



Fellowship Training

Handbook



FELLOWSHIP



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1. Welcome

Welcome to your journey towards Fellowship of ACRRM. The qualification, Fellowship of ACRRM (or FACRRM), is recognised by the Australian Medical Council as a standard that practitioners must attain to be recognised for the specialty of General Practice.

Fellowship of ACRRM entitles you and your patients to the maximum benefits available from Medicare (A1 items) and also provides you with the confidence and competence to practise as a general practitioner anywhere in Australia in metropolitan, regional, rural or remote locations.

Once fellowed, you are then qualified to work independently (e.g. solo practice); in a team (e.g. clinic, hospital or retrieval service) or as a collaborator (e.g. complementing the local regions health services skills with your specialist skills, such as anaesthetics, surgery or obstetrics). FACRRM is also now a recognised qualification around the world.

Recruiters for senior clinical and team leadership roles with government and other health services, frequently identify the Fellowship of ACRRM as an advantage for candidates, especially where the role calls for demonstrated breadth of medical knowledge and experience.

2. General Practice definition

ACRRM has a broader definition of general practice that reflects the needs of rural and remote communities in Australia.

The general practitioner is the doctor with core responsibility for providing comprehensive and continuing medical care to individuals, families and the broader community. Competent to provide the greater part of medical care, the general practitioner can deliver services in the ambulatory care setting, the home, hospital, long-term residential care facilities or by electronic means - wherever and however services are needed by the patient.

The general practitioner applies broad knowledge and skills in: managing undifferentiated health problems across the lifespan in an un-referred patient population; providing continuing care for individuals with chronic conditions; undertaking preventive activities such as screening, immunisation and health education; responding to emergencies; providing in-hospital care; delivering maternal and child health services; and applying a population health approach at the practice and community level. General practitioners work across a dynamic and changing primary and secondary care interface, typically developing extended competencies in one or more discrete fields of medicine, thereby ensuring community access to the range of needed services in a supportive network of colleagues and health care providers.

As the medical expert with the broadest understanding of a patient's health in their cultural, social and family context, the general practitioner has a key role in coordinating the care pathway in partnership with the patient, including making decisions on the involvement of other health personnel. He or she practices reflectively, accessing and judiciously applying best evidence to ensure that the patient obtains benefit while minimising risk, intrusion and expense. The general practitioner contributes clinical leadership within a health care team and is skilled in providing clinical supervision, teaching and mentorship.

3. Curriculum

ACRRM has two levels of curricula:

1. Primary Curriculum (PC), and the
2. Advanced Specialised Training (AST) curricula.

Domains

The curricula are structured around seven domains of general practice in the rural and remote context:

1. provide medical care in the ambulatory and community setting
2. provide care in the hospital setting
3. respond to medical emergencies
4. apply a population health approach
5. address the health care needs of culturally diverse and disadvantaged groups
6. practise medicine within an ethical, intellectual and professional framework, and
7. practise medicine in the rural and remote context.

3.1 Primary Curriculum

The Primary Curriculum defines the scope and standards for independent general practice anywhere in Australia, with a particular focus on rural and remote settings. It sets out the generalist abilities expected at the ACRRM Fellowship (FACRRM) level. These abilities aim to be covered during Core Clinical and Primary Rural and Remote stages of training.

Curriculum Statements

The Primary Curriculum has 18 curriculum statements that describe the relevant content in the major medical disciplines or practice areas.

The areas covered by the Primary Curriculum statements are:

1. Aboriginal and Torres Strait Islander Health
2. Adult Internal Medicine
3. Aged Care
4. Anaesthetics
5. Business and Professional Management
6. Child and Adolescent Health
7. Dermatology
8. Information Management and Information Technology
9. Mental Health
10. Musculoskeletal Medicine
11. Obstetrics and Women's Health
12. Ophthalmology
13. Oral Health

14. Palliative Medicine
15. Radiology
16. Rehabilitation Medicine
17. Research and Teaching, and
18. Surgery.

For more information, see: <http://www.acrrm.org.au/PrimaryCurriculum/Default.htm>

3.2 Advanced Specialised Training Curricula

The AST Curricula define Advanced Specialised Training in the College's approved disciplines. These curricula extend abilities, knowledge and skills beyond the Primary Curriculum. Registrars choose one discipline to undertake during the Advanced Specialised stage of training.

There are eleven AST disciplines to choose from:

1. Aboriginal and Torres Strait Islander Health
2. Academic Practice
3. Adult Internal Medicine
4. Anaesthetics
5. Emergency Medicine
6. Mental Health
7. Obstetrics and Gynaecology
8. Paediatrics
9. Population Health
10. Remote Medicine, and
11. Surgery.

For more information, see: <http://www.acrrm.org.au/training-towards-fellowship/curriculum-and-requirements/advanced-specialised-training>

4. Training policies

ACRRM offers three training pathways that can lead to Fellowship of ACRRM. All pathways are accredited through the Australian Medical Council (AMC) and are recognised in reciprocal arrangements with other international medical colleges.

The pathways are the:

1. Australian General Practice Training (AGPT) program, see: <http://www.gpet.com.au/>
2. Independent Pathway (IP), see: <http://www.acrrm.org.au/training-towards-fellowship/overview-of-training-with-the-college/pathways/acrrm-independent-pathway> and the
3. Remote Vocational Training Scheme (RVTS), see: <http://www.rvts.org.au/>

The AGPT and RVTS pathways are government funded and delivered by training organisations that are accredited by ACRRM. IP is a self-funded pathway delivered directly by ACRRM.

The term Training Organisation is used to describe the organisation that delivers the education program. This is either ACRRM on the Independent Pathway, RVTS or Regional Training Organisations on the AGPT pathway.

