

Rural procedural services

Principles for defining the scope of clinical practice for GP surgeons



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Introduction

Procedural services are provided throughout rural Victoria, with continued provision reliant on the maintenance of a suitably qualified medical workforce and support for training and ongoing skills enhancement.

To support provision of high quality, safe and effective surgical and procedural services to rural communities, the *Rural procedural services planning framework*¹ was released by the then Department of Human Services (now the Department of Health) in 2007. The department has also developed guidelines for credentialling and defining the scope of practice for medical practitioners.²

In many rural and regional health services general and specialist surgeons are available to provide procedural work. For others, particularly those defined as either sub-regional or local, procedural services are provided by general practitioner (GP) proceduralists or GP surgeons with defined skills and experience.

Rural GP procedural practice can include surgery, obstetrics and anaesthetics. A rural or remote procedural GP is described as ‘providing non-referred services, normally in a hospital theatre, maternity care setting or appropriately equipped facility, which in urban areas are typically the province of a specific referral based specialty’.³

This document relates to surgical services, so is most relevant to health services employing GP surgeons. As each rural GP surgeon will undertake training and maintenance of skills through an individual negotiated learning agreement, skills and experience will vary. This means it is not possible to list a comprehensive scope of clinical practice for all rural GP surgeons, so this document will focus on the process recommended to support and maintain appropriate service provision.

The document outlines:

- processes for defining the scope of clinical practice of the rural GP surgeon
- relevant requirements to be considered by rural health services when appointing a GP surgeon as a visiting medical officer (VMO)
- details of training programs, pathways and courses for rural GP surgical training.

This information will assist rural health service boards, management and relevant medical appointment committees of these agencies in:

- making clear recruitment and training decisions for their services
- credentialling, defining the scope of clinical practice and setting continuing professional development (CPD) requirements for rural GP surgeons, in accordance with credentialling guidelines²
- ensuring those processes complement the requirements of relevant department planning frameworks, particularly the *Rural procedural services planning framework*.¹

This document has been developed by the Rural Health Branch in consultation with an advisory group with representation from the Australian College of Rural and Remote Medicine (ACRRM), the Royal Australian College of General Practice (RACGP), the Royal Australasian College of Surgeons (RACS), rural GP proceduralists, rural directors of medical services and rural health service managers.



Rural procedural services planning framework

The *Rural procedural services planning framework* was released in 2007. This document provides a companion document to assist with service review and development. The planning framework is summarised below, with the full details available on the department's website at http://www.health.vic.gov.au/ruralhealth/hservices/rural_planning_frameworks.htm

Table 1: Service levels

Health service level	Level 1 Primary	Level 2 Low complexity	Level 3 Moderate complexity	Level 4 High complexity
Service level description	<i>Provides minor procedures, usually of the body's periphery, using local anaesthesia only.</i>	<i>Provides a combination of procedures that have a low level of complexity, magnitude and risk to patients with limited comorbidity. All types of anaesthesia administered.</i>	<i>Provides a combination of procedures that have a moderate level of complexity, magnitude or risk to patients with some comorbidity. Capacity to provide high-dependency nursing care.</i>	<i>Provides procedures that have a high level of complexity, magnitude or risk to patients with an extensive range of comorbidities. Intensive care unit with medical services available on-site 24 hours a day.</i>
Indicators				
<i>Patient comorbidities and associated risk factors</i>	<ul style="list-style-type: none"> Minimal, appropriate to procedures performed 	<ul style="list-style-type: none"> Procedures unlikely to be performed on patients with potential for intra- and post-operative complications Usually ASA¹ Class 1 and 2 	<ul style="list-style-type: none"> Procedures may be performed on patients with some potential for intra- and post-operative complications such as mild chronic disease that is not advanced and well controlled ASA Class 1, 2 and 3 	<ul style="list-style-type: none"> Procedures may be performed on patients with high risk potential for intra- and post-operative complications such as chronic disease that is advanced and may not be well controlled ASA Class 1, 2, 3, 4 and 5
<i>Type of anaesthesia and who administers it</i>	<ul style="list-style-type: none"> Local anaesthetic only administered by GPs or anaesthetists² 	<ul style="list-style-type: none"> All types of anaesthesia administered by anaesthetists 	<ul style="list-style-type: none"> All types of anaesthesia administered by anaesthetists 	<ul style="list-style-type: none"> All types of anaesthesia administered by or with input from specialist anaesthetists
<i>Where procedures are performed</i>	<ul style="list-style-type: none"> A treatment or procedure room only 	<ul style="list-style-type: none"> Endoscopy, radiology or operating suites 	<ul style="list-style-type: none"> Endoscopy, radiology or operating suites 	
<i>Who performs procedures</i>	<ul style="list-style-type: none"> GPs or GP proceduralists 	<ul style="list-style-type: none"> GP proceduralists or specialist surgeons 	<ul style="list-style-type: none"> GP proceduralists or specialist surgeons 	<ul style="list-style-type: none"> Specialist surgeons
<i>Post-operative care</i>	<ul style="list-style-type: none"> General nursing care 		<ul style="list-style-type: none"> High-dependency nursing 	<ul style="list-style-type: none"> ICU Medical emergency team
<i>Level of nursing expertise</i>	<ul style="list-style-type: none"> General nursing care 		<ul style="list-style-type: none"> Peri-operative and high-dependency nursing care 	<ul style="list-style-type: none"> Peri-operative and intensive care nursing
<i>Medical services</i>	<ul style="list-style-type: none"> VMOs on call 		<ul style="list-style-type: none"> On call 24 hours a day 	<ul style="list-style-type: none"> On-site 24 hours a day
<i>Length of stay</i>	<ul style="list-style-type: none"> Short stay 	<ul style="list-style-type: none"> Patients likely to require a short or day stay 	<ul style="list-style-type: none"> Patients likely to require overnight or multi-day stay 	<ul style="list-style-type: none"> Patients likely to require a multi-day stay

1. Refers to the American Society of Anesthesiologists scale. This is used by ANZCA as the preferred scale for classifying physical status of patients.

