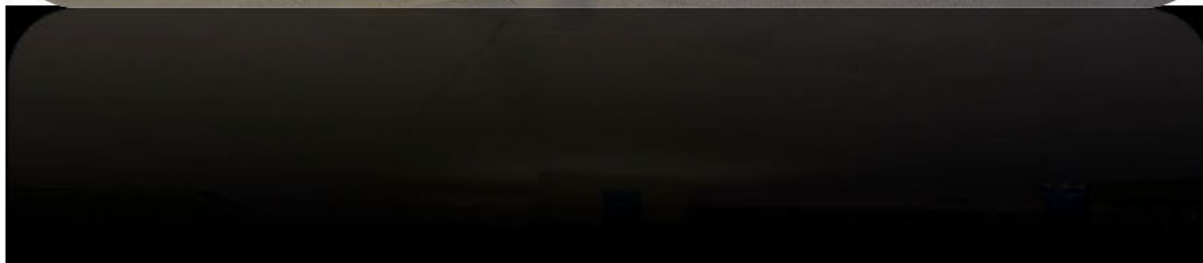
Goulburn Base Hospital

Number of beds:	~100
Level of Training:	Secondment Hospital
Address:	130 Goldsmith St, Goulburn NSW (~ 1 hour from Canberra)
Director of Physician Training:	Dr Tony Whelan
Administrative Support Officer:	[REDACTED]
No of trainees per term:	2
BPT Rotations:	General Medicine (2 teams – subspecialty interests gastroenterology, respiratory medicine and cardiology) with exposure to ICU/HDU. MET call lead
Library / Study facilities:	ANUMS rooms incl videoconferencing facilities
Teaching Program:	Weekly journal club
Accommodation:	Provided near the hospital for seconded doctors



South East Regional Hospital (Formerly Bega District Hospital)

Number of beds:	134
Accredited Level of Training:	Secondment Hospital
Address:	McKee Drive, Bega NSW (2.5 hrs from Canberra)
Director of Physician Training:	Dr Phillip Braslins
Administrative Support Officer:	[REDACTED]
No of trainees:	2
BPT Rotations:	General Medicine with exposure to HDU/ICU, Indigenous health
Library:	Tutorial room and library
Accommodation:	Provided near the hospital
Services:	ICU; Visiting specialists, private hospital, Pambula District Hospital and an Aboriginal medical service
Teaching Program:	Weekly teaching and case presentation sessions



Physician Training Committee

The Physician Training Committee (PTC) supports the education and training of Basic and Advanced Trainees throughout our local network.

The PTC performs several important tasks, including:

- Overseeing and implementing high quality post-graduate education and supervision in internal medicine throughout the ACT PREP Network and ensuring alignment to the RACP curriculum.
- Reviewing and developing internal medicine term rotations in line with RACP requirements and trainee feedback.
- Monitoring performance of trainees in difficulty and/or providing guidance where remedial actions are considered.
- Strategic planning and implementation of recruitment and retention policies for physician training and the physician trainee workforce.
- Liaising with the medical rostering units in each network hospital site regarding matters of administration for physician trainees.

PTC Membership

The membership comprises a cross-section of the physician training community across the network, including Directors of Physician Education, trainees (BPTs and ATs), Educational Supervisors and others relevant to term allocations and rostering, education and exam preparation.

Expressions of interest for trainee and educational supervisor representatives will be advertised at the beginning of each training year. PTC terms for trainees are for a maximum of 1 year to ensure that there is renewal of PTC membership and equitable representation across the network. Educational supervisors' terms are 2 years.

The current PTC membership can be found on the www.prepact.net website.

Education / Teaching sessions

Physician trainees in the ACT PREP Program have access to a wide range of education opportunities, with a structured educational program for the Written and Clinical Examinations, Unit meetings, Grand Rounds and facilitation of RACP lectures.