Registrars will generally stay on the same pathway for the entire training program; however it is possible to transfer between pathways, during training. Refer to the pathway you wish to transfer to, for information on the process.

Enrolment

To train in the ACRRM Vocational Training Program, registrars are required to:

- gain a place with an ACRRM accredited training organisation on the AGPT pathway or with RVTS or the Independent Pathway, then
- enrol with ACRRM in the ACRRM Vocational Training Program, and
- become a member of ACRRM.

The eligibility requirements and selection processes are pathway specific.

For more information, see: <http://www.acrrm.org.au/training-towards-fellowship/overview-of-training-with-the-college/pathways>

Registrars in training are required to maintain:

- medical registration with the Australian Health Practitioner Regulation Agency (AHPRA)
- medical indemnity insurance
- ACRRM membership, and
- active training with a training organisation on one of the three AMC accredited training pathways.

Experience or training obtained when the above requirements are not in place, will not be automatically counted towards training. Registrars are required to advise ACRRM immediately if there is any change to their registration status or they are no longer with a Training Organisation.

4.1 Summary of training requirements

While the pathways and training organisations differ, the requirements set by ACRRM for training in each pathway are the same. Satisfactory completion of the following is required:

Clinical

Four years full-time training or equivalent part-time training consisting of:

- 12 months Core Clinical Training (CCT) in accredited hospitals
- 24 months Primary Rural and Remote Training (PRRT) consisting of:
 - at least six months experience in community primary care
 - at least six months experience in hospital and emergency care and
 - at least 12 months experience living and practising in a rural / remote environment, and
- 12 months Advanced Specialised Training (AST) in a range of settings depending on the discipline, or 24 months if completing AST in Rural Generalist Surgery.

Education

- education program provided by training organisation and teaching post
- at least four ACRRM online modules approved for training, and
- emergency courses accredited for training by ACRRM; the Rural Emergency Skills Training (REST) course plus one other Tier 1 course or two Tier 2 courses.

Assessment

Formative Assessment

- Mini Clinical Evaluation Exercise (miniCEX) and
- AST formative assessment. This is specific to each AST discipline as outlined in the curricula.

Summative Assessment

Primary Curriculum assessments:

- Multiple Choice Questions (MCQ) - pass grade
- Multi-Source Feedback (MSF) - satisfactory completion,
- MiniCEX or Case Based Discussion (CBD) - pass grade*
- Structured Assessment using Multiple Patient Scenarios (StAMPS) - pass grade, and
- Procedural Logbook - satisfactory completion.

AST Summative assessment:

- This is specific to each AST discipline as outlined in the curricula.

*In 2016 a revised assessment program is being introduced, this affects miniCEX and CBD requirements. See the Fellowship Assessment Handbook for transition arrangements.

For more information, on assessment see:

<http://www.acrrm.org.au/training-towards-fellowship/reporting-and-assessments>

Note: There have been adjustments to the training program over time. Registrars are required to meet the training requirements that applied when they commenced training, or can opt to move to the new requirements. See table below summarising changes to training policies since 2007.

4.2 Training Time

ACRRM training is a four year training program. As noted above this may be reduced if RPL is awarded. Training may be undertaken in a full-time or part-time capacity, or a combination of both.

Whether training is undertaken full or part-time, the minimum requirement of the equivalent of four years' full-time training must be completed. Full-time training is equivalent to 38 hours or more per week. The length of training is not reduced if working more than this. Part-time training is counted on a pro-rata basis. This includes any administration and educational activities.

Part-time training

Part-time training must be based on an agreed minimum proportion of the equivalent full-time training position. Part-time training which is less than 50% of full-time is not encouraged. The duration of the training program must be extended appropriately for registrars undertaking part-time training.

Part-time training must include proportionate exposure and experience in all aspects of the relevant training post. Clinical contact hours, rosters and educational programs associated with training must be accommodated as part of any part-time training arrangement. The standard of knowledge and competence required is the same regardless of training mode.

Maximum training time allowed

It is recommended that registrars aim to complete training within four to five years. Training must be completed within 10 years from the time of enrolment into ACRRM training. Registrars, who are not able to meet completion of training requirements in this time frame, are required to contact ACRRM to discuss options. Decisions will be made on a case by case basis but the registrar may require an additional refresher period of training and/or repetition of some assessment modalities.

Ten years has been set as it allows for working part-time and taking the maximum amount of leave allowed under the Leave Policy.

The training time permitted will differ depending on the training pathway. Registrars should check the restrictions around length of time allowed for training with their Training Organisation.

4.3 Leave

All registrars are eligible to lawful entitlement of leave such as annual leave, personal leave, parental leave, carers leave and sick leave etc.

Registrars must apply to ACRRM for recognition of any training undertaken while on leave. FACRRM assessments may be undertaken while on leave, providing that assessment eligibility requirements are met.

Additional leave

Registrars may apply to their training organisation for leave in addition to their lawful entitlement. The maximum total period of additional leave that can be approved by the training organisation is 12 months.

Registrars cannot defer training once accepted onto the training program. Additional leave can only be taken after the registrar has commenced training, that is, training cannot commence with a period of leave.

Extraordinary leave

A further period of leave for up to a maximum of 12 months may be granted by a training organisation in extenuating circumstances.

Re-entry after a break from clinical practice

Registrars re-entering training after a break of 12 months or more from clinical practice, must work with their training organisation to develop a re-entry plan that meets the Medical Board of Australia 'Recency of Practice' registration standard.

The requirement depends on the length of the break and the amount of experience in the field of work.