2. Anaesthetists refers to both GP anaesthetists and specialist anaesthetists

Table 2: Planning framework summary

Health service level	Level 1 Primary	Level 2 Low complexity	Level 3 Moderate complexity	Level 4 High complexity
Service level³	<i>Provides minor procedures, usually of the body's periphery, using local anaesthesia only.</i>	<i>Provides a combination of procedures that have a low level of complexity, magnitude and risk to patients with limited comorbidity. All types of anaesthesia administered.</i>	<i>Provides a combination of procedures that have a moderate level of complexity, magnitude or risk to patients with some comorbidity. Capacity to provide high-dependency nursing care.</i>	<i>Provides procedures that have a high level of complexity, magnitude or risk to patients with an extensive range of comorbidities. Intensive care unit with medical services available on-site 24 hours a day.</i>
Criterion 1: Catchment area	<ul style="list-style-type: none"> • Service responsive to needs of catchment area • Access to alternative health services • Collaborative relationships with other health service providers within area 			
Criterion 2: Clinical staff	<p>Medical</p> <ul style="list-style-type: none"> • GPs and anaesthetists with credentials and defined SoP⁴ for procedural services <p>Nursing</p> <ul style="list-style-type: none"> • Skilled registered nurses <p>Other health professionals</p> <ul style="list-style-type: none"> • Pharmacist for consultation 	<p>Medical</p> <ul style="list-style-type: none"> • GPs and anaesthetists with credentials and defined SoP for procedural services • Local VMO support for post-operative phase • Specialists available for consultation • Access to pathologist <p>Nursing</p> <ul style="list-style-type: none"> • Div 1 nurses with expertise in: <ul style="list-style-type: none"> • operating room/theatre • anaesthesia • recovery room and wards • infection control <p>Other health professionals</p> <ul style="list-style-type: none"> • Pharmacist for consultation • Access/referral to at least physiotherapist, dietician, social worker and occupational therapist 	<p>Medical</p> <ul style="list-style-type: none"> • Medical practitioners and anaesthetists with credentials and defined SoP for procedural services • Medical practitioner on call 24 hours a day • Specialists available for consultation • Pathologist on call 24 hours a day <p>Nursing</p> <ul style="list-style-type: none"> • High-dependency nursing care • Div 1 nurses with expertise in: <ul style="list-style-type: none"> • pre-operative clinic • operating room/theatre • anaesthesia • recovery room and wards • infection control <p>Other health professionals</p> <ul style="list-style-type: none"> • Operating room technician for each session • Radiographer on call • Sonographer • Pharmacist • On-site access to at least physiotherapist, dietician, social worker and occupational therapist 	<p>Medical</p> <ul style="list-style-type: none"> • Specialist medical practitioners with credentials and defined SoP for procedures undertaken • Specialist anaesthetists with credentials and defined SoP • Medical practitioner on-site 24 hours a day • Medical practitioner on-site to support ICU 24 hours a day • Support for medical emergency team • Pathologist on call 24 hours a day • Nuclear physician • Specialists for clinical support to health services at levels 1, 2 and 3 <p>Nursing</p> <ul style="list-style-type: none"> • Nurses with postgraduate qualifications in peri-operative and critical care • Div 1 nurses with expertise in: <ul style="list-style-type: none"> • pre-operative clinic • operating room/theatre • anaesthesia • intensive care unit • recovery room and wards • infection control • medical emergency team • Nurses with skills in stomal therapy, oncology, continence management, breast care and pain management desirable <p>Other health professionals</p> <ul style="list-style-type: none"> • Operating room technician for each session • Radiographer on call • Sonographer • Pharmacist • On-site access to at least physiotherapist, dietician, social worker and occupational therapist

3. Further details available in Table 1: Service levels

4. Scope of practice

Health service level	Level 1 Primary	Level 2 Low complexity	Level 3 Moderate complexity	Level 4 High complexity
Criterion 3: Clinical guidelines	<ul style="list-style-type: none"> Guidelines appropriate to range of procedures performed and level of risk Policies for intermittent services Documented referral pathways and transfer protocols 	<ul style="list-style-type: none"> Guidelines appropriate to range of procedures and level of risk Policies for intermittent services Documented referral pathways and transfer protocols 	<ul style="list-style-type: none"> Guidelines appropriate to range of procedures and level of risk Policies for intermittent services Documented referral pathways and transfer protocols Protocols for delivery of high-dependency nursing care 	<ul style="list-style-type: none"> Guidelines appropriate to range of procedures and level of risk Policies for intermittent services Documented referral pathways and transfer protocols Protocols for the delivery of intensive care services Guidelines for medical emergency team Guidelines for provision of support to other health services within area
Criterion 4: Quality standards	<ul style="list-style-type: none"> All defined quality standards maintained Informed consent Clinical risk assessment at all phases of care Comprehensive clinical governance processes Process for credentialing and defining scope of clinical practice in place 			
Criterion 5: Support services	<p>Infrastructure and equipment</p> <ul style="list-style-type: none"> Facility complies with design guidelines Procedure or treatment room <p>Diagnostic imaging</p> <ul style="list-style-type: none"> Basic X-ray service available <p>Pathology</p> <ul style="list-style-type: none"> Blood and specimen collection service <p>Pharmacy</p> <ul style="list-style-type: none"> Emergency drugs through imprest system 	<p>Infrastructure and equipment</p> <ul style="list-style-type: none"> Facility complies with design guidelines Fully equipped operating suite or equivalent <p>Diagnostic imaging</p> <ul style="list-style-type: none"> Basic X-ray service available Access or referral to ultrasound <p>Pathology</p> <ul style="list-style-type: none"> Blood and specimen collection service Ability to administer blood products within one hour <p>Pharmacy</p> <ul style="list-style-type: none"> Emergency drugs through imprest system <p>Rehabilitation</p> <ul style="list-style-type: none"> Access or referral as required 	<p>Infrastructure and equipment</p> <ul style="list-style-type: none"> Facility complies with design guidelines Fully equipped operating suite or equivalent Facility for high-dependency care <p>Diagnostic imaging</p> <ul style="list-style-type: none"> On-site imaging service On-site ultrasound <p>Pathology</p> <ul style="list-style-type: none"> On-site blood and specimen collection Blood available on-site <p>Pharmacy</p> <ul style="list-style-type: none"> On-site pharmacy service business hours Emergency drugs through imprest system after hours <p>Rehabilitation</p> <ul style="list-style-type: none"> Access or referral as required 	<p>Infrastructure and equipment</p> <ul style="list-style-type: none"> Facility complies with design guidelines Fully equipped operating suite or equivalent Fully equipped ICU Medical emergency equipment <p>Diagnostic imaging</p> <ul style="list-style-type: none"> On-site imaging service On-site ultrasound and nuclear medicine <p>Pathology</p> <ul style="list-style-type: none"> On-site pathology service On-site biochemistry and microbiology Point-of-care testing within ICU Blood available on-site <p>Pharmacy</p> <ul style="list-style-type: none"> On-site pharmacy service 24 hour access required <p>Rehabilitation</p> <ul style="list-style-type: none"> Access or referral as required

Defining the scope of clinical practice of the rural GP surgeon



There are many elective procedures that GP surgeons are capable of performing safely and appropriately and where providing a service at the local hospital facilitates faster access for patients.

In rural Victoria it is expected that a rural GP surgeon could be appointed as a VMO in health services defined as level 1, 2 or 3 as outlined in the planning framework. For health services defined as level 4, specialist surgical training would be required of VMOs.

Due to the range of surgical service models and arrangements in place and the variation in training and surgical skills, the scope of practice defined for a rural GP surgeon will be site specific. The key issues to be considered when credentialling and defining the scope of clinical practice of a GP surgeon relate to the:

- training and experience of the rural GP surgeon
- facilities available at the health service
- experience and skills of anaesthetists, nursing and other professional staff required to support the surgical service
- development of an effective relationship, communication and patient transfer protocols between the rural GP surgeon and surgeons at the preferred referral hospital.

Some health services may have visiting surgeons as VMOs. Where possible this can facilitate a collaborative relationship between the surgeon and GP surgeon. It is also important that GP surgeons be closely associated and have strong links with the surgical service at the regional or sub-regional health service to which they will ultimately refer. This facilitates recognition of when patient treatment is appropriate locally and when to refer to more complex or specialist care.

The principles that apply in defining the scope of clinical practice of rural GP surgeons are outlined for three groups of rural doctors:

- current and prospective rural GP surgeon trainees
- rural GP surgeons already in practice
- international medical graduates (IMGs) seeking appointment as rural GP surgeons.

1. Current and prospective rural GP surgeon trainees

A rural GP wishing to train as a GP surgeon may undertake training either through the RACGP Advanced Rural Skills pathway or the ACRRM Advanced Specialist Training pathway. Key stakeholders in both these training programs are the colleges comprising the Joint Consultative Committee (JCC) of surgery (ACRRM, RACGP and RACS), the regional training providers, the regional and sub-regional hospitals and the specialist surgeons providing the training and supervision.

