To whom do I address problems, eg academics or administrative staff?
The Final Year General Practice Placements are coordinated centrally, but each of the RCSWA sites will act as a hub for practices in their region. The first point of contact for problems should be the local RCSWA office and depending on what the issue is whether it will be handled by academic or administrative staff.

How do I get access to the PIP payment?
You will need to complete a PIP claim form and logsheet for each student attached to your practice and send this through to The Rural Clinical School office who will arrange for it to be authorised and sent to Medicare. Quarterly payments are made by Medicare, on behalf of DOH, to accredited practices.

I plan on taking an overseas holiday – am I obliged to take students continuously?
No, in fact you can nominate the months when you will be available to take a student and we will work placements around your schedule.

What happens if I get sick and at short notice I have to withdraw for some reason?
That will be our problem and we will make alternative arrangements for the student to be placed elsewhere.

Do I need any extra insurance or indemnity?
You need to ensure that your liability/indemnity insurance allows you to accommodate final year students in your practice. A minimum of $10m insurance is necessary.

Can I get some advice about how to do this?
Yes. Most of the academic staff in the Rural Clinical School are rural GPs who routinely accommodate medical students in their local practice. They are well placed to advise about teaching and administrative strategies and plans.
Question:
Would you consider taking on a final year medical student to help with their country general practice training?

What would you expect me to deliver?
I'm not a teacher.
You do not have to teach. You provide the clinical context for students to learn.

It is the Rural Clinical School’s responsibility to provide the teaching plan. This will already have been discussed with the student before they arrive, so the student will come with a set of learning objectives that could reasonably be expected of a four and a half week rural GP placement. The student will be prepared to discuss their objectives with you and be advised about how they should plan their time with you.

What would you expect me to do?
For four and a half weeks you would give the student opportunity to be part of your consultations, either in your office or in an adjoining room if available. You would give them opportunity to conduct part or all of a consultation. You would offer constructive feedback that will help them develop their consultation skills.

How does it fit into my busy day?
Clinical teaching does not have to interrupt your schedule. The ‘wave’ model of consultation allows an advanced student to see and present one patient to you within a standard 15 minute consultation so you lose no consulting time. What it does require is strategic planning of patient appointments.

Where will they stay? My spouse won’t have them.
The Rural Clinical School will arrange accommodation for the students. There will be a range of accommodation organised for the students from nurses’ quarters (where possible) to other budget accommodation. Billeting may also be an option in some sites.

Can I ask them to help with my work?
Absolutely. These advanced level students are able to do ECGs, spirometry, research the EB for medications, interview all new patients, input clinical notes and coding into computer, participate in chronic disease management clinics, respond to patient inquiries about their condition, do records audits, assist with home visits – and more.

Ask the student to run through their competencies, so that you can plan to use those which are most helpful in your practice.

Do I get paid?
Each teaching session attracts a $200 PIP payment from Medicare, on behalf of DOH, so for a four and a half week placement you could be eligible to claim $8,000. There is no payment available from The Rural Clinical School for these sessions.

Are there any resources I can get to help my teaching, eg access to Library at UWA?
You would be provided with the final year GP handbook which outlines what students are expected to learn from their placement.

Preceptors will be encouraged to apply for an adjunct appointment with UWA. Clinical and adjunct appointments carry the following privileges:
- access, subject to the Head of School’s approval, to School resources;
- UWA Campus Card and the use of the University Library on the same terms as a full-time academic staff member;
- access to opportunities for personal and professional development by way of courses offered through Organisational and Staff Development Services;
- UWA staff parking;
- eligibility for UWA category membership of the University Club; and access to UWA corporate rates for QANTAS Club membership.

To apply for an adjunct appointment you need to submit your CV to the local RCSWA academic staff who will arrange for this to be submitted to the Dean for consideration.

Do I need to be accredited?
Other than providing evidence that you are a legally practicing professional, the University does not require accreditation for professional placements. So in the immediate term, there are no accreditation responsibilities.

Do I get my QA points? How many, and will you apply for them on my behalf?
Yes, you can get both RACGP and ACRRM QA/CPD points for teaching medical students.

GP’s can claim 40 category 1 points per triennium for teaching medical students, by completing an ‘Educator ALM’. The form is available to GP’s on the ‘my CPD’ section of the RACGP website and further information about the ALM is included in the QI & CPD handbook.

Should you wish to get 20 – 40 RACGP category one points, RCSWA offers a flexible delivery graduate certificate in rural and remote medicine with two medical education units.

ACCRM members can claim one core point per hour for teaching medical students. UWA will apply for these on your behalf if we are informed of your ACRRM membership and provided with your membership number and completed log sheets.