The following section outlines the formal teaching activities occurring across the network: ****NEEDS CHECKING AND UPDATING**

Canberra Hospital

Title of activity	Frequency	Day and Time	Venue	Audience / catering
Medical Morning Handover	Weekdays	Each Weekday 0800 -0830	Conference room 1, Building 1, Level 3	BPTs, ATs
Internal Medicine Grand Rounds	Weekly	Wednesday 1230-1325	Main Auditorium	Internal Medicine Units; Lunch provided from 12pm
Endocrinology	Fortnight	Tuesday 1 st & 3 rd of each month 12:30 – 14:00	Endocrinology Unit; Level 3, Building 6	
Gastroenterology Radiology / pathology MDT	Weekly	Tuesday 1700-1800	Pathology building level 3 Meeting room	
Gastroenterology Journal Club	Monthly	Tuesday (first Tuesday of the month) 1800-1900	Pathology building level 3 Meeting room	
Gastroenterology Grand Rounds	Weekly	Thursday 0800 – 0900	Pathology building level 3 Meeting room	
General Medicine Clinical Unit Meeting	Weekly	Monday 1130 -1230	General Medicine Meeting Room	
General Medicine Teaching	Weekly	Thursday 1500-1600	General Medicine Meeting Room	
Haematology Education Meeting	Weekly	Tuesday 1300-1400	Haematology Level 1 Meeting Room, C	
Haematology Lab Morphology Meeting	3 out of 4 weeks	Wednesday 1000-1100	Haematology Lab, pathology building	Contact Haem admin on (02) 6244 2836 or sharon.reid@act.gov.au

Title of activity	Frequency	Day and Time	Venue	Audience / catering
Immunology education sessions	Weekly	Monday 1200-1300	Pathology building level 3 Meeting room	
Combined Immunology, Rheumatology, Dermatology meeting (case discussion and review)	Weekly	Wednesday 0800-0900	Starts in Level 3 Meeting room, Building 10	
Infectious Diseases Grand Rounds	Weekly	Monday 1300 - 1400	ANUMS Auditorium	
Infectious Diseases Unit meeting	Weekly	Thursday 1300-1400	General Medicine Meeting room	
Neurology Book Round	Weekly	Tuesday 12.30 - 1.30	Neurology Tutorial Room, Level 9	
Neurology Journal club	Weekly	Wednesday 9.00 - 10.00	Neurology Tutorial Room, Level 9	
Oncology	Fortnightly	Tuesday 13:00 – 14:00	Radiation Onc Tutorial Room Blg 19, Lvl 1	
Renal Medicine literature review	Weekly	Tuesday 1300-1400	Renal ward meeting room	
Respiratory Medicine Xray meeting	Weekly	Monday 1200-1300	Radiology	
Respiratory Medicine Journal Club and Case Presentation	Weekly	Friday 0830 - 0915	Main Auditorium	
Cardiology education session	Weekly	Monday 0800 - 0830	Main Auditorium	Sponsored light breakfast
Basic Physician Trainee weekly teaching activities	Weekly	Friday 1200-1400	Conference room 1, Building 1, Level 3	Lunch provided

Calvary Hospital

Title of activity	Frequency	Day and Time	Venue	Audience
Neurology Journal Club	Weekly	Monday 1200-1300	ANUMS, Lewisham Building	
Division of Medicine CME	Weekly	Tuesday 0800-0900	ACU Tutorial Room, Lewisham Building	
Medical Grand Rounds	Weekly	Wednesday 1200-1245	Function Rooms 1 & 2, Lewisham Building	
Neuro Radiology Meeting	Weekly	Friday 0815-0900	Function Room 1, Lewisham Building	
Basic Physician Trainee weekly teaching activities	Weekly	Friday 1200-0200	ANU Room	

Goulburn Base Hospital

Title of activity	Frequency	Day and Time	Venue	Audience / catering
Gen Med Journal Club	Weekly	Tuesday 09:15	Tartan Room	BPT present once a month
JMO Teaching	Weekly	Wednesday 14:00 – 16:00	Clinical School	JMO's (BPTs Welcome)
Grand Rounds	Weekly	Thursday 13:00	Clinical School	Medical students (BPT present once a term)

South-Eastern Regional Hospital, Bega

Title of activity	Frequency	Day and Time	Venue	Audience / catering
Medical Grand Rounds	Weekly	Wednesday 07:30		

The ACT Physician Website: PREPact.net Is being updated with new website shortly

The PREPact.net website is an innovative resource exclusively for Physician trainees and Physicians in the ACT that facilitates education, communication and community. It is meant to be like “Facebook for Physicians” – allowing members to upload content that is relevant to the local physician community.

