



# Fellowship Training

Handbook



FELLOWSHIP

Australian College of  
Rural & Remote Medicine  
WORLD LEADERS IN RURAL PRACTICE



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## 1. Welcome

Welcome to your journey towards Fellowship of the Australian College of Rural and Remote Medicine (ACRRM). The qualification, Fellowship of ACRRM (or FACRRM), is recognised by the Australian Medical Council (AMC) 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 region's 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 practises 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 11 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 regulations

### 4.1 Pathways

ACRRM offers three training pathways that can lead to Fellowship of ACRRM. All pathways are accredited through the 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.agpt.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 commonwealth 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.

## 4.2 Enrolment

To undertake ACRRM Vocational Training, registrars are required to:

- gain a place with an ACRRM accredited Training Organisation on the AGPT pathway or with RVTS or the Independent Pathway;
- enrol in ACRRM Vocational Training with ACRRM; 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 they are no longer with a training organisation.

### Duty of Disclosure

Registrars have a duty to inform the College in writing within 14 days if they are charged with a criminal offence or receive notice of the review of his/her medical registration with a view to suspension or termination; or if conditions are imposed or their medical registration is suspended or terminated (see Academic Code of Conduct).

## 4.3 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 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 - specific to each AST discipline as outlined in the curricula.

### ***Summative Assessment***

- Multi-Source Feedback (MSF) - satisfactory completion
- Multiple Choice Questions (MCQ) - pass grade
- Case Based Discussion (CBD) - pass grade
- Structured Assessment using Multiple Patient Scenarios (StAMPS) - pass grade;
- Procedural Logbook - satisfactory completion; and
- AST Summative assessment - specific to each AST discipline as outlined in the curricula.

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 section 13. Table of changes to training requirements.

## **4.4 Training time**

ACRRM training is a four year training program. 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**

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.

## **4.5 Leave**

Leave policies are pathway specific. Registrars should check with their Training Organisations for information on the leave policy that applies to them.

Registrars are not able to undertake MSF, CBD or formative miniCEX while on leave from training. Registrars seeking to undertake MCQ and/or StAMPS assessments while on leave from training, must apply to ACRRM for permission prior to enrolling. The request to enrol must be supported by the Training Organisation and provide sufficient information to assure the Censor in Chief that it is an appropriate time to participate in assessment.

Registrars must apply to ACRRM for recognition of any training undertaken while on leave.

### **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 Continuing Professional Development 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.

## 4.6 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.

Training outside Australia is not permitted on all training pathways. Registrars must prospectively discuss with the Training Organisation any intention to undertake a portion of training in another country. If training overseas is permitted, the registrar 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. The post 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.

## 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).

CCT must be completed first. PRRT and AST 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 must develop a training plan with the assistance of a medical educator or training advisor to ensure that training covers requirements.

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 using the Training Requirement Alternative Application form.

### 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 (O&G); and
- Anaesthetics.

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

- Rehabilitation
- Aged care
- Palliative care
- Intensive care Unit (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 CCT must be completed prior to entering PRRT. 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.

RVTS registrars are able to complete CCT and PRRT concurrently, if they have not worked in an accredited hospital in Australia but are providing inpatient care in their rural training location.

### **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 two educational activities in child health plus one of the following:

1. an integrated rural hospital term, which includes paediatrics, under supervision (on or offsite) of a specialist paediatrician or a GP with advanced skills in paediatrics, of at least 25 weeks
2. an accredited Prevocational Integrated Extended Rural Clinical Experience (PIERCE) term\*
3. an emergency department term, of at least six months (where at least 25% of presentations are children)
4. a paediatric outreach service term, assisting a paediatrician (or paediatric team) of at least 25 weeks
5. a community primary care term, of at least six months

6. a Postgraduate Diploma in Child Health

7. an AST in Paediatrics, or

8. combinations of above.

The educational activities may be an online module or workshop provided by a GP Training Organisation or external provider.