There are significant similarities between the two types of training with respect to selection of candidates, curriculum design and duration and assessment processes. The outcomes of the training in both cases is negotiated between candidate, supervisor and mentor and is dependent on the previous experience of the trainee, the experience gained in the training location, the final location of the trainee's practice and the local requirements of that location, including needs of the population and the facilities and support available to the trained rural GP surgeon.

There are also significant similarities in the types of surgical conditions and procedures in which candidates of each training program would be expected to gain skills and experience.

It is expected that health service boards, managers and relevant credentialling and defining scope of practice and medical appointments committees will define an appropriate scope of clinical practice according to the following principles.

- The level of procedural work undertaken within the health service will be in accordance with the *Rural procedural services planning framework*.¹
- The scope of practice will be defined according to processes outlined in *Credentialling and defining the scope of clinical practice for medical practitioners in Victorian health services – a policy handbook*.²
- The health service committee responsible for defining the scope of clinical practice of the rural GP surgeon must have the input of either a rural GP surgeon or a rural general surgeon who has no conflict of interest regarding the appointment.
- The rural GP surgeon trainee must show evidence of current fellowship with either ACRRM or RACGP.
- The training post undertaken by the rural GP surgeon must be accredited by either ACRRM or RACGP.
- There is evidence that the supervision of training of the rural GP surgeon was in accordance with specifications of either ACRRM or RACGP as appropriate. The supervisor should be a rural general surgeon.
- The rural GP surgeon trainee presents a logbook of procedures and assessment signed off by the supervisor.
- There is evidence of a completion of training certificate signed off by ACRRM or RACGP.
- The rural GP surgeon trainee has successfully completed one or more upskilling courses, with recommended courses including EMST, APLS, CCrISP and ASSET (see section on other relevant upskilling courses for course descriptions). Evidence of upskilling should be provided every three to five years.
- There is written evidence that the rural GP surgeon participates in ongoing continuing professional development that complies with ACRRM or RACGP.

2. Rural GP surgeons already in practice

There are a significant number of experienced rural doctors who have been undertaking a variety of surgical procedures appropriately and safely over many years and who provide a valuable service to their local health service and local community.

It may not be justifiable to expect that this group of doctors undertake significant additional training as described for current or prospective rural GP surgical trainees. However, health service boards, managers, directors of medical services and the community being served by the health service need to be assured that there are consistent processes in place for ascertaining that a doctor in this category has been previously well trained and that s/he participates in ongoing professional development in order to maintain skills.

For this group of rural GP surgeons, an appropriate scope of clinical practice should be defined according to the following principles.

- The level of procedural work undertaken within the health service will be in accordance with the *Rural procedural services planning framework*.¹
- The scope of practice will be defined according to processes outlined in *Credentialling and defining the scope of clinical practice for medical practitioners in Victorian health services – a policy handbook*.²
- The health service committees responsible for defining the scope of clinical practice of the rural GP surgeon must have the input of a rural GP surgeon or a rural general surgeon who has no conflict of interest regarding the appointment.
- Regardless of the length of time the rural GP surgeon has already been appointed as a VMO, the health service must obtain, on at least one occasion, detailed information about previous training, qualifications and skills and the scope of practice requested.

This should be obtained by requesting that all currently practicing rural GP surgeon VMOs complete an initial application form (found in the appendices of *Credentialling and defining the scope of clinical practice for medical practitioners in Victorian health services – a policy handbook*) at the next scheduled re-credentialling period, rather than the re-appointment form. This detailed information provides a baseline set of procedures currently undertaken by each rural GP surgeon and ensures that future re-credentialling processes build on accurate and detailed existing information.

- The rural GP surgeon has successfully completed one or more upskilling courses, with recommended courses including EMST, APLS, CCrISP and ASSET. Evidence of upskilling should be provided every three to five years.
- There is written evidence that the rural GP surgeon participates in ongoing continuing professional development that complies with ACRRM or RACGP.

3. International medical graduates seeking appointment as rural GP surgeons

This section applies to IMGs who do not have general registration but may have surgical experience in another country and wish to be appointed as a VMO with a scope of clinical practice that includes surgical procedures. In these situations, health service directors of medical services and committees responsible for credentialling and defining scope of practice may find it difficult to assess the level of skill and training of the IMG.

For this group of doctors, an appropriate scope of clinical practice should be defined according to the following principles.

- The level of procedural work undertaken within the health service will be in accordance with the *Rural procedural services planning framework*.¹
- The scope of practice will be defined according to processes outlined in *Credentialling and defining the scope of clinical practice for medical practitioners in Victorian health services – a policy handbook*.²
- The health service committees responsible for defining the scope of clinical practice of the IMG GP surgeon must have the input of a rural GP surgeon or a rural general surgeon who has no conflict of interest regarding the appointment.
- A period of practice attachment must be organised at an appropriate facility and under the supervision of a rural surgeon or GP surgeon who is either a fellow of ACRRM or RACGP or with involvement of a rural general surgeon who is a fellow of RACS.
- Training is in accordance with specifications of either ACRRM or RACGP as appropriate.
- The supervisor must provide a written assessment (co-signed by both the IMG undertaking the attachment and the supervisor) at the end of the attachment to the health service committee responsible for credentialling and defining the scope of clinical practice.
- The IMG GP surgeon has successfully completed one or more upskilling courses, with recommended courses including EMST, APLS, CCrISP or ASSET courses. Evidence of upskilling should be provided every three to five years.
- There is written evidence that the IMG GP surgeon participates in ongoing continuing professional development that complies with ACRRM or RACGP.

Australian general practice training (AGPT)

The General Practice Education and Training (GPET) initiative was established by the Commonwealth Government to oversee and fund regional GP training through the AGPT program. GPET has established a regionalised training program, delivered via five regional training providers in Victoria.

GPs can undertake fellowship and training with either the RACGP or ACRRM and GPET requires that the standards of both must be addressed.

Fellowship of RACGP

The RACGP has both rural and general fellowship training pathways. Most doctors apply for GP training in postgraduate year 1 (PGY1) or PGY2. Fellowship for RACGP can be commenced at the end of year 2 training or at any subsequent time.

The general training pathway is over three years with second- and third-year trainees undertaking basic and advanced GP terms, each of six months duration, and an elective term. During that time, trainees must undertake an advanced emergency medicine course to qualify for fellowship. RACGP trainees undertaking the general training pathway must undertake six months in a Rural, Remote and Metropolitan Areas (RRMA) 3-7 location.

Rural pathway trainees undertake an integrated rural pathway of four years' duration, including 12 months of advanced rural skills training, with all training taking place in RRMA 4-7. The Fellowship in Advanced Rural General Practice / graduate diploma is an additional professional qualification for those trainees who have met core training requirements, are eligible for the fellowship and have successfully completed the specific requirements of the rural pathway including the Advanced Rural Skills year. Many elective posts and the Advanced Rural Skills year have a procedural focus and include extended skills and procedural training posts.

Fellowship of ACRRM

ACRRM was formed in 1997 in acknowledgement of the emergence of rural and remote medicine as a distinct discipline and to provide vocational preparation and continuing medical education for rural doctors. ACRRM supports rural and remote medicine as a separate specialty embodied in the concept of an 'extended generalist doctor', distinguished from urban general practice due to relative professional isolation, independence, remoteness from specialists and specialty facilities and differences in patterns of health in rural communities.