The website acts as a repository of educational material and rosters, a supportive forum for discussions, a tool for scheduling appointments and notification of relevant events.

The MESOs / DPEs will use the PREPact.net site to upload notices for BPTs and ATs – you are therefore expected to log in to the site regularly to know what is going on!

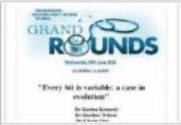
Prospective members apply for registration via the log-in screen and are asked to complete an online form and to agree to an Agreed Code of Conduct.

The website has the following functionality:

- Can upload images, documents, videos that allows posting of clinical cases, journal articles, registrar rosters and educational events
- Interactive moderated discussion forum between members (with email notification on new comments)
- “Book a Physician” function to make appointments between trainees and physicians
- Twitter Feeds related to the latest developments in Internal Medicine
- Links to upcoming Conferences and Educational Courses
- Details of research opportunities at ANU and ACT Health

Recent Posts


News Flash
INTERNAL MEDICINE GRAND ROUNDS-20.06.2018...



WEDNESDAY, 20th June 2018
12:30-1:30 "Every bit is variable: a case in evolution"...

[Read more](#)

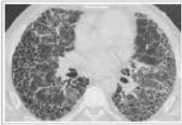
News Flash
INTERNAL MEDICINE GRAND ROUNDS- 13.06.18...



INTERNAL MEDICINE GRAND ROUNDS WEDNESDAY, 13th June 2018 12:30-1:30 ...

[Read more](#)


Journal Club
CONFUSED BY PULMONARY FIBROSIS?



NEJM has a good review article on IPF.
<https://www.nejm.org/doi/full/10.1016>

[Read more](#)

Clinical
ARE WE ADMINISTERING PIP/TAZ THE RIGHT W...



A recent systematic review and meta-analysis of RCTs suggests that infusing pip/...

[Read more](#)

Upcoming events

- 25 Jun Immunology Education Sessions
- 25 Jun Cardiology Weekly Presentation
- 26 Jun Haematology education meeting
- 27 Jun Grand Rounds

Latest Comments

Great article with illustrative images, thanks @Shivakumar | Posted by Ashwin Swaminathan 2018-06-06 05:18:15
Imaging pts with abnormal liver tests

This is really helpful Ashwin, thanks for the... | Posted by Natalie Monkivitch 2018-05-15

Twitter Feeds

JAMA Internal Medicine @JAMAInternalMed
Does #furosemide promote the passage of #urinary stones within 28 days among #emergency department patients? Find out in this #ret of 512 adults [ja.ma/2M5Y5qz](#)

Discussion Board Latest Post

No posts to display.

Supports for Trainees

There are a number of supports available to our physician trainees. Which support you use and when depends on the particular circumstance.

- **Supervisors**
Your ward consultant supervisor, educational supervisor and/or professional development advisor should be your first port of call if you are experiencing workplace difficulties e.g. related to workload, work-life balance or conflicts. Your ES/PDA is well placed to assist with issues related to study, career advice and professional goal setting. If you have an issue with the training structure or allocated terms, raise this with your ES and/or DPE.
- **Medical Education Support Officers**
The MESO at each hospital site has a wealth of practical knowledge of how “things work” and are excellent sources of advice regarding recruitment issues, leave, rostering, College paperwork, education and training sessions. Popping in “just for a chat” can make all the difference in a hectic term.
- **ACT Health Employee Assistance Scheme**
All ACT Health employees (including those seconded to regional hospitals) have access to a range of free professional and confidential counselling services, including for mental health issues, time management and career advice and relationship/situational crises counselling. The current providers include:
 - [Assure](#)
 - [Converge International](#)
 - [Davidson-Trahaire Corpsych](#)
 - [PeopleSense](#)

You also qualify for assistance via your membership of the RACP which also utilises Converge through their program 1300 687 327 or eap@convergeintl.com.au www.convergeinternational.com.au

- **RACP Support Program**
There are excellent resources on the RACP website for trainees which can be accessed [here](#) or email racpnsw@racp.edu.au
- **ACT JMO Forum Welfare Portfolio**
MOSCETU have published an excellent resource for junior doctors related to recognising signs of physical, mental or emotional health issues and what local supports that are available. It is available from the MOSCETU office.