Registrars are required to submit evidence of educational activities plus:

- a supervisor report (must include certifying that the registrar can identify and manage the seriously unwell child) and
- a log of paediatric consultations (age 16 years and under) undertaken during the post (must include a minimum of 50 cases)

Registrars undertaking the Diploma or AST are only required to provide a letter/certificate of successful completion.

### **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. an accredited Prevocational Integrated Extended Rural Clinical Experience (PIERCE) term.\*
3. a combination of terms providing anaesthetics skills (e.g. ICU, Emergency, or retrieval).
4. a reduced hospital term of five weeks with a Specialist or GP Anaesthetist and concurrently undertake Prostart anaesthetics or reduced hospital term plus RVTS workshop (RVTS registrars only).
5. a clinical attachment or work with a specialist or GP anaesthetist (minimum of 10 sessions over no more than 6 months) and concurrently undertake Prostart anaesthetics or a clinical attachment plus RVTS workshop (RVTS registrars only).
6. an AST in Anaesthetics (JCCA).
7. combinations of above.

Registrars are required to submit evidence of completion of Prostart or RVTS workshop plus:

- a supervisor report and
- a log demonstrating experience in a broad range of anaesthetic procedures from the Anaesthetic section in the Procedural Skills Logbook (must include a minimum of 50 procedures)

Registrars undertaking JCCA are only required to submit the letter of completion.

## **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. an accredited Prevocational Integrated Extended Rural Clinical Experience (PIERCE) post\*
3. a reduced hospital term of five weeks with a Specialist or GP obstetrician.
4. a community primary care term, of at least six months
5. a clinical attachment or work with a Specialist or GP obstetrician (minimum of 10 sessions over no more than 6 months)
6. a Certificate in Women's Health
7. a DRANZCOG, or
8. a 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 Rural Emergency Obstetrics Training (REOT), Advanced Life Support in Obstetrics (ALSO), RVTS workshops or CRANA Maternity Emergency care course (note REOT and ALSO courses will also count towards compulsory Emergency Medicine (EM) course requirement).

Registrars are required to submit evidence of completion of course (as required), plus:

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

Registrars completing DRANZCOG or DRANZCOG Advanced are only required to provide the certificate.

\* Registrars undertaking a Queensland Rural Generalist Program Prevocational Integrated Extended Rural Clinical Experience (PIERCE) post will be deemed to have met the Core Clinical Training requirements for: anaesthetics, paediatrics and O&G.

## **5.2 Primary Rural and Remote Training**

The aim of Primary Rural and Remote Training (PRRT) is to progressively build a registrar's clinical and procedural skills in the rural and remote context.

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 CCT 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 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.

The ideal PRRT post is a rural post where registrars work in a general practice, admit into the local hospital and provide inpatient care and also provide after hours cover in the emergency department. However these types of posts are not always available.

In addition 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. 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.

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 unreferral 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. Work in an after-hours deputising service does not count towards community primary care requirements.

Registrars are encouraged to spend a significant proportion of training working in a community primary care setting. Experience must be in a teaching post accredited as meeting community primary care requirements.

At the completion of training, all registrars must have completed a minimum of six months full-time equivalent experience, at PGY3 level or above, of a broad spectrum of general practice.

In order to demonstrate continuity of care, community primary care placements must be for a minimum of three months duration and must average a minimum of two days or four sessions per week.

### **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 six months full-time equivalent experience in hospital and emergency care is required.

The inpatient 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. Visiting Medical Officer (VMO) with admitting rights, admitting and managing care of inpatients for an average of three per week over a minimum of six months.
- b. An additional inpatient hospital term providing generalist skills.
- c. An integrated inpatient rural hospital term.
- d. A minimum of 25 inpatient hospital shifts (minimum eight hours) over a six month period.
- e. Undertaking Advanced Specialised Training in an inpatient 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 four after hours or weekend cover in an emergency department in a hospital that provides 24/7 emergency cover, over a minimum of six months.
- b. A minimum of 25 shifts in an emergency department (minimum eight hours) over a six 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.

### **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.
- Rural or remote locations will be rated MMM 4-7. MMM3 locations may be considered rural depending on their individual characteristics.