In early 2007 the Australian Medical Council granted ACRRM initial accreditation as a standards-setting body and as a provider of specific training and professional development programs. The Commonwealth has also provided rural medicine with formal recognition under Medicare legislation, as fellowship of ACRRM now ensures independent access to the Vocational Register and A1 Medicare Benefits Schedule (MBS) rebates. Both these measures mean that fellowship of ACRRM is an end point to registrar training under the AGPT program.

Procedural skills are an important component of rural and remote practice. The ACRRM primary curriculum defines six domains for learning:

- core clinical knowledge and skills
- extended clinical practice
- emergency care
- population health
- Aboriginal and Torres Strait Islander health
- professional and ethical practice.

ACRRM trainees follow this primary curriculum, which is complemented by a series of advanced/special skills curriculum over a minimum of three years. Trainees undertake a minimum of two rural GP/community attachments (six months each), a minimum of 12 months' accredited hospital based attachments and a minimum of 12 months' accredited advanced rural skills posts. ACRRM fellows may also choose to undertake advanced training at any time after the attainment of the fellowship and are required to participate in a CPD program. ACRRM has developed curriculum statements for a variety of learning areas, including surgery.

Rural GP surgeon training programs

This section provides an overview of current GP training in Australia, including an outline of the curricula, selection, training and assessment requirements for rural GP surgeons.

1. RACGP Advanced Rural Skills pathway

*The Surgery – advanced rural skills curriculum statement*⁴ was developed by the JCC and outlines the selection, training requirements, learning objectives and curriculum for rural GP surgical training utilised by the RACGP. The curriculum was reviewed in 2003 but not formally amended.

Trainees are selected in accordance with RACGP selection policies and procedures and are considered by a nominee of the regional training provider (RTP) and the National Rural Faculty of the RACGP. The selection criteria include:

- a strong rural background
- undergraduate experience in a rural area
- a professional role model in a rural area
- hospital experience in a non-metropolitan hospital.

The training must be obtained in an appropriate context, being rural practice, with hospital terms being offered depending on the trainee's previous experience, future practice needs and in consultation with the training advisor.

The rural surgical GP trainee must be able to demonstrate the following competencies:

- taking an accurate and detailed surgical history and competently performing a physical examination
- developing the clinical skills required to competently diagnose, investigate and manage common surgical conditions in rural and remote practice
- competently perform a range of common surgical procedures under minimal or distant supervision
- demonstrate knowledge of relevant anatomy, physiology, pathology and research findings in the management of common surgical conditions
- demonstrate knowledge and skills in the pre- and post-operative management of common surgical conditions and associated complications
- demonstrate confidence to make decisions and accept the outcomes of those decisions while working within their limitations
- utilise a problem-solving approach to surgical care, demonstrating an ability to think in the long term
- understand the principles of blood transfusion, surgical bleeding and fluid replacement therapy (including procedures for cross-matching in rural areas)
- understand the principles of bone fixation, fracture and dislocation management, recovery and mobilisation
- demonstrate appropriate skills in the early management of severe trauma.

The curriculum statement also provides an outline of common surgical conditions to be managed by rural GP surgeons. It is expected of trainees that experience should be gained in the recognition and appropriate initial management of the following range of common conditions. Generic presenting conditions from which management decisions are made are listed.

The conditions should be studied by following the management of patients from initial contact to discharge or follow-up in the trainee's regular clinical setting.

Abscesses, haematomas and cellulitis	Leg ulcers
Abdominal mass	Ligament injury
Abdominal trauma	Limb fractures/dislocations
Acute abdominal pain	Limb pain including ischaemia
Acute gynaecological problems (ectopic pregnancy, PID ovarian problems)	Lumps in the groin
Altered bowel habits	Lumps in the neck
Arterial trauma	Nerve entrapment
Back pain	Pelvic injuries
Breast infection and breast lumps	Perianal conditions
Burns – major and minor	Peripheral vascular disease
Chest pain and chest trauma	Pilonidal abscess/sinus
Compartment syndrome	Prostate disease
Contusions	Rectal bleeding
Claudication	Renal pain
Deafness and ear infections	Scrotal swelling/pain
ENT emergencies including epistaxis	Simple plastic surgery (flaps/grafts)
Eye trauma	Skin lesions
Facial injuries	Spinal injury
Foreign bodies	Sterilisation
GIT bleeding	Tendon entrapment/repair
Hand injuries	Urinary tract infection
Head injuries	Voiding difficulties
Ingrown toenails	Wounds – simple and complex infections
Joint pain	

The curriculum statement also outlines 'common surgical skills and procedures' and categorises them in three broad areas: trauma skills, minor procedures and operative procedures.

Trauma skills are expected to be acquired during EMST courses.

Minor procedures are included in the list of conditions but the statement notes that 'the following procedures are of particular importance to rural practitioners and will receive additional attention':

- excision of skin lesions and simple plastic surgery
- suturing in most surgical situations
- cryotherapy and cautery.

Under the category 'operative procedures', it is stated that 'experience and skills in appropriate operative procedures associated with common surgical conditions should be gained according to the complexity of the operation, the proficiency of the individual registrar and the registrar's likely location after completion of the course. This should include a consideration of the potential availability of surgical facilities and specialist support. Some registrars may gain experience and proficiency in caesarean sections and associated obstetrics knowledge and skills as part of their major studies in surgery'. Specific operative procedures are, therefore, not listed in the curriculum statement.

The curriculum is designed for four initial periods of attachment to:

- a general surgical unit
- an orthopaedic surgical unit
- a rural practice
- an appropriate unit in a location where the registrar is likely to work.

The trainee, the supervisor from the National Rural Faculty of the RACGP and the surgical supervisor are expected to determine the depth and extent of coverage of the conditions listed. This negotiation process should take into account the potential geographical location of the trainee and the needs of that location and the background and experience of the trainee. The negotiation results in a written statement setting out the proposed coverage of content for the year of study that must be signed by the three parties concerned, with the statement being reviewed at the beginning of each attachment. The specifics of the attachments should be determined by the training provider according to the facilities available and there may be some flexibility in determining the final attachment. For example, consideration can be given to an attachment in an emergency department.

Where possible, the surgical attachments should take place in a region where the registrar may work after completion of training, to enable an ongoing registrar-consultant relationship. During the attachments the trainee takes on the role of a junior surgical registrar with agreed teaching and supervision sessions. Clinical logbooks should be maintained during all attachments.

Assessment of the trainee should be conducted by the GP and surgical supervisor and cases need to be discussed with mentors regularly, utilising a diary in the RACS format. Supervisors must prove a unit attachment and case study 'grade' at the end of each attachment, which includes assessment of the trainee's clinical skills and of written case studies. There is also quarterly assessment of two case studies by a panel of outside moderators comprising representatives from RACS and the RACGP National Rural Faculty.

Final assessment of the trainee is based on:

- successful completion of the EMST course
- summary of unit attachments undertaken
- list of case studies submitted, including those assessed by external moderators
- summary statements by the two supervisors outlining the trainee's development in the course and understanding of surgical management issues
- an indication of the capacity of the registrar to perform appropriate unsupervised general practitioner surgery.

Full details of the curriculum can be accessed through the website at <http://www.racgp.org.au/Content/NavigationMenu/educationandtraining/curriculum/20050517surgery.pdf>

The RACS has released a position paper⁵ related to the curriculum. This suggests that GPs performing surgery in a rural location should have strong linkages with the surgeons and larger or regional health services to which they naturally refer.

The paper also notes that surgical skills needed by GP surgeons will be site specific and need to be considered in the context of the infrastructure available. This includes the physical resources, anaesthetic and other medical support, nursing and allied health resources available.