One piece of excellent advice from this booklet is that all trainees should have your own General Practitioner that you consult for independent advice. See also: [http:// www.jmohealth.org.au/](http://www.jmohealth.org.au/)

- **The Doctors Health Advisory Service**



**NSW & ACT
Help Line
02 9437 6552**

**Dedicated service
available 7 days a
week**

**THIS IS NOT AN
EMERGENCY SERVICE.
FOR ANY EMERGENCY
PLEASE CALL 000**

Please do **NOT** use this
service to 'Find a Doctor'.

The Doctors' Health Advisory Service (NSW) aims to ensure that every doctor, dentist, veterinarian or student in these professions has ready access to health care.

We offer a telephone help line for personal and confidential advice for practitioners and students, and also for colleagues and family members in NSW and the ACT.

We handle calls relating to stress and mental illness, drug and alcohol problems, or personal and financial difficulties. No problem is too trivial or too serious. Our staff and volunteer doctors can provide advice and referrals if required. Professor Garry Walter is the Service's Medical Director supported by our medical social worker, Sarah Foster.

We strongly recommend that you have your own general practitioner and see him/her promptly if you are unwell - as William Osler said 'a physician who treats himself has a fool for a patient'. Don't be so foolish!

The Medical Board of Australia is funding similar initiatives across Australia. The Service has separate funding to ensure that we continue to serve and support our colleagues in Dentistry and Veterinary Medicine. We now have an office on the 2nd floor in AMA House St Leonards which will serve as a base for the DHAS staff.

Because our staff are part-time, we also rely on the support of GPs and specialists who have been so important in maintaining the Service on a voluntary basis for the past 40 years. Together we aim to ensure that every doctor, dentist and veterinarian (and all students in those disciplines) has timely access to confidential medical care.

Preparing for Exams

You can sit for the RACP's summative BPT assessments – the Written and Clinical Examinations – after completing 24 months of accredited BPT training. The Written Exam is held in February each year (in Canberra), and the Clinical Exam in late July or early August (interstate). You must successfully pass the Written Exam before progressing to the Clinical Exam, and both parts before entering Advanced Physician Training.

Many BPTs will sit for these Examinations in their third BPT year – however, this decision should be considered carefully, as you will need to commit a significant amount of time outside of work hours to be adequately prepared for these challenging assessments. Where there are competing time constraints in the period before the scheduled exams (e.g. planned or unplanned family events, recovering from illness, etc.), it may be better to defer sitting the Examinations. It is strongly advised that you speak to your Educational Supervisor or DPE when making this decision.

The following section outlines some recommended timelines and resources when preparing for the Examinations.

Written Examination

The examination is comprised of two papers:

- **Clinical Applications**- Examines your understanding of the practice of medicine and therapeutics; (3 hours, 100 questions – 92 MCQs; 8 Extended Matching Questions)
- **Medical Sciences** – Examines your understanding of the principles of medicine and the basic sciences applicable to clinical medicine; (2 hours, 66 MCQs, 4 EMQs)

When to start preparing: Trainees usually start preparing in the first half of the year preceding the planned year for sitting the Examinations. Preparation continues in earnest in the second half of that year and is coupled with a local Written Exam preparation program. It is important to note that there is no “one way” to prepare for this Exam, although putting aside dedicated study time, working together as a team and perseverance, are pre-requisites for success. Revising available past papers (official or unofficial!) and MCQ questions from other resources (see below) is valuable in gaining expertise and strategies in answering the particular types of MCQs commonly found in these papers.

Resources useful in preparation: Trainees in past years have suggested that the resources listed below have been useful for preparing for the Written Exam. Whilst all these resources are of value, you will find that some are more useful than others depending on your individual learning style.