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 following arrangements will meet requirements:

- living in the location averaging four or more days per week
- regular fly in fly out arrangements, providing that the registrar stays overnight
- completing a number of postings of at least three months each
- completing requirements during PRRT or AST stages of training.

## **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.

Teaching posts are classified according to the degree to which 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 six, 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.

#### **Minimum requirements completed**

When a registrar has met the minimum requirements for community primary care and population health, hospital and emergency care and rural and remote context but has not completed the total 24 month PRRT requirement they may complete the remainder of their time in any PRRT accredited post.

ACRRM accredited posts are listed at <http://www.acrrm.org.au/search/find-teaching-post>

## **5.3 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. The doctor must be employed as a registrar or in a position that provides access to the registrar education program and an equivalent volume and acuity of clinical experience.

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 is responsible for accrediting posts in anaesthetics
- Royal Australian and New Zealand College of Obstetrics and Gynaecologists (RANZCOG) is responsible for accrediting posts in Diploma RANZCOG Advanced; and
- ACRRM is responsible for accrediting posts in all other disciplines
- While undertaking a project in Academic Practice, Population Health or Remote Medicine candidates may work in any post accredited by ACRRM for Primary Rural and Remote Training (PRRT) providing it also meets the criteria for the specific AST, e.g. if doing Remote Medicine the post must be in a remote location. Alternatively a post may be accredited specifically for the AST.

## **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 PRRT.

## Curricula

### **Joint consultative committee curricula**

ACRRM utilises the Joint Consultative Committee Anaesthetics (JCCA) [curricula](#) and training arrangements for anaesthetics

ACRRM recognises the [Advanced Diploma of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists \(DRANZCOG Advanced\)](#) for the purposes of an AST

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 define 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. ASTs that require completion of a project must have the project approved prospectively by ACRRM.

### **Academic post**

Registrars training on the AGPT program who wish to undertake a funded [Academic Post](#) may do so while undertaking Advanced Specialised Training in Academic Practice, Population Health, Aboriginal and Torres Strait Islander Health or Remote Medicine. The registrar works 0.5 FTE in an academic institution and 0.5 FTE in an accredited PRRT clinical post. The choice of AST will depend on the research topic and the post where clinical work is undertaken.

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>

## **5.4 Flexibility in Clinical Training Requirements**

The College values flexibility in training, particularly to support the retention of registrars in a chosen rural and remote community.

Registrars may apply prospectively to the ACRRM Censor in Chief for consideration of alternative clinical training experiences to those outlined above.

A key consideration in all 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.

The application must be submitted prospectively to [training@acrrm.org.au](mailto:training@acrrm.org.au):

- using the [Alternative Training Arrangement Application form](#)
- come with the support of the Training Organisation
- demonstrate the rural applicability of the proposed clinical experience

- be accompanied by a training record to show how other mandatory training requirements for PRRT have already been met or a prospective training plan to demonstrate how they will be met.

An example of clinical experience that may be considered is working in a specific discipline or area of practice from the Primary Curriculum (for example working in areas such as Dermatology, Palliative Care, Medical Education or Research) providing that the placement's applicability to rural practice can be demonstrated.

The amount of time awarded by the Censor in Chief will be determined on a case by case basis but will not exceed six months FTE for clinical areas such as Aged Care and will not exceed three months FTE for non clinical areas such as research.

Registrars undertaking a rural generalist placement during PRRT which enables consolidation and development of Advanced Specialised Training skills are not required to apply to count this time towards PRRT training. The post must integrate with rural generalist practice, for example working in a general practice and contributing to the anaesthetics or obstetrics roster at the local hospital. Specialist posts subsequent to Advanced Specialised Training will not count towards PRRT.

Note the PRRT requirements were revised in 2016; see Section 13. Table of changes to training requirements.

## 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 their Training Organisation for details of the education program.

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

### 6.2 Emergency medicine courses

ACRRM requires registrars to successfully complete a minimum of two Emergency Medicine Courses accredited for ACRRM vocational training as a mandatory part of their training program. The courses provide 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 or ALSO courses would count towards EM course requirements described in 3.4. Refer, to Core Clinical Training requirements.