The position paper then provides a list of procedures at three levels, with the expectation that the higher the level under which a procedure was listed the more training would be required to perform that procedure. Procedures in level 1 could be performed with minimal resources and training, those in level 2 would require more training and resources, while those in level 3 would require at least one year of training with the RACGP or ACRRM surgical proceduralist training program and an ongoing mentoring relationship with a RACS fellow.

Details of the procedures defined at each level are in Appendix 1.

2. ACRRM Advanced Specialist Training pathway

Fellowship of ACRRM offers an approved pathway to vocational registration and the gateway to unrestricted practice anywhere in Australia. Fellowship of ACRRM was introduced into Medicare in 2007.

The aim of ACRRM's Vocational Training Program is to produce fellows who can function as safe, confident, independent doctors, capable of working in a variety of health care settings in both rural/remote and urban Australia. ACRRM utilises JCC curricula and training arrangements for obstetrics, surgery and anaesthetics.

The third edition of the ACRRM primary curriculum provides an overview of the training content required. Details are provided in Appendix 2.

The curriculum assumes that accredited training posts are provided in hospitals with a secondary referral base and that teaching staff will be selected from practising surgeons in the hospital and fellows of ACRRM in the RTP.

To be selected candidates must:

- have completed two years of a rural vocational preparation program with a rural consortia or have a minimum of one year's rural experience closely associated with a rural surgical service
- have successfully completed EMST
- demonstrate relevant surgical knowledge, skills and experience equivalent to those of a resident medical officer in a general surgical unit
- demonstrate a commitment to rural medicine including experience of at least one term in rural general practice.

Selection of registrars is undertaken by ACRRM in association with the RTP. The program is also available for rural doctors seeking to upskill in surgery and for urban GPs seeking to relocate to rural practice.

A surgical attachment of one year is usually split between attachment to a surgical unit (usually in a regional health service) and attachment to a surgeon in a sub-regional hospital. An orthopaedic attachment in the regional hospital is also encouraged. A second year of surgical training may also be undertaken to consolidate or expand skills.

Each candidate functions as a surgical registrar with increasing independence in performing common surgical procedures as the year progresses. Each trainee is allocated a specialist surgical supervisor and a generalist surgeon who can be a mentor.

The learning objectives assume that by the end of the training the candidate will have:

- acquired the necessary knowledge and clinical skills to competently undertake appropriate investigations and formulate diagnosis of surgical conditions in rural and remote practice
- developed management plans for these conditions including fluid replacement and analgesia, plus communication skills with senior surgical colleagues and a practical understanding of transfer and evacuation
- attained a working knowledge of EMST principles and have completed that course
- attained a working knowledge of the mechanisms of injury, pathological processes of disease, basic surgical processes and appropriate stabilisation for management elsewhere
- acquired the skills to competently perform a range of common minor surgical procedures under minimal or distant supervision
- developed an understanding of the medico-legal implications of performing surgical procedures on a patient
- developed a commitment to self-directed learning, continuing education and the conduct of quality assurance activities in the provision of surgical services in rural and remote practice.

Support for training in rural areas

The course content includes:

- minor surgical skills
- management of the acute abdomen
- chest surgery
- urological surgical conditions
- colo-rectal surgical conditions
- neurosurgery
- ophthalmological surgical conditions
- vascular surgical conditions
- ENT surgical conditions
- orthopaedic surgical conditions
- trauma management
- professional and ethical responsibilities.

Each of the 12 major topics of this program are expressed through 'general instructional objectives'. General instructional objectives are essentially broad statements of competencies to be acquired. These are then defined according to 'required abilities and skills'. These abilities and skills are examples of behaviours that indicate the objective has been achieved.

For the procedures of laparoscopy, endoscopy, sigmoidoscopy, colonoscopy, cystoscopy, colposcopy and arthroscopy, it would be assumed that the practitioner had been appropriately trained and assessed in these particular procedures and that the practitioner specifically demonstrates ongoing maintenance of skills via a certified quality assurance and continuing education program (for example, the ACRRM Professional Development Program).

The curriculum is designed to be flexible. Completing the content leads to a negotiated agreement between the candidate, the ACRRM mentor and/or the RTP medical educator and the surgical supervisor, taking into account the surgical conditions likely to be encountered in rural practice, the potential geographical location of the candidate and the perceived needs arising from that location and the background and experience of the candidate. The negotiated agreement needs to be regularly reviewed.

Assessment is based on:

- direct feedback from the supervisors during attachments
- submitted case studies/clinical presentations/surgical skill logbooks
- viva assessments.

Assessment occurs every three months and the candidate sits a viva examination at the end of each year of surgical training.

Both the Australian Department of Health and Ageing (DoHA) and the Victorian Department of Health support the training of rural GP proceduralists through funding procedural upskilling posts.

The Australian Government provides funding through the Training for Rural and Remote Procedural General Practitioners Program (TRRPGPP). This provides financial assistance for procedural GPs in rural and remote areas to access relevant activities in order to assist them in maintaining or updating their skills. The program is jointly administered by ACRRM, RACGP and Medicare Australia.

Website reference:

<http://www.health.gov.au/internet/main/publishing.nsf/Content/work-pr-trrpgpp>

The Advanced GP Procedural Posts in Rural Areas is a Victorian program that provides an avenue for undertaking advanced rural GP surgical training, either with ACRRM or RACGP. The number of surgical training posts each year is determined by the level of interest of trainees and health services.

The program provides funding for supernumerary advanced procedural skill training posts in areas of GP workforce shortage or for the development of new posts in service delivery priority areas. Funding is made available for trainee salaries, mentoring, accommodation and travel for posts in anaesthetics, surgery, obstetrics and emergency medicine.

The posts are accredited by the relevant JCC and the RTP is funded to coordinate the submissions and administer the program on behalf of the Department of Health.

Website reference:

<http://www.health.vic.gov.au/workforce/medical>

Other relevant upskilling courses for rural GP surgeons



There are numerous courses available for GPs to maintain and enhance their skills. Those listed below are deemed to be essential for a rural GP surgeon and it is recommended that these skills are 'refreshed' every three to five years.

Early Management of Severe Trauma (EMST) course

This course is conducted by RACS and can also be undertaken by fellows of RACS, the Australian College of Emergency Medicine (ACEM) and the Australian and New Zealand College of Anaesthetists (ANZCA). It is valid for four years and is maintained by doing a refresher course. The duration of the course for first-time applicants is 2.5 days and the refresher course duration is 1.5 days.

Participants are provided with the advanced trauma life support (ATLS) and EMST handbooks.

Practical skills covered in the course include:

- airway control
- IV/shock therapy
- head injury assessment
- limb splinting
- spine protection
- venous cutdown
- chest tube
- peritoneal lavage
- pericardiocentesis
- cricothyroidotomy
- stabilisation and transport
- burns management.

Website reference: <http://www.surgeons.org/Content/NavigationMenu/EducationandTraining/Skills/EMST/default.htm>

Advanced Paediatric Life Support (APLS) course

This three-day course has the support of Australasian College for Emergency Medicine, Australian College of Paediatrics and the College of Rural and Remote Medicine. It is aimed at improving the early management of acutely ill and injured children. Certification is valid for five years.

Topics covered in the course include:

- life support (basic and advanced)
- serious illness and serious injury
- practical procedures
- radiology
- pain management.