Online resources:

- **Passing the FRACP** – online questions (MCQs) with worked answers. Requires a subscription. <http://www.fracpractice.co.nz/>
- **Up To Date** – helpful for looking up evidence-based answers to past MCQ questions. You can use the ACT Health library's subscription.
- **RACP College Learning Series (formerly the Physician Education Program)** – A weekly lecture series produced to assist BPTs with preparing with the Written Exam and systematically goes through the BPT curriculum. Many of you will find listening to lectures supplements and reinforces the reading that you are doing. <https://elearning.racp.edu.au/>
- **Online journals – Journal Watch, NEJM**

Courses:

- **Preparation courses** – the “big three” are the [Dunedin](#), [Royal Prince Alfred](#) and [DeltaMed](#) Courses that are run during the October to December period each year. They are similar in format and offer didactic lectures, practice examinations and are of 2 weeks duration. MOSCETU Rostering staff will ensure that you can make it to one of the 3 courses, although it may not be your first choice depending on demand. Note, you will only be approved to attend **one** preparatory course per year. Submitting a leave form to the Medical Rostering Unit at the earliest opportunity for Study Leave, following the standard Leave application procedure, gives you the best chance of going to your most preferred course
- **Immunology for BPTs** – A well regarded course that has assisted past trainees get their heads around the complexities of immunology with a particular emphasis on written exam questions. <http://www.immunology4bpts.com/>

Books:

- **Medical Knowledge Self-Assessment Program (MKSAP)** – developed by the American College of Physicians for preparation of the US Board Exams. Easy to read summaries on all subspecialties and MCQs with worked answers. <https://mksap17.acponline.org/>
- **Harrison Principles of Internal Medicine Self-Assessment and Board Review** – this contains more than 1000 clinical review MCQs based on the content of the textbook of the same name. This is a popular book in the US for those revising for their internal medicine “board exams”.

Local BPT Written Examination Program ****LOG BOOKS?**

We will be running a weekly written tutorial program and Masterclasses commencing in Term 3 and continuing through to the Written Exam which will supplement the RACP lecture series. Tutorials will be presented by local physicians and advanced trainees and the program will be based on feedback from previous years as well as suggested topics from the current trainee cohort. The time and venue for these lectures will be advised closer to the date. Given the time and effort provided by your senior colleagues in delivering these lectures, please make an effort to attend and prepare.

Practice Written Exams

We hold two practice (mini) exams in December and January with practice questions set by local clinicians. These are ideal preparation tests to accustom yourselves to “exam conditions” (which you may not have experienced since Medical School!).

Clinical Examination

The Clinical Examination is conducted in late July / early August of each training year. Trainees will need to travel to an interstate hospital network to undertake the Examination so as to reduce the risk of knowing local patients or examiners which could bias the assessment. Canberra and Calvary Hospital are both Examination centres and host trainees from outside of the ACT.

The Clinical Examination is conducted over a (long) day and consists of four short cases (structured examinations of an organ system; ~7.5 minutes examining; ~7.5 minutes presenting to examiners) and two long cases (detailed presentation of a complex medical case; 60 minutes with patient, 25 minutes presenting to the Examiners). The aim of the Clinical Exam is to assess whether trainees have the requisite clinical skills, medical “maturity” and interpersonal ability to advance to advanced training.

Training for the Clinical Exam should begin before the Exam year! At a minimum, you should volunteer as a bulldog or organiser in Trial exams for BPTs in the years above, so you know the expected standard and exam format. It is also important to support your colleagues as they will support you when your turn comes.

Preparation for the Clinical Exam begins in earnest in March after the Written Examination results have been released.

The following are resources for Clinical Exam preparation:

- **Talley and O'Connor:** “Clinical Examinations” and “Examination Medicine” - The “bibles” for this Exam. We are very lucky to have Dr O'Connor as a Canberra Hospital specialist who is very involved in physician training locally and as a National Examiner.
- **The Neurology Short Case by Dr John Morris** – Neurology short cases are always challenging and this short, concise book helps put things into perspective.