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 to above must have been undertaken within 10 years of Fellowship. These courses must be accredited by ACRRM for vocational training.

All registrars are 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 ALS course 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.

See <http://www.acrrm.org.au/training-towards-fellowship/curriculum-and-requirements/emergency-medicine-course-requirements> for accredited courses.

## 6.3 Online modules

Rural and Remote Education Online (RRMEO) accessed through My Online Learning on the ACRRM website, 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
- ruralEM forum
- skin surgery (a user's guide to skin surgery); and
- radiology (basics of radiology series)

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. These modules are available at: <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 the 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 five cases to Tele-Derm National, or submit 10 cases with multiple-choice questions successfully 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 multiple-choice questions successfully completed to be considered equivalent to one module.

## 7. Recognition of prior learning

Recognition of Prior Learning (RPL) acknowledges clinical experience, training and assessment that applicants have already undertaken which may provide exemptions from clinical training time, assessment or other components of FACRRM training. RPL does not usually result in a reduction in education requirements.

A minimum of six months Community Primary Care must be undertaken while in training, this is required to enable work-based assessments: CBD, MSF and miniCEX to be undertaken.

Registrars should note that the award of RPL will lead to a reduction in time permitted to complete training. Registrars are strongly encouraged to discuss with their Training Organisation the benefits and restrictions that may result from RPL, prior to applying.

Registrars applying for RPL after obtaining a training position are required to include a Training Plan that is endorsed by the Training Organisation to demonstrate how outstanding clinical training, education and assessment requirements will be met within the timeframe available on their training pathway.

RPL 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 hold another general practice qualification on entry to training may have some clinical training, education and 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

In order to allow completion of mandatory education and assessment for ACRRM vocational training, on the AGPT and Remote Vocational Training Scheme Pathways, a maximum of two years RPL will be awarded for clinical experience and on the Independent Pathway the maximum is three years RPL.

On all pathways under exceptional circumstances, for example where a doctor has undertaken a comparable training program, RPL for clinical experience beyond these maximums may be awarded.

Clinical experience completed in Australia will be considered providing it meets the criteria below. 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. To be included in RPL clinical experience completed in any country must meet the criteria below and cannot exceed the maximums detailed above.

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 (registrar or above) 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 seven 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. At a minimum 12 months must be at PGY2 or above.
- Work undertaken prior to General Registration by overseas medical graduates may be considered, if it meets the above criteria.
- If experience in a hospital setting is more than seven years prior, consideration may be made on an individual, case-by-case basis for those doctors who achieve/maintain the competencies required in CCT by the work they are doing in their community position e.g. Aboriginal Medical Service (AMS), Rural Flying Doctors Service (RFDS), rural hospital VMO or Medical Officers with Right of Private Practice (MSRPP) positions.
- Work must include inpatient care, for example 12 months experience can not be covered by work in Emergency Department alone.
- Work must cover a reasonable scope of experience for example 12 months cannot be covered by working in a single discipline e.g. surgery.

### **Primary Rural and Remote Training**

- Applicants can apply for up to one year of RPL against this component of training.
- Work in an ACRRM accredited or accreditable environment.
- Work within the past five years at an appropriate level relevant to the stage of training and facility for which RPL is being requested.
- Typical locations include general practices, AMS, RFDS, small rural hospitals, or a combination of the above.
- Work in a deputising service cannot contribute to RPL.

- Time spent on junior doctor general practice placements may be considered providing that the:
  - placement is not undertaken in PGY1
  - placement is undertaken in PGY2, and then additional time has been spent in the hospital environment to make up the necessary 12 months post intern training; or
  - placement is undertaken in PGY3 or above.

### **Advanced Specialised Training**

- Anaesthetics - JCCA (Joint Consultative Committee on Anaesthetics)
- Obstetrics - DRANZCOG Advanced
- 12 months (24 months for Surgery) experience at an appropriate level (registrar or above) in a post accredited for relevant AST or Specialty Training within the past two years in one of the remaining nine AST disciplines.