Website reference: <http://www.apls.org.au>

Care of the Critically Ill Surgical Patient (CCrISP)

The CCrISP course assists trainees in developing simple, useful skills for managing critically ill patients and promotes the coordination of multidisciplinary care where appropriate. The course is as much about putting clinical knowledge, acumen and procedural skills to use as it is about communication, responsibility and leadership. The CCrISP course encourages trainees to adopt a system of assessment to avoid errors and omissions, and uses relevant clinical scenarios to reinforce the objectives.

The course features:

- simulated patient assessment
- clinical decision making
- legal, ethical and communication issues
- analysis of data in critical care
- systems- and protocol-based learning.

The focussed 2.5-day course puts emphasis on small-group teaching, hands-on training and performing practical procedures.

Website reference:

<http://www.surgeons.org/Content/NavigationMenu/EducationandTraining/Skills/CCrISP/default.htm>

Australian and New Zealand Surgical Skills Education and Training (ASSET)

The ASSET course provides an educational package of generic surgical skills required by surgical trainees in the Australian and New Zealand context. ASSET is a compulsory aspect of surgical training and is usually undertaken within the first year of training. It can also be undertaken prior to surgical training.

Four modules are undertaken over the 2.5-day course:

- Basic Surgical Skills 1 (instruments, knots and incisions)
- Basic Surgical Skills 2 (dissection and suturing)
- Musculoskeletal Injury
- Minimal Access Surgery.

The emphasis of this course is on small-group teaching, intensive hands-on practice of basic skills, individual tuition, personal feedback to participants and performing practical procedures.

Website reference:

<http://www.surgeons.org/Content/NavigationMenu/EducationandTraining/Skills/ASSET/default.htm>

The RACS minor surgery course for GPs

This course is a two-day practical workshop run by RACS for GPs and GP registrars. It covers a variety of minor procedures and GPs are able to undertake 'hands-on' learning in the college's Skills Laboratory. While this course is not considered adequate training for a rural GP surgeon, it has been included in the document for completeness as it provides appropriate skills training for GPs undertaking minor procedures, under local anaesthesia, in their private rooms or in level 1 health services as defined by the *Rural procedural services planning framework*.¹

Topics covered in the course include:

- injections: subcutaneous, intramuscular, intra-articular, joints
- vasectomy
- haemorrhoids, perianal haematomas
- skin incisions
- biopsies (including shave, punch and excisional)
- closure (including flaps, rotation, Z-plasty)
- specific skin lesions – sebaceous cysts, other cysts, ingrown big toenails
- debridement and packing
- lumbar puncture and epidural anaesthesia
- intercostal drainage and nerve block
- cricothyroid puncture and airway procedures
- suprapubic puncture and urinary catheterisation
- I/V cannulation and venous cutdown
- femoral, radial artery vascular access
- intra osseous needle insertion
- removal of eye-lid cysts
- removal of corneal foreign bodies
- fractures and their reduction
- managing dislocations
- plastering techniques.

Currently, attendance at the course is certified but skills attainment is not formally assessed.

Courses are offered at times determined by RACS.

Website reference:

<http://www.surgeons.org/Content/NavigationMenu/EducationandTraining/Skills/default.htm>

Appendix 1

Royal Australasian College of Surgeons position paper: **Training for GP surgical proceduralists⁵**

Approval date: October 2007 Ref. No.: FES_RSE_2360_P

Level 1 procedures

- Excision of cutaneous lesions with simple closure
- Suture and repair of lacerations
- Removal of superficial palpable foreign bodies
- Removal of toenail
- Application of plaster for undisplaced fractures of the upper and lower limb
- Incision and drainage of cutaneous abscesses

Level 2 procedures

- Wedge excision of toenail bed
- Toenail ablation
- Excision of cutaneous lesions with simple flap closure
- Cauterisation or freezing of skin lesions
- Incisional biopsy of skin lesions
- Closed reduction of fractures

Level 3 procedures

Topic	Required abilities and skills
L3.1 Skin/subcutaneous tissue	
Wounds – simple/complex	• excision and suture
Wounds – infected	• drainage/debridement
Abscess, cellulitis	• drainage/packing
Haematomas	• drainage
Foreign bodies	• removal of FBs
Skin lesions	• excision and suture / simple flaps
Skin cancer	• skin grafts – partial and full thickness
Leg ulcers	• punch biopsy
Burns – major/minor	• dressings/diagnosis • escharotomy • criteria for referral
L3.2 Head and neck	
Facial injuries – simple and complex	• suture lacerations → airway protection • mandible stabilisation → cricothyroidotomy
FBs nose/ear/mouth/eye	• FB removal
Head injuries	• suture → transfer arrangements

ENT emergencies	• epistaxis control / nasal packing • incision and drainage abscesses
Deafness, ear infection	• FB removal / canal toilet
Eye trauma	• FB removal
Lumps in neck	• diagnosis
L3.3 Breast	
Breast abscess/infection	• drainage
Breast lump	• diagnosis
L3.4 Chest	
Chest pain	• diagnosis
Chest trauma	• closure open wounds • pneumothorax – chest tubes • pleural tap • pericardial aspirate – emergency
L3.5 Abdomen	
Abdominal pain	• diagnosis
Appendicitis	• diagnosis • appendicectomy (in supervised situations)
Bowel obstruction	• diagnosis – resuscitation
Perforated viscus	• diagnosis – resuscitation
Abdominal trauma	• diagnosis – resuscitation
Abdominal mass	• diagnosis
Altered bowel habit	• diagnosis
Upper GIT bleeding	• diagnosis – resuscitation
L3.6 Groin/scrotum	
Groin/scrotal lumps	• diagnosis
Testicular torsion	
Testicular trauma	
L3.7 Perianal/rectal	
Perianal sepsis	• abscess drainage • laying open pilonidal sinus
Rectal bleeding	• sigmoidoscopy
L3.8 Genitourinary	
Renal pain	• diagnosis
Prostate disease	• diagnosis
Urinary tract infection	• diagnosis/treatment
Voiding difficulties	• catheterisation • urethral dilatation • suprapubic catheter
L3.9 Gynaecology/obstetric	
Acute gynaecology conditions	• diagnosis
Obstetric emergency	• diagnosis

Appendix 1 (con't)

L3.10 Vascular	
Claudication	• diagnosis and non-operative management
Arterial/venous ulcers	• diagnosis and non-operative management
Peripheral vascular disease	• diagnosis and non-operative management
Ischaemic limb	• diagnosis and non-operative management
Superficial thrombophlebitis	• diagnosis and non-operative management
Compartment syndromes	• fasciotomy
Arterial trauma	• haemorrhage control
L3.11 Skeleton	
Back pain	• common managements → spinal injury unit referral
Spinal injury	
L3.12 Orthopaedic	
Hand injuries	• abscess drainage • tendon sheath drainage • terminalisation of digit
Joint pain/injuries	• intra-articular steroids
Ligament injuries	• diagnosis/splinting
Limb fractures/dislocations	• simple fracture management • relocation dislocations
Nerve entrapment	• diagnosis
Ingrown toenails	• excision; nail bed excisions

Comorbidity

It is essential that training be provided in procedural decision making when comorbidities are present. This is one important reason why procedures listed under level 3 should only be performed under the guidance of a trained surgeon.

Endoscopy

Training in gastroscopy and colonoscopy is part of the training program for physicians, gastroenterologists, colorectal surgeons and GIT surgeons and is under the oversight of the Conjoint Committee for Endoscopic Procedures. RACS considers that endoscopic services are an extension of gastroenterological training and therefore part of a more comprehensive training program.