Practitioners returning to practice within their previous field (provided they have at least two years' experience prior to the absence), with an:

- absence of one to three years; complete a minimum of one year's pro rata of CPD activities relevant to the intended scope of practice prior to recommencement designed to maintain and update knowledge and clinical judgement
- absence greater than three years; provide a plan for professional development and for re-entry to practice to the Medical Board for consideration.

Practitioners returning to practice after an absence of 12 months or longer, and who have had less than two years' experience within their field prior to the absence, are required to commence work under supervision in a training position approved by the Medical Board.

4.4 Overseas training

Experience acquired from training overseas may be counted towards FACRRM training time if it is of comparable quality to the training registrars would receive in Australia and it meets ACRRM curriculum requirements and training standards.

Registrars must prospectively discuss with the training organisation any intention to undertake a portion of training in another country. They must provide the training organisation with relevant information on the overseas facility in which they plan to work, to assist in determining the suitability of the post. This also needs to be approved prospectively by the training organisation and the ACRRM Censor in Chief.

The amount of overseas training time recognised towards FACRRM training would depend on the relevance of the post to ACRRM training requirements and the ACRRM curriculum.

In general, an overseas post will not be approved until 24 months of training has been completed. However, applications after completion of Core Clinical Training will be considered on a case by case basis.

5. Clinical Training Requirements

Clinical training requirements are divided into three stages:

- Core Clinical Training (CCT)
- Primary Rural and Remote Training (PRRT), and
- Advanced Specialised Training (AST).

Core Clinical Training must be completed first. Primary Rural and Remote Training and Advanced Specialised Training may be undertaken in either order or concurrently provided that the overall period of training for FACRRM (four years) is not reduced. All clinical training must take place in ACRRM accredited teaching posts.

Registrars should develop a training plan with the assistance of a medical educator or training advisor to ensure that training covers the curriculum.

Flexible solutions may be approved by the College for an individual registrar. A key consideration in all atypical cases is the balance of total clinical experience for the individual registrar that is gained across core clinical training, primary rural and remote training, and advanced specialised training phases. Flexible arrangements will be considered on a case by case basis. Registrars seeking flexible clinical training arrangements should discuss options with their Training Organisation and together apply to the Censor in Chief.

5.1 Core Clinical Training

The aim of the CCT year is to provide a foundation of clinical competence across the major areas of hospital-based clinical practice relevant to both rural/remote and urban medicine. At the completion of CCT, the candidate will function competently as a junior doctor with significant responsibility for making patient care decisions, under broad supervision, across a range of specified medical disciplines.

Core Clinical Training (CCT) involves 12-months full-time experience at post graduate year two (PGY 2) or above in a state or territory Postgraduate Medical Council or ACRRM accredited metropolitan, regional, or rural hospital.

Following achievement of the terms required for internship and/or general registration (general medicine, general surgery and emergency) doctors should undertake terms that provide generalist skills relevant to rural general practice. The following terms should be undertaken wherever possible:

- Paediatrics
- Obstetrics and gynaecology and
- Anaesthetics.

Other terms that would be helpful to include during CCT are:

- Rehabilitation
- Aged care
- Palliative care
- ICU
- Psychiatry
- Emergency medicine (additional)

Over the PGY1 and 2 year doctors should aim to cover the learning outcomes in the Australian Curriculum Framework for junior doctors.

Twelve months Core Clinical Training must be completed prior to entering Primary Rural and Remote Training. Registrars are able to commence PRRT without completing 10 week terms in paediatrics, O&G and anaesthetics; however all registrars must gain equivalent experience in these areas prior to Fellowship.

Alternatives to a 10 week term in paediatrics, anaesthetics and O&G

The following outlines alternative approaches to gaining experience in paediatrics, anaesthetics and O&G where a 10 week term has not been undertaken during the CCT year.

While the minimum experience has been set at 10 weeks or equivalent experience, registrars are strongly encouraged to gain comprehensive experience beyond this minimum requirement to ensure confident and competent rural and remote practice. A consolidated period of supervised experience is strongly recommended.

Paediatrics

Registrars who have not undertaken a 10 week paediatrics term must complete one of the following:

1. An integrated rural hospital term of at least 25 weeks, which includes paediatrics, under supervision (on or offsite) of a specialist paediatrician or a GP with advanced skills in paediatrics
2. Work in an Emergency Department for a minimum of six months (where at least 25% of presentations are children)
3. A 25 week term assisting a paediatrician (or paediatric team) providing outreach paediatric services
4. Community Primary Care post of no less than six months
5. Postgraduate Diploma in Child Health
6. Undertake AST in Paediatrics
7. Combinations of above, approved by ACRRM.

Registrars are required to submit:

- a supervisor report (must include certifying that the registrar can identify and manage the seriously unwell child)
- a log of paediatric consultations undertaken during the post (must include a minimum of 50 cases)
- evidence of undertaking at least two educational activities in child health e.g. an online module, workshop. The educational activities may be provided by an GP Training Organisation or external provider.

Anaesthetics

Registrars who have not undertaken a 10 week term in anaesthetics must complete one of the following prior to completion of training:

1. An integrated rural hospital term of at least 25 weeks, with a minimum of one anaesthetic session per fortnight, under supervision of a GP anaesthetist or specialist anaesthetist.
2. A combination of terms providing anaesthetics skills (e.g. ICU, Emergency, or retrieval).
3. Reduced hospital term of five weeks with Specialist Anaesthetist a GP with JCCA, and
 - o undertake an educational activity in anaesthetics (e.g. Prostart anaesthetics or other online module), plus
 - o successfully complete an emergency course, accredited for ACRRM training that includes simulated airways management
4. Clinical attachment or work with a GP anaesthetist or specialist anaesthetist (minimum of 10 sessions over no more than 6 months) and
 - o undertake an educational activity in anaesthetics (e.g. Prostart anaesthetics or other online module), plus
 - o successfully complete an emergency course, accredited for ACRRM training that includes simulated airways management
5. Undertake AST in Anaesthetics (JCCA)
6. Combinations of above, approved by ACRRM.