### **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 position and rotations covered
  - Statement of service;
  - Letter from employer confirming length of employment, position, 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 and ACRRM issues a provisional RPL outcome report. 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 RPL is a mandatory requirement for applicants applying for a 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 on any of the three training pathways.

### After a training position has been obtained

When RPL is applied for after training commences, the two stages described above occur in one process. Registrars complete the RPL application form and provide this to their Training Organisation along with a CV, the required evidence and training plan. The Training Organisation 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. Completion of Training

Registrars are required to meet the requirements for training that were in place at the time training commenced. See section 13. Table of changes to training requirements

Once training and assessment requirements are met, registrars complete a [Completion of Training \(COT\) form](#) and submit this to the College through the Training Organisation.

Registrars are required to sign a declaration on the COT form stating they are not under investigation or subject of disciplinary proceedings under any jurisdiction.

Completion of Training applications are approved by the Censor in Chief and then recommended to the ACRRM Board for Fellowship. The Board meets every two months. The meeting dates are published on the [website](#).

## **9. Training policies**

There are a range of policies that relate to training, a short summary is provided below and the policies are available at <http://www.acrrm.org.au/training-towards-fellowship/overview-of-fellowship-training/policy>

### **Academic Code of Conduct**

The Code of Conduct aims to provide a clear statement of the College's expectations of doctors and others participating in education or training programs in respect to personal and professional conduct and a duty to disclose a review of or changes to medical registration.

### **Academic Misconduct policy**

The Academic Misconduct Policy defines how alleged breaches of the Academic Code of Conduct are investigated and the penalties that may be applied for proven misconduct.

### **Special Consideration policy**

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 in training or assessment. The Special Consideration policy includes provision for special consideration of circumstances known in advance that may affect participation in training and/or assessment or occurring shortly before or during an assessment

### **Refund policy**

This policy details information relating to training and assessment and the circumstances under which refunds are paid.

### **Reconsideration, Review and Appeals policy**

Any person who is dissatisfied with, and adversely affected by a College decision may, within 28 days, apply to have the decision reconsidered or reviewed.

This process is described in the Reconsideration, Review and Appeals Policy. The policy aims to facilitate the resolution of disputed decisions at the lowest level without recourse to formal appeal. The policy defines College decisions that can be reconsidered, reviewed or appealed along with the processes, timeframes and possible outcomes.

### **Doctor in Training Review policy**

The Doctor in Training Review Policy (Policy) outlines the requirements for managing situations where a doctor's place in an ACRRM training or assessment program requires review to determine if withdrawal from the program is warranted.

A doctor in training's place in an ACRRM training or assessment program may be reviewed where there are significant and continuing concerns about a doctor in training's performance.

### **Complaints policy**

The complaints policy outlines the principles and processes for handling complaints. It is applicable to any person accessing College services or programs.

# 10. Training information, support and advocacy

## 10.1 Training and assessment information

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. Therefore you should contact your Training Organisation first for specific advice around your training.

ACRRM is also available to provide information about training and assessment. You will find comprehensive information on all aspects of training and assessment at <http://www.acrrm.org.au/training-towards-fellowship>

You may contact the College at any time by phone on 1800 223 226 or (07) 3105 8200 or email. If your query relates to:

- Training, your training officer will be your best contact. If emailing [training@acrrm.org.au](mailto:training@acrrm.org.au), your email will be directed to your training officer.
- Assessment, the assessment team will be your best contact. Email: [assessment@acrrm.org.au](mailto:assessment@acrrm.org.au) or
- Membership, ask for the membership officer when you call the College or email: [membership@acrrm.org.au](mailto:membership@acrrm.org.au)

### Rural Medicine Australia conference

ACRRM and Rural Doctors Association host the Rural Medicine Australia (RMA) annual conference and scientific forum each October. The conference includes a wide range of presentations and workshops relevant to rural and remote practice.

### 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 few weeks prior to the exam.

You will find other information to assist you in preparing for assessment on the assessment webpages specific to the assessment type.