Anaesthesia

If any procedure is to be performed under a general anaesthetic, the GP surgical proceduralist must not administer the anaesthetic. There must be another clinician present to administer the anaesthetic. Please refer to the Australian and New Zealand College of Anaesthetists for guidance at www.anzca.edu.au

Obstetric emergencies

For training in obstetric emergencies, please refer to the Royal Australian and New Zealand College of Obstetricians and Gynaecologists for guidance at www.ranzcog.edu.au



Appendix 2

List of topic areas and skills set out in the Third edition ACRRM Primary curriculum – Section Two – Surgery.⁶

1. Minor surgical skills	
General instructional objectives	Required abilities and skills
Demonstrate expertise in the diagnosis and treatment of benign and malignant skin lesions	Excise benign and malignant skin lesions including: <ul style="list-style-type: none"> • lipomata/sebaceous cysts • subcutaneous foreign bodies • perform cryotherapy of skin lesions and demonstrate an understanding of associated medico-legal implications
Demonstrate skills in performing nail bed resection for chronic ingrown toenails	Know the indications and contraindications Perform local anaesthesia and tourniquet procedures Perform the procedure and provide post-operative management such as dressing and bleeding
Demonstrate skills in performing an aspiration of a subungual haematoma	Know the indications Perform anaesthesia Perform the procedure and provide post-operative management
Demonstrate skills in performing joint aspiration and injection	Know the indications Demonstrate competence in sterilisation techniques Undertake appropriate fluid analysis Make appropriate use of intra-articular steroids Understand the use of Synvisc
Demonstrate competence in the diagnosis and treatment of common skin infections including: <ul style="list-style-type: none"> • impetigo • cellulitis • abscesses and boils • haematomata 	Demonstrate knowledge of the aetiology and pathogenesis of common skin infections Describe and recognise symptoms Undertake/arrange/interpret appropriate investigations Reach a differential diagnosis Determine management plan: <ul style="list-style-type: none"> • arrange for referral and transfer if appropriate • outline indications for referral to specialised care • implement local management or local management with consultation <ul style="list-style-type: none"> - further investigations - undertake conservative measures as appropriate - undertake operative measures as appropriate Know the treatment options

2. Management of the acute abdomen

General instructional objectives	Required abilities and skills
Demonstrate competence in the initial investigation and management of the acute abdomen	Understand the anatomy and physiology of the gastrointestinal tract Diagnose: <ul style="list-style-type: none"> • appendicitis • biliary colic • cholelithiasis cholangitis • pancreatitis • oesophagitis/Gastric ulcer/Duodenal ulcer • inflammatory bowel disease • renal causes • aortic/vascular aneurysm disease • diverticulitis/ischaemic colitis • acute infective diarrhoeal illness • perforated viscus • strangulated herniae Understand the aetiology and pathogenesis of these conditions Understand the: <ul style="list-style-type: none"> • types of abdominal pain • onset and progression of pain • associated factors Elicit an accurate and detailed patient history Competently perform a physical examination: <ul style="list-style-type: none"> • systemic signs and observations • inspection • abdominal palpitation • rectal examination • pelvic examination • auscultation • percussion Undertake/arrange/interpret appropriate investigations: <ul style="list-style-type: none"> • urine dip stick test/microscopy • faecal test for occult blood/faecal microscopy • ECG • blood investigations • radiology • endoscopy • paracentesis/peritoneal lavage

Appendix 2 (con't)

<p>Demonstrate competence in the initial investigation and management of visceral perforation and peritonitis</p>	<p>Determine management plan:</p> <ul style="list-style-type: none"> • arrange for referral and transfer if appropriate • outline indications for referral to specialised care • implement local management or local management with consultation • further investigations • undertake conservative measures as appropriate • undertake operative measures as appropriate <p>Know the treatment options</p> <p>Reach an initial diagnosis for:</p> <ul style="list-style-type: none"> • tumours of the colon • acute urinary retention • non-surgical causes of abdominal pain <p>Demonstrate knowledge of the aetiology and pathogenesis of these conditions</p> <p>Elicit a detailed and accurate patient history</p> <p>Perform a physical examination</p> <p>Undertake/arrange/interpret appropriate investigations</p>
<p>Demonstrate competence in performance of relevant procedures</p>	<p>Determine management plan:</p> <ul style="list-style-type: none"> • arrange for referral and transfer if appropriate • outline indications for referral to specialised care • implement local management or local management with consultation • further investigations • undertake conservative measures as appropriate • undertake operative measures as appropriate <p>Competently perform the following:</p> <ul style="list-style-type: none"> • cannulation • intravenous cutdown • fluid replacement • electrolyte balance assessment and replacement • blood gas analysis • bladder <ul style="list-style-type: none"> - transurethral catheterisation - suprapubic catheterisation • nasogastric drainage • appropriate analgesia

3. Chest surgery	
General instructional objectives	Required abilities and skills
<p>Achieve excellence in interpreting chest X-rays</p>	<p>Identify:</p> <ul style="list-style-type: none"> • pneumothorax • upper and lower airway obstruction • pleural effusion and haemathorax • pericardial effusion • perforated oesophagus/Boaerhaave's syndrome • rib fractures <p>Understand the aetiology and pathogenesis of these conditions</p> <p>Insert an intercostal underwater seal drain</p>
<p>Demonstrate competence in performance of relevant procedures</p>	<p>Perform a pleural tap</p> <p>Perform a pericardial aspirate</p> <p>Perform cricothyroidotomy</p>
4. Urological surgical conditions	
General instructional objectives	Required abilities and skills
<p>Recognise and appreciate the causes of haematuria:</p> <ul style="list-style-type: none"> • medical • surgical • traumatic 	<p>Know the aetiology and pathogenesis of these conditions</p> <p>Understand the types of haematuria and associated causes</p>
<p>Demonstrate competence in the diagnosis and initial management of renal tract tumours</p>	<p>Diagnose:</p> <ul style="list-style-type: none"> • renal tract calculus • renal trauma • urinary tract infections • torsion of testis <p>Understand the aetiology and pathogenesis of these conditions</p> <p>Elicit a detailed and accurate patient history</p> <p>Undertake/arrange/interpret appropriate investigations</p> <p>Determine management plan:</p> <ul style="list-style-type: none"> • arrange for referral and transfer if appropriate • outline indications for referral to specialised care • implement local management or local management with consultation • further investigations • undertake conservative measures as appropriate • undertake operative measures as appropriate

Appendix 2 (con't)

5. Colo-rectal surgical conditions	
General instructional objectives	Required abilities and skills
Demonstrate expertise in the diagnosis and management of ano-rectal disorders	Understand the anatomy and physiology of the ano-rectal mechanism Diagnose: <ul style="list-style-type: none"> • perianal haematoma • perianal abscess Understand the aetiology and pathogenesis of these conditions
Demonstrate competence in performance of relevant procedures	Competently perform rigid/flexible sigmoidoscopy
Demonstrate a working knowledge of neoplasia of the colon and rectum	Recognise basic sigmoidoscopic pathologies Perform thrombosed perianal haematoma drainage
Outline the current national guidelines for colo-rectal carcinoma screening	Perform drainage of perianal abscess Undertake appropriate investigations including diagnostic appreciation of colonoscopy and barium enema Make appropriate referral
6. Neurosurgery	
General instructional objectives	Required abilities and skills
Demonstrate expertise in the recognition and management of neurosurgical conditions	Diagnose: <ul style="list-style-type: none"> • closed head injury • acute and chronic subdural haematoma • tumours of the CNS • vascular disorders of the CNS
Understand the importance of localised/generalised signs	<ul style="list-style-type: none"> • berry aneurysm • arteriovenous malformation (AVM) • trauma to the spinal cord and peripheral nerves • intracranial haemorrhage Understand the aetiology and pathogenesis of these conditions Undertake/arrange/interpret appropriate investigations Determine management plan: <ul style="list-style-type: none"> • arrange for referral and transfer if appropriate • outline indications for referral to specialised care • implement local management or local management with consultation • further investigations • undertake conservative measures as appropriate • undertake operative measures as appropriate – including burrholes

