



Primary Rural and Remote Training

Standards for Supervisors
and Teaching Posts



FELLOWSHIP

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



Contact Details

Australian College of Rural and Remote Medicine
GPO Box 2507
BRISBANE QLD 4001

Telephone: 07 3105 8200
Fax: 07 3105 8299
Email: postaccreditation@acrrm.org.au
Website: www.acrrm.org.au

ISSN

1447-1116 (print)

1447-1116 (online)

Copyright

© Australian College of Rural and Remote Medicine 2017. All rights reserved. No part of this document may be reproduced by any means or in any form without express permission in writing from the Australian College of Rural and Remote Medicine.

Version 4

Date published: November 2017

Date for review: November 2020

Table of Contents

Overview of ACRRM vocational training	4
General Practice definition	4
Training Pathways	4
Summary of ACRRM training requirements	5
Introduction to the Standards	6
Purpose	6
Using the Standards	6
The Accreditation Process	7
Definitions	8
1. Standards for Supervisors	9
1.1 Qualifications, experience and attributes	9
1.2 Commitment and abilities as a supervisor	10
1.3 Commitment and abilities as a teacher	11
2. Standards for Teaching Posts	13
2.1 Clinical learning opportunities	13
2.2 Training resources	15
2.3 Clinical and office equipment	15
2.4 Teaching plan	16
2.5 Organisational management	17
2.6 Evaluation of training within the post	18
Appendix 1:	19
Assessing experience and qualifications for supervisor accreditation	19
Appendix 2	20
Guidance on teaching post accreditation	20
Appendix 3	22
Offsite Supervision	22
Appendix 4	24
Recommended list of essential equipment for a rural or remote community primary care service	24

Overview of ACRRM vocational training

The Australian College of Rural and Remote Medicine (ACRRM) is one of two medical colleges in Australia accredited to determine and uphold the standards that define and govern competent independent medical practice in the specialty of general practice. ACRRM is particularly focussed on standards that apply to appropriate and safe practice in rural and remote contexts.

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 unreferral 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.

Training Pathways

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.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 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 a Regional Training Organisation on the AGPT program.

Summary of ACRRM training requirements

While the pathways and training organisations differ, the requirements set by ACRRM for training 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

Completion of:

- an education program provided by the training organisation and teaching post
- at least four ACRRM online modules approved for training; and
- at least two 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

- Supervisor reports
- 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
- 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.
- For more information, on assessment see: <http://www.acrrm.org.au/training-towards-fellowship/reporting-and-assessments>

Introduction to the Standards

This document contains the Standards for Supervisors and Teaching Posts in the Primary Rural and Remote Training (PRRT) years of training. These standards define the characteristics required of supervisors and posts in order to engage in training ACRRM registrars for PRRT. The standards apply to the three ACRRM training pathways.

Separate standards apply to posts and supervisors during Core Clinical Training and Advanced Specialised Training posts.

Supervision is generally required to be provided onsite but offsite supervision or other innovative supervision models may be accredited. The supervisors and the posts must meet the standards in this document and a plan is required to show how the required supervision and teaching will take place. See appendix 3 for further information.

ACRRM does not routinely accredit teaching posts outside Australia. However, applications will be considered on a case-by-case basis.

Purpose

The standards have been designed to ensure that posts provide:

- safety for patients and registrars
- a teaching and learning environment for registrars; and
- an appropriate range of experience against the curriculum.

Healthcare facilities and supervisors can use these standards for self-assessment prior to applying for accreditation, and also to inform the official accreditation application and assessment process.

Using the Standards

The standards are grouped into standards for supervisors and standards for teaching posts. Under these two sections there are subsections and a set of standards for each as outlined below. Some standards have explanatory notes to provide additional guidance.

Supervisors

The standards for supervisors contain standards relating to:

- qualifications, experience and attributes
- commitment and abilities as a supervisor; and
- commitment and abilities as a teacher.

Teaching posts

The standards for teaching posts contain standards relating to:

- clinical learning opportunities
- training resources
- clinical and office equipment
- a teaching plan
- organisational management; and
- evaluation of training within the post.