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

### Registrar Committee Assessment Guides

The ACRRM Registrars' Committee Assessment Guides provide a quick reference, tips and tricks to all the ACRRM assessments. The guides may be found at <http://www.acrrm.org.au/training-towards-fellowship/activities-and-resources>.

## 10.2 Support and advocacy

In addition to contacting the college staff or your Training Organisation, there are a range of other support options available both through the College and externally, including:

### **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](mailto:training@acrrm.org.au)

### **ACRRM Registrar Committee**

The Registrar Committee aims to have 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 represents the views of registrars in Committees of the College including the Education Council, Education and Training Committee and Assessment Committee.

The Registrar Committee also represents and advocates for ACRRM registrars on a range of external national forums.

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

### **General Practice Registrars Australia**

General Practice Registrars Australia (GTRA) is an independent, not-for-profit organisation. It is funded by the federal government to provide advocacy services for registrars on education, employment and policy issues in general practice. For further information see: <https://gpra.org.au/>

### **Doctors Health Advisory Service (DHAS)**

DHAS operate a telephone Help Line and is available to provide confidential personal advice to practitioners facing difficulties. They also provide health promotion and educational information through their website and they provide lectures to interested groups.

The advice is used mostly in relation to stress and mental illness, drug and alcohol problems, or personal and financial difficulties. More information is available here: <http://dhas.org.au/contact/contact-dhas-in-other-states-territories-and-new-zealand.html>

### **CRANAPplus Bush Crisis Line**

This service provides a trained psychologist available 24 hours/7 days a week through a phone counselling service to all remote and rural registrars, health workers and their families that may be in distress with support and assistance everyday of the year at 1800 805 391. More information is available here: <https://crana.org.au/support>

## **Beyond Blue**

Beyond Blue provides free, confidential, 24-7 phone counselling services for people experiencing mental stress or illness at 1300 22 4636. Further information regarding these and other national services is available here: <https://www.beyondblue.org.au/>

## **11. Professional conduct in training and practice**

The College expects the highest professional standards of its fellows, registrars, students and other members, as well as of its staff and contracted professionals involved in our educational programs. It expects that these same people should also be treated according to acceptable professional standards.

Our vision of acceptable professional standards involves at all times treating others with dignity, courtesy, respect and compassion. The College has a zero tolerance approach with respect to bullying, discrimination and sexual harassment or any other inappropriate behaviours in training and practice. The College also values our members' efforts toward building personal resilience and self-efficacy to address problems that arise in a positive way.

Employers have a duty under the occupation health and safety law to provide and maintain for its employees, so far as is reasonable practicable, a working environment that is safe and without risks to health. All workplaces in which our registrars train should have in place policies and procedures which can control the risk of harm to all people in that workplace, including physical harm or the experience of bullying, harassment, or sexual discrimination.

If you have concerns about your work environment, discuss your concerns with your supervisor or if you are uncomfortable with speaking with your supervisor for any reason, speak with someone equivalent. If unable to resolve the concerns within your workplace the issue should be raised with your Training Organisation. ACRRM as your professional college is also available to support and provide advice with regard to any problems that arise regarding inappropriate workplace behaviour during your training experience.

General information on appropriate behaviours in training is available in the General Practice Supervisor Association resource [Bullying and Harassment: Pursuing Zero Tolerance in General Practice](#).

## **12. Comments, compliments and complaints**

ACRRM welcomes all feedback from registrars and others to enable continued improvement of training. Any formal complaints received by the College will be managed appropriately and will also be de-identified and considered for the purposes of ongoing program improvement. Feedback is encouraged anytime:

- anonymously through <http://www.acrrm.org.au/about-the-college/feedback>
- by phoning or emailing our training team [training@acrrm.org.au](mailto:training@acrrm.org.au); or
- by emailing the Registrar committee [registrarchair@acrrm.org.au](mailto:registrarchair@acrrm.org.au)

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

- following each education or assessment event delivered
- a feedback survey every second year
- exit survey at the end of training; and
- as required around specific areas.

## 12.1 Resolving problems

If you have a problem or concern during training the following general principles should assist you to resolve the concern.

- Direct contact is usually the quickest and most effective way to resolve an issue. Raise the issue with the person involved and explain your point of view. Under normal circumstances, this discussion should occur as close to the time of the relevant event as possible.
- If you feel that the issue was not dealt with appropriately as a result of speaking with the person most directly involved, or if you feel uncomfortable speaking with the direct contact, then you should speak with the next senior person of responsibility.
- If you still feel that the issue has not been resolved satisfactorily, you should speak with someone in a senior management position in the organisation responsible.
- If you feel that the issue has not been resolved satisfactorily, lodge a formal complaint in writing.

There are many organisations involved in general practice training and it may not always be clear where to direct your concern. You may wish to seek guidance on where to direct your concern from your Training Organisation or from ACRRM. As a general guide, the areas of responsibility for the College include the following:

- on all ACRRM pathways – delivery of assessment
- on the Independent Pathway - delivery of education
- on the AGPT and RVTS pathways – ensuring Training Organisations uphold the College Standards for Supervisors and Teaching Posts and Standards for Training Organisations and deliver training in accordance with the ACRRM curriculum.

Areas in which the College does not have direct responsibility include, on AGPT and RVTS:

- the delivery of education
- placement of registrars
- identifying, supporting and monitoring supervisors and teaching posts.

ACRRM and all the Training Organisations will have a complaints policy to guide the process.

ACRRM's complaint policy may be found at <http://www.acrrm.org.au/about-the-college/feedback>

## 13. 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

<b>Year Training Commenced</b>	<b>CCT 12 months</b>	<b>PRRT 24 months</b>	<b>AST 12 months</b>	<b>RRMEO module</b>	<b>EM courses</b>
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.	New curriculum: Academic Practice  Revised curricula: EM, Paeds, Mental Health, Pop, Remote, ATSI  Minor changes to prerequisites and formative miniCEX required for all clinical ASTs	Now referred to as FACRRM recommended modules	REST mandated as one of the tier 1 courses
2017	No change  Training plan required  Maximum RPL reduced to 2 years on AGPT and RVTS and 3 years for IP, training plan must be submitted with RPL application	Options for flexibility defined	No change	No change	No change
2018	No change  Currency of experience required to apply for RPL reduced to: CCT within past seven years, PRRT within past five years and AST within past two years.  Must undertake minimum six months community primary care while in training.	No change	No change	No change	No change

## 14. Glossary of terms used in the handbook

ACRRM	Australian College of Rural and Remote Medicine
AGPT	Australian General Practice Training
AHPRA	Australian Health Practitioner Regulation Agency
ALSO	Advanced Life Support in Obstetrics
AMC	Australian Medical Council
AMS	Aboriginal Medical Service
AST	Advanced Specialised Training
CBD	Case Based Discussion
CCT	Core Clinical Training
CRANA	Council of Remote Area Nurses of Australia
DHAS	Doctors Health Advisory Service
DRANZCOG	Diploma of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists
FACRRM	Fellowship of Australian College of Rural and Remote Medicine
FACEM	Fellow of the Australasian College for Emergency Medicine
FRACS	Fellow of the Royal Australasian College of Surgeons
GPRA	General Practice Registrars Australia
IMG	International Medical Graduate
IP	Independent Pathway
JCCA	Joint Consultative Committee for Anaesthetics
MCQ	Multiple Choice Questions
MSRPP	Medical Superintendents with Right of Private Practice
MMM	Modified Monash Model
MSF	Multi-Source Feedback
PRRT	Primary Rural and Remote Training
PC	Primary Curriculum
PGY	Post graduate year
PRRT	Primary Rural and Remote Training
RANZCOG	Royal Australian and New Zealand College of Obstetricians and Gynaecologists
REOT	Rural Emergency Obstetrics Training
REST	Rural Emergency Skills Training
RFDS	Rural Flying Doctors Service
RPL	Recognition of Prior Learning
RRMEO	Rural and Remote Education Online
RTO	Regional Training Organisation

RVTS	Remote Vocational Training Scheme
StAMPS	Structured Assessment using Multiple Patient Scenarios
VMO	Visiting Medical Officer