7. Ophthalmological surgical conditions	
General instructional objectives	Required abilities and skills
Demonstrate expertise in the recognition and management of ophthalmological surgical conditions	Understand normal ocular anatomy Diagnose: <ul style="list-style-type: none"> • sudden loss of vision • non-penetrating ocular trauma • corneal foreign bodies • corneal abrasion • hyphema • lens dislocation • retinal detachment • penetrating eye wounds • eyelid and skin tumours • trauma • infections
Demonstrate competence in performance of relevant procedures	Competently perform an ocular examination Competently test visual acuity and peripheral fields Perform ophthalmoscopy and slit lamp examination Anaesthetise and fluorescein stain the cornea Remove superficial and embedded corneal foreign bodies Treat eyelid eversion Perform a chalazion excision
8. Vascular surgical conditions	
General instructional objectives	Required abilities and skills
Demonstrate competence in the recognition and management of vascular surgical conditions	Diagnose: <ul style="list-style-type: none"> • acute peripheral vascular occlusive disease/threatened limb • deep vein thrombosis (DVT) • varicose veins • abdo-aortic aneurysm Understand the aetiology and pathogenesis of these conditions/diseases
Demonstrate a working knowledge of angioplasty and bypass surgical techniques	Undertake/arrange/interpret appropriate investigations Determine management plan: <ul style="list-style-type: none"> • arrange for referral and transfer if appropriate • outline indications for referral to specialised care

Appendix 2 (con't)

Demonstrate a working knowledge of venous ulceration and deep venous incompetence	<ul style="list-style-type: none"> • implement local management or local management with consultation • further investigations • undertake conservative measures as appropriate • undertake operative measures as appropriate
9. ENT surgical conditions	
General instructional objectives	Required abilities and skills
Demonstrate competence in the recognition and management of ENT surgical conditions	<p>Diagnose:</p> <ul style="list-style-type: none"> • tympanic perforation • aural foreign bodies • otitis externa • tumours of the ear • nasal foreign bodies • nasal polyps and tumours • sinusitis, maxillary and other sinuses • medical nasal conditions • throat and pharynx conditions • uvular oedema • tonsillitis/quinsy • glottic and pharyngeal foreign bodies • epiglottitis <p>Differentiate between anterior and posterior bleeding for epistaxis</p>
Demonstrate competence in performance of relevant procedures	<p>Examine the nares with a nasal spectrum</p> <p>Perform nasal packing, including chemical and electrocautery</p> <p>Competently manage and treat epistaxis including Simpson's balloon or the like</p> <p>Examine ear canals and recognise common and serious ear disease such as cholesteatoma, round window rupture</p> <p>Undertake hearing assessment including the interpretation and performance of audiometry and tympanometry</p> <p>Syringe the external auditory canal and perform an aural toilet</p> <p>Insert 'wicks' into the ear canal</p> <p>Remove foreign bodies from the ear, nose and throat</p> <p>Identify and manage acute and chronic sinusitis, including sinus lavage and alternative management protocols</p> <p>Perform incision and drainage of quinsy</p> <p>Perform indirect laryngoscopy and identify laryngeal conditions</p>

10. Orthopaedic surgical conditions

General instructional objectives	Required abilities and skills
Provide initial diagnosis and emergency treatment for fractures	<p>Diagnose the following fractures:</p> <ul style="list-style-type: none"> • skull • cervical spine • orbit • zygoma • face • jaw • thoracic and lumbar spine • clavicle • ribs • pelvis • neck of humerus • supracondylar humerus • head of radius • mid forearm • distal forearm including Colles', Smith's • metacarpals and scaphoid • digits • femur, tibia • Pott's fracture • calcaneus • metatarsals <p>Understand crush injuries</p> <ul style="list-style-type: none"> • systemic complications (far embolism) • compartment syndrome
Demonstrate competence in performance of relevant procedures	<p>Perform initial reduction of some of the minor fractures listed depending on experience and certified competence</p> <p>Understand requisite analgesia and anaesthesia</p> <p>Be competent in relocation techniques</p> <p>Supervise post-procedure care including mobilisation and recovery</p>
Provide initial diagnosis and emergency treatment for dislocations	<p>Diagnose:</p> <ul style="list-style-type: none"> • jaw (temporomandibular joint) • shoulder – anterior/posterior • patella • interphalangeal joints • lunate • femur • ankle

Appendix 2 (con't)

Demonstrate an understanding of dislocation management	Understand requisite analgesia and anaesthesia Perform relocation techniques Supervise post-procedure care including mobilisation and recovery
11. Trauma management	
General instructional objectives	Required abilities and skills
Demonstrate competence in the initial diagnosis of the traumatised patient	Assess injury by physical exam and available investigations Understand triage principles
Demonstrate competence in the assessment of multiple trauma patients	Have completed an EMST course Understand and apply EMST principles
Demonstrate competence in the management of trauma	Undertake appropriate communications with senior colleagues and referral agencies Arrange appropriate transfer and evacuation
Demonstrate functionality in disaster situations	Understand principles of disaster medicine Know of disaster plans and role of medical officer
12. Professional and ethical responsibilities	
General instructional objectives	Required abilities and skills
Appraise own clinical performance	Critically reflect on practice to identify strengths and opportunities for development
Demonstrate a commitment to the principles of coordination of care and the provision of continuity of care	Collaborate and work effectively with other team members and other health care providers to provide optimal patient care including appropriate referrals, transfers and evacuations
Appreciate the particular need and difficulty in maintaining confidentiality in rural/remote communities	Appreciate the importance of establishing protocols that outline confidentiality and integrity requirements to staff
Demonstrate an ability to recognise one's own limitations and appropriately determine when to refer	Demonstrate an awareness of local issues that impact on the decision to treat or refer, such as local transport and evacuation processes
Outline strategies for self-care and self-reliance	Develop a peer, professional and personal support network

Abbreviations

ACEM	Australian College of Emergency Medicine
ACRRM	Australian College of Rural and Remote Medicine
AGPT	Australian General Practice Training Program
ANZCA	Australian and New Zealand College of Anaesthetists
APLS	advanced paediatric life support course
ASSET	Australian and New Zealand surgical skills education and training
ATLS	advanced trauma life support
AVM	arteriovenous malformation
CPD	continuing professional development
CCrISP	care of the critically ill surgical patient course
DoHA	Commonwealth Department of Health and Ageing
DVT	deep vein thrombosis
EMST	early management of severe trauma course
GP	general practitioner
GPET	general practice education and training
IMG	international medical graduate
JCC	joint consultative committee
MBS	Medicare Benefits Schedule
PGY	postgraduate year
RACGP	Royal Australian College of General Practitioners
RACS	Royal Australasian College of Surgeons
RANZCOG	Royal Australian and New Zealand College of Obstetricians and Gynaecologists
RRMA	Rural remote and metropolitan areas classification
RTP	regional training provider
SoP	scope of practice
TRRPGPP	Training for rural and remote procedural general practitioners program
VMO	visiting medical officer

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