The Accreditation Process

Accreditation of ACRRM supervisors and teaching posts is conducted at the regional level in conjunction with a general practice training organisation to ensure local knowledge.

General Practice training organisations' processes differ but the following general steps apply for the accreditation of a supervisor and/or teaching post.

- The prospective teaching post conducts a self-assessment against the standards and contacts the local training organisation to discuss an interest in training.
- Training organisation assesses the need for additional teaching posts and assesses the supervisors and teaching post against the standards.
- Supervisors and teaching posts deemed by the training organisation to be suitable and to meet the standards are recommended to ACRRM for accreditation.
- ACRRM awards accreditation and specifies any restrictions that apply.
- Supervisors and teaching posts may initially be awarded provisional accreditation for up to 12 months. Once accreditation is awarded the total accreditation period is for three years.
- ACRRM publicises teaching posts on the ACRRM website. The information provided includes the name of the post, address and contact details.
- Complaints and reconsideration or review mechanisms are available through the training organisation and [ACRRM](#).

Definitions

ACRRM uses the following definitions:

Standards

When used in this document 'Standards' will refer to the Standards for Supervisors and Teaching Posts in Primary Rural and Remote Training.

Registrar

A registrar is a doctor training towards Fellowship of ACRRM.

Supervisor

A supervisor is a doctor who provides supervision for registrars. This includes providing monitoring, guidance and feedback on matters of personal, professional and educational development in the context of the doctor's care of patients.

Principal Supervisor: The Principal Supervisor is the doctor responsible for the overall clinical and educational supervision of a registrar in the post. All posts must have a principal supervisor.

Additional Supervisor: An Additional Supervisor contributes to the clinical and educational supervision for a registrar. An additional supervisor provides supervision at times when the registrar cannot access the principal supervisor or when the post includes more than one site.

Provisional Supervisor: Provisional Supervisors have not yet met all the standards for qualifications and/or rural experience. Provisional Supervisors are generally accredited as Additional Supervisors.

Teaching post

A teaching post refers to the accredited environment in which the registrar trains and works under supervision. ACRRM does not define a particular practice business model or type of medical facility in which training can occur. A teaching post may be any environment which meets these standards.

Unrestricted teaching post:

Single facility: A single rural or remote healthcare facility that provides the complete package of clinical learning opportunities across more than one site 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. Additional sites are included in the post and do not require separate accreditation.

Composite post: A post put together through employment in more than one practice setting that provides the complete package of training experience to support curriculum outcomes. For example, a community general practice setting combined with sessional employment in a nearby rural hospital.

Restricted teaching post: A teaching post that meets the standards but does not provide the complete package of clinical learning opportunities to support all the curriculum outcomes. For example a rural general practice that does not have clinical privileges at the hospital. 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.

1. Standards for Supervisors

This section describes the criteria for accreditation of supervisors. It focuses on the capacity of individuals to provide monitoring, guidance, feedback and education in the patient care setting.

These standards apply to supervisors providing onsite and offsite supervision.

1.1 Qualifications, experience and attributes

Supervisors have appropriate qualifications, experience, attributes and commitment.

- 1.1.1 Supervisors hold current Specialist or General registration with the National Medical Board of Australia, without any imposed restrictions, conditions, or limitations.
- 1.1.2 Supervisors are a Fellow of ACRRM or have other relevant qualifications and experience (see appendix1).
- 1.1.3 Supervisors have not less than five years full-time experience in rural or remote practice.

The following experience may be counted:

- Experience in a rural or remote environment classified MMM 4-7 or MMM 3 on a case by case basis
 - Rural and remote experience during vocational training
 - Experience in a location that was rural when the doctor worked there but is no longer considered rural
 - Comparable overseas rural or remote experience
- 1.1.4 Supervisors demonstrate completion of their College professional development program for the previous triennium and active participation in activities for the current triennium.
 - 1.1.5 Supervisors are appropriate role models, exhibiting a high standard of clinical competence, and professional values in relation to patient care.
 - 1.1.6 Supervisors possess personal attributes suitable to undertaking a supervisory role, including:
 - well developed communication and interpersonal skills
 - self awareness
 - open mindedness
 - reliability
 - being innovative, resourceful and flexible
 - an understanding of their own limitations with the ability to refer on when necessary.
 - 1.1.7 Provisional Supervisors are a Fellow of ACRRM or doctors who are experienced GP supervisors with less than five years rural and remote experience.
 - 1.1.8 Provisional Supervisors may be accredited as Additional Supervisors.
 - 1.1.9 Provisional Supervisors may also be considered for accreditation as a Principal Supervisor on a case by case basis.
 - Where the Provisional Supervisor is a recent Fellow of ACRRM and has not yet had five years rural experience then demonstration of onsite or offsite support for the Provisional Supervisor is required.
 - Where the Provisional Supervisor is an experienced supervisor but does not have five years rural experience, an onsite or offsite Supervisor meeting the full standards is required. The offsite Supervisor's role is to act as a mentor and put information into a rural context. The mentor and mentee are required to meet every two months. This may be a virtual or face to face meeting.

1.2 Commitment and abilities as a supervisor

Supervisors demonstrate commitment and abilities as a supervisor.

- 1.2.1 Supervisors demonstrate an understanding of the training requirements and the breadth of knowledge, skills and experience that are required of a registrar in order to gain FACRRM.
- 1.2.2 Supervisors negotiate methods and frequency of communication with the registrar.
 - This includes communication with the registrar about day to day clinical issues as well as overall debriefing and planning of activities.
- 1.2.3 Supervisors are approachable and available to the registrar when the registrar is working.
 - A supervisor must be accessible to the registrar either face to face, or virtually while the registrar is working. This includes all sites and when the registrar is on call.
 - The amount of time a supervisor is required to be available to the registrar onsite needs to be adjusted according to the stage of training and the ability of the registrar.
 - As a guide in PRRT, ACRRM would expect supervision onsite:
 - 80% in the first 6 months
 - 50% in the second 6 months
 - 25% thereafter.
- 1.2.4 The principal supervisor organises an accredited additional supervisor to provide supervision at times when the registrar cannot access the principal supervisor.
- 1.2.5 The principal supervisor agrees to meet individually with the registrar early in the post to discuss and appraise the registrar's skills and experience and develop and document a learning plan.

This includes:

- discussion of the registrar's past experience, both within training and prior to training
 - observation of the registrar during consultations to enable assessment of areas of strength and weakness and to guide the level and type of supervision required in different areas
 - establishing a clear understanding of the learning needs for this post and ensuring that the registrar also has a clear understanding, including procedural skills the registrar is required to practise and those in which they can demonstrate competence
 - a discussion of any formative assessments that the registrar is expected to complete in this post as well as any summative assessments in which the registrar has enrolled.
- 1.2.6 Supervisors conduct formative assessment of the registrar, in accordance with their stage of training.
 - ACRRM registrars are required to submit nine consultations assessed using the miniCEX form www.acrrm.org.au/assessment.
 - In the first 12 months of training, the supervisor agrees to undertake regular reviews (at least once every 4 months) of registrar patient consultations and to provide feedback.
 - Reviews may be achieved by sitting in on patient consultations or through reviewing videotaped/audio-taped consultations supplied by the registrar.
 - Conducting cased based discussions (CBD) with a registrar will assist them to prepare for summative CBD.

- 1.2.7 Supervisors organise their own clinical workload to be compatible with teaching commitments.
- 1.2.8 Supervisors comply with limits set by the training organisation on the number of registrars for which a supervisor can be responsible at any one time.
- The number of registrars per supervisor must not exceed the supervisor's ability to provide supervision in accordance with the registrar's stage of training and individual needs.
 - In general a doctor working full-time should not be a principal supervisor for more than two registrars.

1.3 Commitment and abilities as a teacher

Supervisors demonstrate commitment and abilities as a teacher.

- 1.3.1 Supervisors comply with the structured educational activity requirements according to the registrar's stage of training and experience.
- The principal supervisor is required to provide or ensure that structured educational activities meeting the following criteria are provided during PRRT:
 - 3 hours per week in the first 6 months
 - 1.5 hours per week in the second 6 months
 - thereafter according to the registrar's needs.
 - The specified hours for education are based on a registrar undertaking a full four years of training towards FACRRM. Where the registrar is experienced and has recognition of prior learning awarded, structured education should be provided according to the needs of the registrar.
 - Education may be provided in a group setting but a proportion of this education must be provided one on one.
 - Supervisors do not need to personally provide all of these activities; the registrar can be directed to and encouraged to participate in appropriate education activities provided by others.
- 1.3.2 Supervisors participate in supervisor training and other activities to further develop supervision, teaching and mentoring skills.
- This involves attendance at supervisor or teacher training. Examples may include workshops, online clinical forums, courses or conferences.
 - The training may be provided by relevant organisations such as General Practice training organisations, the College, General Practice Supervisors Association or universities.
- 1.3.3 Supervisors are familiar with a range of teaching methods and select appropriately from these to assist the registrar's learning.
- Methods may include small group discussions, case based discussions, sitting in on consultations or reviewing videoed consultations, tutorials, experiential learning and online learning.
- 1.3.4 Supervisors are skilled in assessing and providing feedback on performance, including establishing and reviewing learning plans.
- 1.3.5 Supervisors and registrars collaboratively plan exposure to activities required in the registrar's learning plan, the ACRRM Primary Curriculum and the ACRRM Procedural Skills Logbook.
- At the completion of training, registrars are expected to have covered the abilities, knowledge and skills outlined in the ACRRM Primary Curriculum.
 - Skills in the Procedural Skills Logbook are required to be certified prior to awarding of FACRRM.
- 1.3.6 Supervisors utilise a wide range of educational resources, including the ACRRM Primary Curriculum and RRMEO online modules, to assist the registrar achieve

specific learning goals.

- Supervisors are able to direct the registrar to relevant resources including but not limited to ACRRM online education modules and forums. The inventory of online modules is publically available at <http://www.acrrm.org.au/search/find-online-learning>
- A suggested reading list for ACRRM registrars is provided at: <http://www.acrrm.org.au/training-towards-fellowship/reporting-and-assessments/resources>
- The [Primary Curriculum](#) contains a list of suggested resources for each curriculum statement

2. Standards for Teaching Posts

This section outlines the standards required of teaching posts for ACRRM registrars undertaking PRRT. These standards focus on the ability of the post to enable registrars to develop the necessary knowledge and skills to fulfil the learning outcomes in the ACRRM Primary Curriculum.

The standards are concerned with issues surrounding clinical learning opportunities, clinical and training resources, facilities and equipment, organisational management and evaluation.

These standards do not prescribe a particular type of health service. Any health service that meets these standards is eligible for accreditation to supervise ACRRM registrars. Health services that provide some but not all the clinical learning opportunities are eligible for restricted accreditation.

Where supervision is provided off site, the post where the registrar works must meet these standards.

Remote posts and/or Aboriginal and Torres Strait Islander Health services that are not able to meet all the Standards for teaching posts will be considered by ACRRM on a case by case basis.

Where other accreditation organisations for example GPA or AGPAL have assessed standards which are comparable to some of the standards for posts, then the accreditation certificate may contribute to the evidence provided to demonstrate compliance.

2.1 Clinical learning opportunities

Teaching posts provide clinical learning opportunities relevant to rural and remote practice as described below.

A community primary care and population health facility provides care for 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.

- These facilities may include community private practice, Aboriginal community controlled health services, small hospitals, aeromedical services or other health service providers that offer this type of care.

Hospital and emergency care facilities provide 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.

Health facilities providing rural and remote context possess the characteristics of rural and remote medical practice, particularly independence in clinical practice.

- Posts are located in a setting that lacks ready access to specialist medical and other services and requires the development of own knowledge and skills to match local community need.
- Posts include access to telehealth experiences in accordance with the ACRRM Telehealth Standards Framework
- Posts meeting the requirements for rural or remote context will be categorised Modified Monash Model Category (MMM) 4-7. [See Doctor Connect webpage](#). Some posts categorised as MMM 3 may be suitable; these will need to be assessed on a case by case basis.

2.1.1 **Unrestricted** teaching posts provide all clinical learning opportunities (described above) relevant to rural and remote practice

- An individual registrar may spend up to 24 months PRRT in an unrestricted post.

Restricted teaching posts provide some but not all of the clinical learning opportunities (described above) relevant to rural and remote practice

- An individual registrar may spend between 6 and 18 months in a restricted post.

See appendix 2 for some examples of teaching posts and types of restrictions that apply.

2.1.2 Teaching posts provide adequate but not excessive patient workload for the registrar.

- The clinical load should be such that the registrar is occupied with clinical work for most of the working day, allowing for normal daily and seasonal fluctuations.
- The key is ensuring balance for the registrar between gaining adequate clinical experience and having the opportunity to undertake other learning activities.
- In general, during the first six months working in general practice an average of four patients should be seen per hour but there are circumstances where this workload will vary.
- In subsequent semesters it is not possible to set parameters, as consideration has to be given to the registrar's experience and the types of services rendered.

2.1.3 Teaching posts provide opportunities to be part of, and learn through, being a member of a health care team.

- It is important that the registrar has the opportunity to work with and be part of the broader health care team, including nurses, consultant medical services, (including Telehealth options) hospitals, allied health professionals, diagnostic services, Aboriginal Health Services and other community services.

2.1.4 Teaching posts provide opportunities for the registrar to become familiar with and take part in quality assurance and research activities.

2.1.5 Teaching posts provide opportunities for the registrar to take on positions of community advocacy and leadership as appropriate.

2.1.6 Teaching posts provide opportunities for registrars to be involved in teaching others in the post.

2.2 Training resources

Teaching posts provide appropriate training resources for the registrar.

- 2.2.1 Teaching posts provide easy access to relevant, up to date clinical resources for the registrar while working.
- This may include textbooks, journals, evidence based guidelines, and training modules.
 - Resources may be online or hard copy provided they are up to date. In general, resources are considered up to date if published within the past five years.
- 2.2.2 Teaching posts provide access to contact details for other avenues for support and information.
- Registrars are provided with contact details of health professionals, allied health workers and other rural doctors to enable them to form wider support networks and avenues for gaining information and advice.
- 2.2.3 Teaching posts provide access to equipment and connectivity to the internet for participation in education activities.
- Access to broadband/satellite connectivity for education webinars and forums or similar onsite or nearby e.g. hospital or Rural Clinical School is essential for registrars training.
 - A digital camera, video recorder or web camera is required.

2.3 Clinical and office equipment

Teaching posts are suitably equipped with clinical and office equipment sufficient to allow the registrar to practise competently and to learn new skills.

- 2.3.1 Community primary care facilities provide a dedicated patient consultation room for the registrar that is suitably equipped.
- This room must have adequate equipment and resources for safe practice.
 - If the registrar is required to move from room to room, then a place should be provided to store equipment and resources as well as a means to move them easily, e.g. a container on wheels, trolley etc.
 - Ideally the allocated consultation room should also be available to the registrar for study and educational sessions.
- 2.3.2 Teaching posts provide timely access to the essential clinical equipment as appropriate for the type of facility.
- See appendix 4 for Recommended list of equipment for rural or remote community primary care practices
 - See Recommended [Minimum Standards for small rural hospital emergency departments](#)
- 2.3.3 Teaching posts provide clear and adequate systems for clinical records and registers.

The teaching post at a minimum has:

- medical records which are comprehensive and legible, with information easily retrievable
- records which contain an up to date health summary and copies of referral letters and reports
- adequate patient records systems including health screening and recall systems.

- 2.3.4 Teaching posts provide adequate access to diagnostic and medical services.
- The teaching post has access to radiology, pathology and other diagnostic services.
 - Results are available within a reasonable timeframe.
 - There is access to consultant medical services (including Telehealth services) and to appropriate neighbouring hospitals and allied health and community services. See www.ehealth.acrrm.org.au.

2.4 Teaching plan

Teaching posts provide information for registrars detailing how the post organises orientation to the post, teaching, learning and supervision.

- 2.4.1 Teaching posts provide information on:
- an orientation program
 - a timetable of education activities and identifies who is responsible
 - supervision arrangements including arranging a backup supervisor when principal supervisor not available and
 - formative assessment.
- 2.4.2 Teaching posts provide a description of:
- the post, the patient or practice population
 - clinical, educational and social strengths and opportunities to offer registrars
 - how the post provides opportunities for registrars to be involved in quality assurance, clinical audit and peer review
 - how the post provides opportunities for off-site visits relevant to rural and remote medicine and
 - clinical and teaching resources available.
- 2.4.3 Teaching posts provide information for registrars on operational arrangements including:
- staffing
 - rosters and
 - extended care responsibilities such as hospital work, after hours, nursing home visits.

2.5 Organisational management

Teaching posts have clear and adequate organisational management arrangements.

- 2.5.1 Teaching posts enter into an appropriate employment arrangement with the registrar.

The employment arrangement takes into account:

- learning/training opportunities
- the registrar's professional ability and professional recognition in Australia and
- any employer/employee relationship required by the employer or training pathway, for example National Terms and Conditions for Employment of Registrars for registrars training on AGPT.

- 2.5.2 Teaching posts ensure that the registrar, supervisor and teaching post are covered by appropriate insurance and medical registration with the Medical Board of Australia.

- 2.5.3 Teaching posts provide time for educational release activities in accordance with the registrar's stage of training and the requirements for training.

- Registrars are required to attend an education program provided by their training organisation. The program will be more intense in the first year of PRRT.
- ACRRM registrars must complete at least two emergency medicine courses, one of which must be the Rural Emergency Skills Training (REST) course. This is a total of four days training.

- 2.5.4 Teaching posts comply with Workplace Health and Safety regulations.

This includes but is not limited to ensuring:

- fatigue management and safe working hours
- safe work environment including protection from physical abuse, harassment and bullying
- safety travelling and
- safety after-hours.

- 2.5.5 Teaching posts provide access to a telephone during working hours.

- While at work either in the post or working remotely e.g. at a clinic or undertaking home visits, the registrar must have telephone coverage.
- Where there is no mobile coverage a satellite phone must be provided.

- 2.5.6 Teaching post administrative and clinical staff are informed of the function and needs of the registrar and encouraged to include the registrar in aspects of administration and management where appropriate.

- 2.5.7 Teaching posts have a policy/protocol available concerning the appointment system, Telehealth consultations, home visits and responding to emergencies, and the supervision of registrars in such situations.

2.6 Evaluation of training within the post

Teaching posts evaluate the training within the post and are able to demonstrate how information is gathered, analysed and acted upon to improve the quality of training.

- 2.6.1 Teaching posts regularly seek registrars' views on the quality and suitability of the training environment provided by the post.
- 2.6.2 Teaching posts provide formal feedback on the progress of the registrar to the training organisation as specified by the organisation and to ACRRM on request.
- 2.6.3 Teaching posts allow and encourage registrars to provide feedback to the training organisation and ACRRM on the training environment provided by the post and the supervisors.
 - This may take the form of surveys or other feedback processes conducted by the training organisation, Department of Health or ACRRM.

Appendix 1

Assessing experience and qualifications for supervisor accreditation

The following points scale is used to assess experience and qualifications for doctors who do not hold a FACRRM for the purpose of accrediting supervisors for Primary Rural and Remote Training.

1. Fellowship of an AMC accredited Australian or New Zealand Professional College (or recognised equivalent), e.g. FRACGP, FACEM.
 - Maximum of 8 points available in this category
 - 8 points are awarded for holding a Fellowship
 - 6 points are awarded for doctors who were grand parented onto the Vocational Register or the Specialist Register but who do not hold a Fellowship
2. Rural Experience - Time spent in rural and/or remote clinical practice.
 - Maximum of 6 points available in this category
 - Supervisors must have minimum 5 years rural experience
 - 2 points can be allocated for every five years spent, up to a maximum of 15 years
3. Current Hospital Clinical Privileges
 - Maximum of 4 points available in this category
 - 1 point for each of Obstetrics and Gynaecology, Anaesthetics, Surgery, Emergency Medicine and General Practice
4. Further tertiary level training relevant to Rural and Remote Medicine
 - Maximum of 4 points available in this category
 - Graduate Certificate = 1 point
 - Graduate/Post Graduate Diploma = 2 points
 - Masters Degree = 3 points
 - Professional Doctorate, MD or PhD = 4 points
5. Completion of courses relevant to rural and remote practice within the last 5 years
 - Maximum of 6 points in this category
 - Emergency courses accredited for PDP or training for example EMST, APLS, ALSO, PHTLS, REST, ELS = 1 point each
 - Other state-based trauma and acute care courses as accredited for ACRRM's PDP. For example, Radiology and Ultrasound skills based training = 1 point each
6. Leadership and Academic Activity.
 - Maximum of 6 points in this category
 - Development of, or leadership in, the relevant specialty or a relevant specialty field of rural and remote medicine at a national or international level = 1 point
 - Ongoing contribution to undergraduate or postgraduate education delivery (including supervision) = 1 point for up to 5 years and 1 point for every additional 5 years
 - Ongoing contribution to undergraduate or postgraduate education development (including medical education, contribution to developing education resources, standards, curriculum) = 1 point for every 5 years
 - Ongoing contribution to undergraduate or postgraduate assessment = 1 point for up to 5 years and 1 point for every additional 5 years
 - Five publications as primary or secondary author in national or international peer-reviewed scientific journals/books/scientific proceedings = 1 point

A score of 16 points or above meets the requirements for accreditation as a Supervisor.

A score of 14 -15 points may be considered for accreditation as a supervisor on a case by case basis by ACRRM.

Appendix 2

Guidance on teaching post accreditation

Over the course of ‘Primary Rural and Remote Training’ (PRRT) a registrar is expected to cover the broad range of clinical 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. A registrar must spend a minimum time requirement in each broad category as defined below.

- Community primary care and population health: minimum 6 months full-time equivalent
- Hospital and emergency care: minimum 6 months full-time equivalent experience
- Rural and remote context: minimum 12 months full-time equivalent experience

Teaching posts are accredited as “unrestricted teaching posts” (single or composite) or “restricted teaching posts” depending on their ability to provide the range of learning experiences described above.

- “Unrestricted teaching post” accreditation is awarded to a single or combination of (composite post) health services that can offer the three categories of experience.
- “Restricted teaching post” accreditation is awarded to health services that do not offer all three categories of experience. Restricted teaching posts are restricted to 6, 12, or 18 months of the total 24 months PRRT. The restrictions describe the amount of 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.

The table below provides examples of different types of health services and guidance on time restrictions that may be applicable. The table also identifies the main gaps in learning experiences for each type of health service. This is provided for general guidance. Each health service needs to be assessed on a case by case basis against the standards.

Type of health service	Gap Aspect of scope not available in this type of health service	Restriction Number of months a registrar can spend out of the total of 24 months PRRT
Community primary care practice or AMS that includes hospital & emergency care		
Rural or remote	Nil	24 months
Urban/large regional	Rural & remote context	12 months
Community primary care practice or AMS but no hospital & emergency care		
Rural or remote	Hospital & emergency care	18 months
Isolated rural or remote clinic	Hospital inpatient care	18-24 months (depending on how the hospital experience gap might be remediated through shorter placements & instruction)
Urban/large regional	Rural & remote context; hospital & emergency care	6 months

Hospital practice		
Rural hospital with limited specialist care	May lack community primary care & population health	18-24 months (depending on extent of primary care & population health experience as described above)
Urban/large regional specialist hospital (registrar undertaking a range of general specialty rotations relevant to generalist rural practice)	Rural & remote context; community primary care & population health	Up to 12 months (depending on breadth of medical experience gained)
Urban/large regional public ED post (registrar seeing category 1-5)	Rural & remote context, hospital inpatient care, community primary care & population health	6 months
Type of health service	Gap Aspect of scope not available in this type of health service	Restriction Number of months a registrar can spend out of the total of 24 months PRRT
Rural or remote aeromedical service		
With primary care clinic work	May lack community primary care & population health; hospital inpatient care	18 – 24 months (depending on extent of primary care & population health experience and depending on how the hospital experience gap might be remediated through placements & instruction)
No primary care clinic work	Community primary care & population health; hospital inpatient care	12 months

Appendix 3

Offsite Supervision

Offsite and other innovative models of supervision may be accredited. The model must be approved in advance by ACRRM.

The supervisor and the teaching post independently must meet the standards as outlined in this document.

Applying for offsite supervision

The Training Organisation is required to produce an “offsite supervision plan” and submit to ACRRM for approval prior to a registrar commencing in the post.

The Training Organisation is required to ensure that the supervisor/s and teaching post are both able to be accredited.

The “offsite supervision plan” will address the following areas:

How the training organisation assesses registrar suitability: this must include consideration of:

- Registrar experience (training history and CV)
- Clinical competence (supervisor report, formative miniCEX, Case Based Discussion, summative assessments)
- Emergency experience / training
- Resilience / resourcefulness
- Willingness to have off site supervision (agreement signed by registrar)

How the training organisation assesses the suitability of the environment; this must include factors such as:

- Orientation to the post and the community
- Supportive social networks locally
- Connection with region and community
- Onsite support from other doctors (who may not meet the criteria to be a supervisor), practice nurse, practice manager, etc
- Networks with other health, community services

The plan must detail how supervision will be provided, including:

- Frequency of contact
- Supervisor availability
- Supervisor accessibility e.g. phone, email
- Access to support in an emergency situation

The plan must include information on how the registrar will be able to:

- Access structured educational activities in the post
- Have direct observation and feedback on consulting including formative miniCEX
- Be released for education program provided by the Training Organisation

The “offsite supervision plan” will be assessed by ACRRM and if suitable the post will be approved as an ongoing post by ACRRM.

Offsite supervision posts will initially be granted provisional accreditation for 12 months. Full accreditation can be requested on provision of a report from the training organisation which includes supervisor and registrar feedback on the effectiveness of the post over the previous year.

A revised “offsite supervision plan” is required if there are any changes to the model.

Offsite supervision arrangements for registrars on the Independent Pathway require approval by ACRRM on a case by case basis.

Appendix 4

Recommended list of essential equipment for a rural or remote community primary care service

It is recommended that rural or remote community primary care posts provide onsite or timely access (e.g. at local hospital) to the essential equipment listed below.	
Auriscope	Positive pressure oxygen/bag + mask
Baby scales	Pregnancy testing
Contaminated waste disposal	Pulse oximeter
Dangerous drugs register book	Refrigerator minimum-maximum thermometer
Dangerous drugs storage	Sharps disposal
Dressings	Spacer Device for Meter Dose Inhalers
Ear syringe and/or cerumen loops	Specimen collection – tourniquet, syringes & needles, transport swabs, viral culture media, urine containers, paediatric urine bags.
ECG (or availability for use)	Sphygmomanometer – standard, large paediatric cuffs
Emergency bag	Sterile equipment – sterile disposables, sterilisation onsite or offsite
Emergency drugs	Specula – aural and nasal
Endotracheal tubes – laryngeal mask or equivalent seal mask/airway protection device	Stethoscope
Eye examination – staining, mydriatic, local anaesthetic	Suction
Eye charts for VA and colour vision assessment	Suture instruments + LA
Gloves – disposable and sterile	Syringes and needles – disposable
Guedal airways – preferably disposable	Thermometer
Glucometer	Torch
Height/weight scales	Tourniquet
IV access	Tuning fork
IV fluids	Urinalysis – BHCG, Blood protein glucose ketones/multistix
Laryngoscope	Vaginal specula
Liquid nitrogen	Vaccination refrigerator
Magnifying loupe	X-ray viewing facilities
Measuring tape	
Nebulising air pump/mask – adult & paediatric	
Ophthalmoscope	
Pap smear equipment	
Patella hammer	
Peak flow monitor	