Registrars are required to submit a:

- supervisor report
- log of anaesthetic procedures performed (must include a minimum of 50 procedures)

Obstetrics and Gynaecology

Registrars who have not undertaken a 10 week term in O&G must complete one of the following prior to completion of training:

1. An integrated rural hospital term (which includes O&G) of at least 25 weeks under supervision of a GP obstetrician or specialist obstetrician
2. Reduced hospital term of five weeks with GP obstetrician or specialist obstetrician
3. Community primary care post over no less than 6 months
4. Clinical attachment or work with a GP obstetrician or specialist obstetrician (minimum of 10 sessions over no more than 6 months).
5. Certificate in Women's Health
6. DRANZCOG, or
7. DRANZCOG Advanced

Where ACRRM Primary Curriculum Procedural Logbook requirements for intrapartum care have not been met through clinical experience, the registrar is required to complete a REOT, ALSO or CRANA course (note REOT and ALSO courses will also count towards compulsory EM course requirement).

Registrars are required to submit a:

- supervisor report
- a log of O&G consultations throughout the post (must include a minimum of 25 antenatal and 25 post natal consultations)

Note this policy was revised in 2016, see table for changes.

5.2 Primary Rural and Remote Training

The aim of PRRT is to progressively build a registrar's clinical and procedural skills in the rural and remote context.

Primary Rural and Remote Training (PRRT) comprises 24 months full-time or equivalent part-time experience at PGY3 level or above in ACRRM-accredited teaching posts—including general practices, hospitals, and other posts.

This is regarded as the minimum time required for a registrar to encounter the volume of clinical cases and opportunistic learning necessary to assure proficiency across all domains of the *ACRRM Primary Curriculum*.

PRRT can be undertaken at any stage following completion of 12 months Core Clinical Training covering the majority of the required rotations. Advanced Specialised Training (AST) may precede, follow or be integrated with PRRT, provided that the overall period of training for FACRRM (four years) is not reduced.

Learning outcomes

Over the course of 'Primary Rural and Remote Training' (PRRT) a registrar is expected to cover the broad range of learning experiences in order to meet the learning requirements in the ACRRM Primary Curriculum. These learning experiences can be grouped into three broad categories: community primary care and population health, hospital and emergency care and rural and remote context.

Minimum requirements have been set to ensure an adequate breadth of experience is gained by all registrars and still allow flexibility for registrars to undertake training that meets their career aspirations. Some registrars will choose to focus their training in either the community or hospital setting, while others will wish to gain comprehensive experience in all contexts.

A registrar must spend a minimum time requirement in each broad category as defined below.

Community primary care and population health

The registrar manages undifferentiated acute and chronic health problems in an unreferred patient population, providing care to all age groups, male and female, with continuity of care and preventative activities for individuals and families and organised care for practice populations.

The setting in which such experience is gained is not restricted - and includes community private practice, Aboriginal community controlled health services, small hospitals, aeromedical services or other health service providers that offer this type of care.

Registrars are encouraged to spend a significant proportion of training working in a community primary care setting. At the completion of training all registrars must demonstrate having completed a minimum of 6 months full-time equivalent experience at PGY3 level or above in teaching posts accredited as meeting community primary care requirements.

- Must be for a minimum duration of 3 months in one post to demonstrate continuity of care.
- If part-time no less than 2 days (4 sessions) per week over a longer period of time.
- Must cover broad spectrum of general practice.
- Cannot be completed in after hours deputising service.

Hospital and emergency care

The registrar provides after-hours services, care for hospital inpatients and emergency care.

- Hospital experience includes registrars providing medical care for admitted patients, contributing medical leadership in a hospital team and participating in institutional quality and safety activities.
- Emergency experience includes initial assessment and stabilisation, providing emergency medical interventions and participating in communication and planning for medical emergencies.

A minimum of 6 months full-time equivalent experience in hospital and emergency care is required.

The hospital experience must be in addition to experience required for CCT and must be at PGY3 level or above. It may be met through one of the following options:

- a. VMO with admitting rights, admitting and managing care of inpatients for an average of 3 per week over a minimum of 6 months.
- b. An additional hospital term providing generalist skills.
- c. An integrated rural hospital term.
- d. A minimum of 25 hospital shifts (minimum 8 hours) over a 6 month period.
- e. Undertaking Advanced Specialised Training in a hospital setting.

The emergency medicine experience must be in addition to CCT requirements and must be at PGY3 level or above. It may be met through one of the following options:

- a. One in 4 after hours or weekend cover in EM department in a hospital that provides 24/7 emergency cover, over a minimum of 6 months.
- b. A minimum of 25 shifts in an emergency department (minimum 8 hours) over a 6 month period.
- c. An integrated rural hospital term in a rural hospital that provides 24/7 emergency cover.
- d. Undertaking Advanced Specialised Training in EM.

At a minimum half of the time described above must be when a specialist supervisor (FACEM or rural doctor with advanced skills in Emergency Medicine) is onsite.

Rural and remote context

The registrar lives and works in a location that possesses the health service and community characteristics of rural and remote medical practice.

- The health service requires the registrar to provide effective clinical care when away from ready access to specialist medical, diagnostic and allied health services. The registrar develops resourcefulness, independence and self-reliance while working effectively in relative geographic, social and professional isolation. The registrar gains experience in clinical supervision and support for other rural and remote health care personnel, both locally and at a distance.
- Living and working in the rural or remote community, the registrar learns to appreciate the importance of local community norms and values in their own life and work practices and to develop an understanding of rural and remote community needs and their role as a rural doctor in responding to them.
- Geographic classification systems such as RA-ASGC or RRMA are useful only as broad guides (the more remote the location, the more likely it is to provide the experience described).

Registrars are encouraged to spend the majority of training in a rural or remote location. At the completion of training all registrars must demonstrate having completed a minimum of 12 months full-time equivalent experience at PGY3 level or above in teaching posts accredited as meeting rural and remote context requirements.

- The registrar must live in the location averaging a minimum of 4 days per week.
- May be a regular fly in fly out arrangement.
- May be completed in more than one posting but each posting must be a minimum of 3 months.
- Rural and remote context requirements may be met during PRRT or AST stages of training.

5.3 Teaching posts

The 24 months of primary rural and remote training must be undertaken in one or more ACRRM accredited health services that allow the registrar to cover the broad range of learning experiences described above.

Types of accredited posts

Teaching posts are classified according to the degree they meet the learning experiences above.

Full scope - unrestricted post

Single facility

A single rural or remote practice may be accredited as a post that provides the complete package of training experience to support curriculum outcomes. For example, this may be a private rural or remote community general practice with clinical privileges at the local hospital; or a small hospital post that provides both primary and secondary care services.

Composite post

A “composite accredited post” may be put together through employment in more than one practice setting. For example, a community general practice setting may be combined with sessional employment in a nearby rural hospital.

Partial scope – restricted post

A post may be accredited as a “restricted post” if it offers some but not all of the features above. Restricted posts are restricted to 6, 12 or 18 months out of the total 24 months PRRT. The restrictions describe the time an individual registrar may spend in the restricted teaching post. The training plan for an individual registrar needs to ensure an appropriate mix of these restricted posts to gain coverage of the entire range of learning experiences.

Flexibility

The College **values flexibility** in training, particularly to support the retention of registrars in a chosen rural and remote community. Flexible solutions for PRRT may be approved by the College for an individual registrar. A key consideration in all atypical cases is the **balance of total clinical experience** for the individual registrar that is gained across core clinical training, primary rural and remote training and advanced specialised training phases. Flexible PRRT arrangements will be considered on a case by case basis.

Note this policy was revised in 2016, see table for changes.

5.4 Advanced Specialised Training

Advanced Specialised Training (AST) involves a minimum of 12 months training in one of the disciplines specified by ACRRM. AST provides an opportunity for a registrar to extend skills and knowledge beyond the *ACRRM Primary Curriculum* learning outcomes in one specialised discipline that is relevant to general practice in a rural and remote context. The aim is to ensure that a doctor who attains Fellowship of ACRRM is able to contribute specialised medical services, and work with rural medical colleagues, to ensure that communities are afforded access to a full range of medical services.

Approved disciplines

AST may be undertaken in one of the following disciplines:

- Aboriginal and Torres Strait Islander Health
- Academic Practice
- Adult Internal Medicine
- Anaesthetics
- Emergency Medicine
- Mental Health
- Obstetrics and Gynaecology
- Paediatrics
- Population Health
- Remote Medicine, or
- Surgery.

Location

AST must be undertaken in a post which will provide the appropriate experience in the desired discipline. The post must afford the registrar the opportunity to meet AST

curriculum requirements. For AST disciplines where no curriculum exists, the post must enable the registrar to acquire clinical skills and knowledge that are a clear extension beyond the learning outcomes for that discipline in the *ACRRM Primary Curriculum*.

AST may be undertaken in a metropolitan, rural or remote environment, as appropriate for the discipline chosen.

All AST posts must be accredited by ACRRM or by the relevant body for the AST discipline.

- JCCA are responsible for accrediting posts in anaesthetics
- RANZCOG are responsible for accrediting posts in DRANZCOG Advanced, and
- ACRRM is responsible for accrediting posts in all other disciplines.

Duration

AST requires 12 months training to gain the required skill set, with the exception of AST in Surgery which requires 24 months. An AST will usually be undertaken as full-time training. However, it may also be undertaken on an equivalent part-time basis and may be undertaken concurrently or in an integrated fashion with Primary Rural and Remote Training (PRRT). The curricula for some disciplines (e.g. obstetrics, surgery, anaesthetics) stipulate a continuous period of immersion in the discipline, whereas the curricula for the other disciplines may allow for completion over two or more intervals interspersed with other aspects of training.

Curricula

Joint consultative committee curricula

ACRRM utilises the Joint Consultative Committee (JCC) curricula and training arrangements for anaesthetics.

<http://www.racgp.org.au/jcca>

ACRRM recognizes the Advanced Diploma of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists (DRANZCOG Advanced) for the purposes of an AST.

<http://www.ranzcog.edu.au/curriculum-training-handbook/certificate-a-diploma-curriculum-a-training-handbook.html>

Registrars pursuing an AST in JCC anaesthetics or DRANZCOG Advanced apply directly to the training body. A certificate/letter is required to demonstrate satisfactory completion.

ACRRM curricula

ACRRM has developed curricula for: Aboriginal and Torres Strait Islander Health, Academic Practice, Adult Internal Medicine, Emergency Medicine, Mental Health, Paediatrics, Population Health, Remote Medicine and Surgery.

See the ACRRM website [Advanced Specialised Training Curricula](#) for curricula.

The ACRRM AST curricula must guide the AST training and assessment. Registrars are required to work with their training organisation to identify a suitable post. If the post is not accredited, an application must be submitted through the training

organisation to ACRRM for approval. AST that requires completion of a project must have the project approved prospectively by ACRRM.

The Standards for posts and supervisors may be accessed at: <http://www.acrrm.org.au/training-towards-fellowship/training-your-registrars/supervisors-and-teaching-posts>

6. Education

6.1 Education program

Accredited training organisations on AGPT and RVTS pathways are delegated to provide a structured education program around the ACRRM curriculum. On the Independent Pathway, ACRRM provides the structured education program.

Registrars should refer to the Training Organisation for details of their education program.

Registrars are expected to actively participate in all the education activities offered.

6.2 Emergency Medicine Courses

Although registrars may use a wide range of methods to obtain the requisite skills, knowledge and experience in emergency medicine, ACRRM does specifically require individuals to successfully complete a minimum of two Emergency Medicine Courses accredited for ACRRM vocational training as a mandatory part of their training program. The purpose of attendance at emergency medicine courses is to augment training posts and other education with an intensive period of skills development and independent assessment of key competencies.

Registrars enrolling in ACRRM vocational training from 2016 onwards must successfully complete:

- Rural Emergency Skills Training (REST) by the end of first year Primary Rural and Remote Training **and**
- One further ACRRM accredited Tier 1 course or two accredited Tier 2 courses.

Those with limited or no intrapartum care experience must successfully complete a REOT, ALSO or CRANA course. REOT, ALSO courses would count towards EM course requirements described in 3.4. Refer to Core Clinical Training requirements for further information.

Registrars enrolling in ACRRM vocational training prior to 2016 must successfully complete **either**:

- two ACRRM accredited Tier 1 courses; **or**
- one ACRRM accredited Tier 1 course and two accredited Tier 2 courses.

The emergency medicine courses referred above must have been undertaken within 10 years of Fellowship (maximum training time allowed as defined in Training Time Policy). These courses must be accredited by ACRRM for vocational training.

The registrar is required to ensure that at least one course covering the Advanced Life Support (ALS) skills and knowledge has been completed within three years of Fellowship. This requirement is consistent with ongoing professional development requirements as described in the ACRRM Professional Development Program.

Providing that the vocational training EM course requirements have been met, the EM course designed to maintain skills may be chosen from courses accredited for the ACRRM vocational training or the ACRRM Professional Development Program.

ALS skills and knowledge must include:

- an understanding of, and practical competence in, one-person and two-person expired air resuscitation and external cardiac compression,
- competence in airway management techniques that include Guedel airway, bag and mask, oxygen therapy and either laryngeal mask or intubation,
- demonstrated ability to efficiently use automated external defibrillators (AEDs) and/or biphasic defibrillators,
- demonstrated ability to identify and manage basic arrhythmias, and
- competence in intravenous access and drug therapy.

6.3 Online modules

Rural and Remote Education Online (RRMEO) through My Online Learning features a growing selection of interactive modules: online case studies, in-depth content and discussion boards on a diverse range of topics, such as:

- dermatology (Tele-Derm)
- palliative Care
- rural paediatrics
- skin surgery (a user's guide to skin surgery)
- radiology (basics of radiology series), and
- haemochromatosis (diagnosis and management of haemochromatosis).

Some modules have full-time specialist moderators (e.g. Dr Jim Muir on Tele-Derm). These specialists post cases for general discussion and are available to consult with RRMEO users on particular cases they submit. To access the modules available on RRMEO, please click here:

<https://www.acrrm.org.au/rrmeo-rural-remote-medical-education-online>.

Registrars are required to complete at least four (RRMEO) modules as a completion of training requirement for FACRRM.

RRMEO modules must be approved by ACRRM as suitable for training; these are marked on RRMEO Educational Inventory as FACRRM Recommended

Participation in Tele-Derm National and 150 Shades of Radiology online can count towards module requirements:

- for Tele-Derm National; registrars are required to submit 5 cases to Tele-Derm National, or submit 10 cases with MCQs completed to be considered equivalent to one module
- for 150 Shades of Radiology online; registrars are required to submit a set of 10 cases with MCQs completed to be considered equivalent to one module.

7. Recognition of Prior Learning

Recognition of Prior Learning acknowledges experience, training and assessment that applicants have already undertaken which may provide exemptions from training time, assessment or other components of FACRRM training.

This policy applies to all ACRRM training pathways – Vocational Preparation Pathway (VPP) delivered through the Australian General Practice Training Program (AGPT), Remote Vocational Training Scheme (RVTS) and Independent Pathway (IP) delivered by ACRRM.

In normal circumstances on the Vocational Preparation and Remote Vocational Training Scheme Pathways there will be a maximum of three years RPL awarded across the training period. The Independent Pathway is specifically designed for experienced doctors, on this pathway up to four years RPL may be awarded across the training period.

Registrars should note that the award of RPL may lead to a corresponding reduction in time permitted to complete training. For example, if two years of RPL is awarded, your training organisation may require you to complete the remaining training and assessment within two years. Registrars are strongly encouraged to discuss with their training organisation the benefits and restrictions that may result from RPL, prior to applying.

Training organisations are required to deliver education that meets ACRRM training standards and curricula. In order to deliver the program against the standards and curricula, training providers may set mandatory education requirements which registrars are required to undertake.

RPL awarded for comparable clinical training experience may not necessarily result in a reduction of education requirements. Registrars are advised to check mandatory education requirements with their training organisation.

Recognition of Prior Learning outcomes may be reviewed by the ACRRM Censor in Chief if progress in training and assessment is not satisfactory.

7.1 What may be considered for RPL

Other medical qualifications

Registrars who, on entry to training, hold another general practice qualification may have some primary curriculum assessment items exempted if they have substantial recent rural general practice experience and are actively participating in a Professional Development Program. This does not apply to registrars training towards two GP qualifications concurrently.

Registrars who hold the JCCA certificate for Anaesthetics or DRANZCOG Advanced Certificate for Obstetrics & Gynaecology have met the training and assessment requirements for these AST.

Registrars who hold another specialist qualification for example FACEM, FRACS may be exempt from training and assessment in the relevant AST discipline.

Clinical experience

Overseas experience completed in New Zealand, Canada, Ireland, the United Kingdom or the USA may be considered. Experience gained in other countries is considered on a case by case basis.

Registrars must be able to provide evidence of satisfactory performance in the post they would like considered towards training.

It must be in a post accredited by ACRRM or in a post that the applicant can demonstrate would meet ACRRM standards for supervisors and teaching posts for the particular stage of training.

Experience must be at an appropriate employment level and be relevant to training requirements. See below for what experience may be considered against each stage of training:

Core Clinical Training

- Up to one year of RPL against this stage of training.
- Work within the past ten years.
- Work in an accredited hospital environment accredited by the Postgraduate Medical Council for PGY1/2.
- Some rotations completed during an internship may be counted towards CCT requirement; however an intern year cannot meet all requirements for CCT.
- Work undertaken prior to General Registration may be considered, if it meets the above criteria.
- If experience in a hospital setting is more than 10 years prior, consideration may be made on an individual, case-by-case basis for those doctors that achieve/maintain the competencies required in CCT by the work they are doing in their community position e.g. AMS, RFDS, rural hospital VMO or MSRPP positions.

Primary Rural and Remote Training

- Applicants can apply for up to two years of RPL against this component of training.
- Work in an ACRRM accredited or creditable environment.
- Work at an appropriate level relevant to the stage of training for which RPL is being requested.
- Within the past ten years.
- Typical locations include general practices, Aboriginal Community Controlled Health Service, Royal Flying Doctor Service, small rural hospital, hospitals or a combination of the above.
- Time spent on junior doctor general practice placements provided that:
 - the placement is not undertaken in PGY1
 - the placement is undertaken in PGY2, then additional time has been spent in the hospital environment to make up the necessary 12 months post intern training or
 - the placement is undertaken in PGY3 or above.

Advanced Specialised Training

- Anaesthetics - JCCA (Joint Consultative Committee on Anaesthetics);
- Obstetrics - DRANZCOG Advanced;
- 12 months experience at an appropriate level in a post accredited for AST or Specialty Training within the past ten years in one of the remaining nine AST disciplines; and
- Evidence to show that skills are current in the discipline for which recognition is being sought.

Emergency courses

Participation in Emergency courses meeting the requirements for ACRRM vocational training will be recognised.

7.2 Evidence required

Evidence required for each post or training stage for which recognition is being sought:

- Verification of employment through providing **one** of the following:
 - Hospital record of employment including rotations covered;
 - Statement of service;
 - Letter from employer confirming length of employment, patient numbers, demographics and diagnostic categories for applicants in VMO positions (if applicable);
 - Letter demonstrating clinical privileges at a local hospital (if applicable); or
 - Verification of Clinical Experience using the ACRRM proforma.
- Confirmation of satisfactory performance in clinical work through one of the following:
 - Supervisor report;
 - Reference; or
 - Verification of Clinical Experience Proforma.
- Certified copies of original certificates for medical qualifications and courses

7.3 When to apply

Recognition of prior learning may be applied for prior to finding a training position or after training has commenced.

Prior to finding a training position

When RPL is applied for prior to training it is a two stage process:

The first stage involves a desk top assessment of experience based on information and evidence provided by applicant. Stage one of RPL results in receipt of a provisional RPL outcome report issued by the ACRRM Director of Education. This provides an indication of training requirements that will be exempted and therefore the training requirements that need to be undertaken once a training position is obtained. Provisional PRL is a requirement for applicants applying for training position on the Independent Pathway.

The second stage involves a review of provisional RPL informed by an assessment of training needs by the training organisation. This occurs after being accepted onto a training program.

After training has commenced

When RPL is applied for after training commences, the two stages described above occur in one process: The registrar completes the RPL application form and provides this to their training organisation along with the required evidence. The training provider then makes a recommendation to ACRRM around training to be exempted based on a desk top assessment of experience and an assessment of training needs.

Note: Training undertaken in an ACRRM accredited training environment through AGPT or RVTS prior to enrolment with ACRRM does not require an RPL application.

All applications must be made electronically using prescribed forms.

See <http://www.acrrm.org.au/training-towards-fellowship/overview-of-training-with-the-college/recognition-of-prior-learning>

8. Other policies

There are a range of other policies that may be required during your training that you should be aware of:

Special Considerations policy outlines where special consideration may be granted to accommodate a disadvantage suffered by a candidate which is beyond his/her control and which is likely to or has affected participation or performance in training or assessment. Application for special consideration is made using the prescribed form: [Assessment](#) and [Training](#)

Completion of Training policy describes the requirements and process for applying for Completion of Training.

Grievance policy outlines the process for registrars to resolve grievances while training towards Fellowship of ACRRM through one of the three accredited training pathways.

Appeals policy outlines the process and procedures which apply to appeals against decisions relating to the ACRRM Vocational Training program and related assessment.

Registrar Review policy outlines the requirements for managing situations where a candidate's place in an ACRRM training or assessment program requires review, to determine if withdrawal from the program is warranted.

See: <http://www.acrrm.org.au/training-towards-fellowship/overview-of-training-with-the-college/policy>

9. Training information, support and advice

9.1 Training and assessment information

All the information you should require for ACRRM training is available in this handbook or on the ACRRM website: <http://www.acrrm.org.au/training-towards-fellowship>.

If you are beginning training and would appreciate someone talking you through the program or you have questions, the training and assessment overview sessions may be helpful. Sessions are held in the evening via virtual classroom each year.

Rural Medicine Australia

A range of training and assessment workshops are held at the annual Rural Medicine Australia conference held in October each year.

StAMPS Mock Exams

ACRRM offers StAMPS mock exams so registrars can practice exam questions under exam conditions. The StAMPS mock exam is delivered by StAMPS examiners. Registrars undertake StAMPS scenarios in exam conditions and are provided with feedback both face to face on the day, and later in writing.

StAMPS Study Groups

Study groups are offered to registrars enrolled in StAMPS. The Medical Educator facilitated study groups are delivered by live virtual classroom. They run for 8 weeks, finishing a couple of weeks prior to the exam.

You will also find other information to assist you in preparing for assessment on the assessment webpage: <http://www.acrrm.org.au/training-towards-fellowship/reporting-and-assessments/assessment-preparation>.

Registrar Committee Assessment Handbooks

The ACRRM Registrars' Committee Assessment Handbooks provides a quick reference, tips and tricks to all the ACRRM assessments. This can be found on the Registrars Facebook Group or the ACRRM assessment page: <http://www.acrrm.org.au/training-towards-fellowship/reporting-and-assessments/resources>

9.2 Support and advice

Your training organisation will be your main source for support and advice around ACRRM training. It is important that you contact your training organisation first. While ACRRM training requirements as outlined in this handbook are the same nationally, there are differences regionally in the delivery of the program. There are also requirements that may be specific to your training pathway or training organisation.

After seeking support from your training organisations, ACRRM is also available to provide advice and support to you around training and assessment.

Call: 1800 223 226 (07) 3105 8200 or email the relevant area of the College.

If your query relates to:

- Training, a training officer will be your best contact. ACRRM training officers have responsibility for geographical regions so when ringing it is helpful to advise which training organisation you are training with. If emailing training@acrrm.org.au, your email will be directed to your training officer.
- Assessment, then your best contact will be one of the assessment team, they look after assessment nationally. Email: assessment@acrrm.org.au or
- Membership, email: membership@acrrm.org.au

ACRRM Registrars Facebook Group

The ACRRM Registrars Facebook Group is open to all ACRRM registrars. It has been designed to allow Registrars on all ACRRM training pathways to engage and network, as well as keep up with events and ask questions pertaining to ACRRM Assessment and Training.

When registrars join the College for their training, a welcome email is sent containing the link to join the Registrar Facebook page. Alternatively you are able to contact the College and they will be able to send the link. Email: training@acrrm.org.au

ACRRM Registrar Committee

The Registrar Committee has membership from all training pathways. The committee provides registrars of the College with an opportunity to provide feedback, suggestions, and advice to the ACRRM Board and Council, which ultimately determines College policy and direction. The Registrar Committee also represents the views of registrars in Committees of the College including the Vocational Training Committee and Assessment Committee.

If you have any suggestions, feedback or would like to join the committee, or get more involved – please email: registrarchair@acrrm.org.au or private message via the registrars Facebook group.

10. Giving feedback to ACRRM

ACRRM welcomes feedback from registrars and others to enable continued improvement of training.

Feedback is encouraged anytime by:

- phoning or sending an email to our training and assessment team training@acrrm.org.au
or
- emailing the Registrar committee registrarchair@acrrm.org.au

ACRRM invites registrars to provide feedback via online surveys at regular intervals:

- a feedback survey annually
- at the end of training
- following each education or assessment event delivered, and
- as required around specific areas.

11. Table of changes to training requirements

The core components for training have remained constant since training was implemented. However there have been a number of adjustments to make requirements more explicit or to articulate flexibility. The table below describes changes made and when they were introduced.

Registrar's are required to meet the training requirements in place at time of enrolment, but may choose to change to revised requirements.

Year Training Commenced	CCT 12 months	PRRT 24 months	AST 12 months	RRMEO module	EM courses
2007	Rotations: AIM, Surgery EM, Paeds and recommend Anaesthetics O&G	Range of rural posts including GP, hospitals, AMS, retrieval must be accredited	Ten disciplines named Individual training plans	Any four modules	Two EMST, APLS, ELS, ALSO or equivalent
2008	No change	No change	No change	No change	No change
2009	Rotations: AIM, Surgery, EM Paeds, Anaesthetics, O&G	No change	No change	No change	2 tier 1, or 1 tier 1, and 2 tier 2
2010	Alternatives to rotations described	No change	Curricula published: EM, Remote Health, ATSI, Assessments required for these ASTs	No change	No change
2011	No change	No change	Curricula published: AIM, Mental health, Surgery, Paeds Assessments required for these ASTs	Only those with a green flag	No change
2012	No change	6 months community primary care and 6 months rural Formative miniCEX required	No change	No change	No change
2013	No change	No change	Academic practice named as a discipline. Registrars apply under individual training plan	No change	No change
2014	No change	6 months community primary care, 6 months hospital emergency care and 12 months rural	No change	No change	Courses must be within 10 years of Fellowship, providing one ALS is within three years of Fellowship
2015	No change	No change	No change	No change	No change
2016	Alternatives increased. Evidence to demonstrate completion of skills sets defined; logbook and supervisor report	Definition of requirements for hospital and emergency care; community primary care and population health and R&R.	Minor changes to prerequisites and formative assessments	Now referred to as FACRRM recommended modules	REST mandated as one of the tier 1 courses

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