- **RACP Clinical Exam Series:** These are an excellent portfolio of sample long and short cases that shows the format, presentation style and level of detail required for the Clinical Examination.
<https://elearning.racp.edu.au/tag/index.php?tc=3&tag=Clinical+exam+series&form=15545&ctx=15545>
- **Short case sessions:** These will be held at Canberra and Calvary Hospitals every Tuesday and Thursday afternoons from April to July). Examiners will be organised for these sessions, but it is up to trainees to find cases.
- **Saturday morning Trial Exams:** Each Saturday morning at both hospitals, a half day practice exam will be conducted under Exam conditions. Four trainees will be examined for 2 short cases and 1 long case. Again, Examiners will be organised for these sessions but cases will be up to the organising registrars to coordinate.
- **Territory-wide Trial Exam:** A full scale half-day exam will be held in June at both Canberra and Calvary hospitals in order to prepare the centres for the actual exam to be held in July/August. This “dress rehearsal” also is excellent preparation for the real thing.
- **Mentors:** Each trainee will be allocated mentors to assist with preparation for the Clinical Exam. These senior physicians will be very important guides and confidants in your preparation and the expectation will be that you are in regular contact to present long cases.



Career and Personal Development Program

Your journey towards becoming specialist physicians is not all about diastolic murmurs and memorising all causes of hepatosplenomegaly (although they are important!). We also aim to foster your development as high-quality teachers, administrators, leaders and researchers – all essential traits required of the modern physician wherever you may end up working.

To this end, we will put on a number of workshops or events that aim to assist in this development and invite local and interstate clinicians to present an interesting and entertaining program.

These events will include the following areas (and more):

- Resume and Interview Preparation
- Clinical leadership
- Medical career development
- Art Med program in collaboration with the National Gallery of Australia
- Medical Ethics
- Maintaining a work-life balance
- Teaching on the Run

Again, your participation and contribution to this program is essential for their ongoing success.



Awards and Recognition

We encourage you to take up opportunities to become involved with physician training and the hospital more broadly. There are many hospital committees that require medical doctor representation as well as physician training specific (e.g. Physician Training Committee, Morning Handover, PREPact website committee, Clinical Exam Planning Committee).

To recognise an outstanding contribution to the Physician Training program by a BPT or AT, we will award the Dr William Coupland Prize at the end of each training year at the Valedictory Dinner. The recipient of this Prize is decided by the NDPE in consultation with the PTC and senior clinicians. This will be based on evidence of exceptional contribution to physician training (e.g. teaching, organising and pastoral care) and outstanding personal attributes that are consistent with the ACT Health values of Care, Excellence, Collaboration and Integrity.

Biography of Dr William Coupland:

William (Bill) Coupland, born in Manilla, NSW, graduated in Medicine from the University of Sydney in 1959 gaining First Class Honours, the University Medal and four separate prizes. In 1962 he was appointed to the Professorial Unit of the Royal Prince Alfred Hospital and became a member of the Royal Australasian College of Physicians. From 1963 to 1964 he was Senior Fellow in Haematology at Prince Henry Hospital in Sydney, and then was appointed Junior Physician, Royal Prince Alfred Hospital. He declined that appointment instead choosing to come to Canberra in 1964. Bill commenced work as a general physician, however, with his special training in Haematology that part of his practice expanded rapidly and there was a natural progression into the field of Oncology. Bill was instrumental in the development of the Department of Oncology at Woden Valley Hospital which has serviced Canberra and the surrounding regions. The tutoring and mentoring of medical students and junior doctors was one of his particular interests and many general practitioners and specialists now practising in Canberra owe a great deal to him. Bill was a modest man of great intellectual capacity and accomplishments. These did not in any way diminish his gifts of empathy, sympathy and human understanding so important for all doctors, particularly those dealing with carcinoma and related illnesses. The Coupland family established the annual prize for the Best Physician Trainee in recognition of Bill's lifetime passion.

Past winners of this prestigious award are:

- 2021 tba
- 2020 Dr Emma Sharp
- 2019 Drs Jia Qi Yang & Prianka Puri
- 2018 Dr Jon Baird-Gunning
- 2017 Dr Sadia Jahan
- 2016 Drs Claire Waller & Dr Anvita Verma
- 2015 Dr Kathryn Forwood
- 2014 Dr Terence Ting

Notes: