Primary Rural and Remote Training

Standards for Supervisors and Teaching Posts

FELLOWSHIP

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Rural & Remote Medicine
WORLD LEADERS IN RURAL PRACTICE

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ISSN

1447-1116 (print)

1447-1116 (online)

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Version 01/2013

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1.   Background

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.

The ACRRM Vocational Training Program is a four-year integrated program of clinical learning and experience. All training must take in place in accredited posts. Registrars can apply to enter the training program after completing one intern year.

The program consists of three stages of learning and experience:
- Core Clinical Training (CCT) involves a 12-month experience in an ACRRM accredited metropolitan, regional, or rural hospital.
- Primary Rural and Remote Training (PRRT) involves 24 months experience in ACRRM-accredited rural or remote posts including hospital, general practice, community, and other posts.
- Advanced Specialised Training (AST) involves 12 months experience in one of eleven ACRRM-specified disciplines.

There are three pathways to achieve Fellowship of ACRRM:
- The Vocational Preparation Pathway (VPP) is delivered by Regional Training Providers in the Australian General Practice Training (AGPT) program.
- The Remote Vocational Training Scheme is delivered by Remote Vocational Training Scheme (RVTS).
- The Independent Pathway (IP) is delivered by ACRRM.

2.   Introduction

This document contains the Standards for Supervisors and Teaching Posts in the Primary Rural and Remote Training years of registrar training. These standards define the characteristics required of supervisors and posts in order to engage in training ACRRM registrars for Primary Rural and Remote Training.

Separate standards apply to posts and supervisors during Core Clinical Training and each of the Advanced Specialised Training discipline posts.

All supervision is required to be provided onsite except for supervision on the Remote Vocational Training Scheme (RVTS) and under exceptional circumstances in the Vocational Preparation Pathway (VPP) and the Independent Pathway (IP). Offsite supervision for VPP and IP must be approved in advance by ACRRM. See appendix 3 for further information.

ACRRM does not routinely accredit teaching posts outside Australia. However, applications from registrars wishing to undertake a post in another country will be assessed on a case-by-case basis.

3. Purpose

The standards have been designed to ensure that posts provide:
- safety for patients and registrars
- teaching for registrars
- appropriate range of experience against the curriculum.

4. Using the Standards

The standards are divided into criteria, which are further divided into sets of indicators. Descriptions are provided for each criterion and for each indicator within the criterion. Information is also provided regarding how each indicator will be assessed, including suggestions for the evidence to be provided on application for provisional accreditation and the evidence required at the site visit for full accreditation.

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.

The standards are grouped into standards for supervisors and standards for teaching posts.

4.1 Supervisors

The standards for supervisors contain criteria relating to:
- qualifications and experience
- commitment as a teacher
- abilities as teacher and
- commitment to supporting registrars.

4.2 Teaching posts

The standards for teaching posts contain criteria relating to:
- rural or remote location
- training resources
- a teaching plan
- clinical and office equipment
- clinical learning opportunities
- structured teaching
- organisational management and
- evaluation of training within the post.

5.   The Accreditation Process

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

The steps involved in the accreditation of a Primary Rural and Remote supervisor or teaching post are as follows.

1. The prospective teaching post conducts a self-assessment against the PRRT standards and contacts the local training provider to discuss interest in training.
2. Training Provider assesses the supervisors and teaching posts against ACRRM standards for PRRT.
3. Supervisors and teaching posts deemed by the training provider to be suitable and to meet the PRRT standards are recommended to ACRRM for accreditation.
4. ACRRM awards accreditation if appropriate.
5. A grievance and appeals mechanism is available through the training providers and ACRRM if required.
6. ACRRM publicises teaching posts and supervisors on its online education site www.rrmeo.com.

6.   Definitions

ACRRM uses the following definitions:

Registrar:
An ACRRM registrar is any doctor training towards Fellowship of ACRRM.

Supervisor:
A supervisor is the doctor responsible for the day to day performance of a registrar. The supervisor-registrar relationship forms the cornerstone of the enhanced apprenticeship model of learning in rural and remote general practice.
Supervision involves providing monitoring, guidance and feedback on matters of personal, professional and educational development in the context of the doctor's care of patients. This would include the ability to anticipate a doctor's strengths and weaknesses in particular clinical situations, in order to maximise patient safety.[1]

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 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 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 training experience 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.

Provisional accreditation
Provisional accreditation is awarded based on written information and evidence. Provisional accreditation is awarded for up to 12 months to allow a site visit to be arranged. Provisionally accredited teaching posts are able to train registrars.

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[1] Kilminster SM, Jolly BC 2000, 'Effective supervision in clinical practice settings: a literature review'. *Medical Education*; 34: 827-840.

7. Standards for Supervisors

This section describes the criteria for accreditation of supervisors. It focuses on the capacity of individuals to provide monitoring, guidance and feedback in the patient care setting.
These supervisor standards apply to supervisors providing onsite and offsite supervision.

7.1 Criterion 1: Qualifications and experience
The supervisor must have appropriate qualifications and experience.

Indicator	Description	Evidence required
7.1.1	The supervisor must demonstrate current full and unrestricted registration with the National Medical Board of Australia. Supervisors must have a full and unrestricted registration with the Australian Health Practitioner Regulation Agency without any imposed restrictions, conditions, or limitations. Any changes to registration status must be reported to ACRRM.	**Application** A current copy of the Medical Registration Certificate for each supervisor
7.1.2	The supervisor must be a Fellow of ACRRM or have experience and qualifications which are assessed by ACRRM to be equivalent. Equivalency is determined by the Non FACRRM Supervisor Accreditation Policy and point scale. Doctors who do not have Fellowship of ACRRM are required to score 16 points or more. See the appendix Accrediting Non-FACRRM Supervisors for more details. Where the teaching post is in an urban setting and supervisors meeting the above criteria are not available, a suitably qualified (Fellowship of GP or other Speciality College with not less than five years full-time experience) onsite supervisor is acceptable providing that the registrar also has an offsite mentor meeting the above criteria. The role of the mentor would be to put information into a rural context. The mentor would be expected to meet (via phone or other virtual means) with the registrar bimonthly.	**Application** Curriculum vitae Non FACRRM only A copy of the Fellowship Certificate Certificates of other tertiary level training relevant to rural and remote medical practice Certificates of relevant accredited courses e.g. EMST, APLS Evidence of Clinical Privileges

7.1.3	The supervisor has not less than five years full-time experience in rural or remote general practice or other rural or remote specialist practice. Training towards FACRRM or FRACGP/FARGP may be counted. Potential supervisors who do not have five years rural or remote experience but have a mixture of urban and rural or remote practice experience will be assessed on a case-by-case basis according to their merits. Potential supervisors who have limited Australian work experience may be considered if overseas rural and remote experience is comparable.	**Application** Curriculum vitae
7.1.4	The supervisor must be an appropriate role model, exhibiting a high standard of clinical competence, communications skills and professional values in relation to patient care.	**Application** Recommendation from a Regional Training Provider, colleague, visiting specialist or employer **Site visit** Interview with supervisor and registrar Recent assessments such as multisource feedback would be desirable
7.1.5	The supervisor must demonstrate commitment to ongoing professional development. To demonstrate compliance with this indicator, supervisors must be up to date with professional development requirements of their College. 'Up to date' is defined as completion of requirements for the previous triennium and active participation in activities for the current triennium.	**Application** Doctors participating in the ACRRM PDP program are not required to provide evidence for this indicator If participating in a non ACRRM PDP program, copies of statements from PDP provider showing completion of previous triennium and participation in current triennium

7.2   Criterion 2: Commitment as a teacher

The supervisor must have demonstrated commitment and competence as a teacher.

Indicator	Description	Evidence required
7.2.1	The supervisor must demonstrate an understanding of the ACRRM Vocational Training program and ACRRM Primary Curriculum. It is important for supervisors to have an understanding of the scope of knowledge, skills and experience that are required of a registrar in order to gain FACRRM.	**Site visit** Interview with supervisor
7.2.2	The supervisor must demonstrate the ability to take overall responsibility for the clinical and educational supervision of a registrar in their post.	**Application** Recommendation from training provider/colleague **Site visit** Interview with supervisor and registrar
7.2.3	The supervisor must comply with the structured educational activity requirements according to the registrar's training pathway and stage of training. **Vocational Preparation Pathway** Supervisors training registrars on the VPP are required to provide structured educational activities meeting the following criteria: • 3 hours per week in the first 6 months of PRRT • 1.5 hours per week in the second 6 months of PRRT • thereafter according to the registrars' needs. **RVTS** Supervisors training registrars on the RVTS pathway are required to maintain regular contact with their registrar as follows: • 1 hour per week in the first 6 months • 1 hour per fortnight in the second 6 months • 1 hour per month for the remainder of the program • Participate twice yearly in 3 way teleconferences between the registrar, supervisor and an RVTS medical educator. These will be arranged by the RVTS office and will form part of the regular contact between the supervisor and registrar • Visit the registrar once per year as part of a clinical teaching visit, and provide a written report on the visit to the RVTS office. The visit will be arranged in conjunction with the RVTS office • Join a weekly teletutorials for which their registrar is presenting a case (twice per year). **Independent Pathway** Supervisors training registrars on the IP are required to demonstrate how they provide or intend to provide structured educational activities meeting the criteria: • 3 hours per week in the first 6 months of PRRT • 1.5 hours per week in the second 6 months of PRRT • thereafter according to the registrars' needs.	**Application** Recommendation from training provider/colleague **Site visit** Teaching plan or timetable outlining teaching times and subject matter A copy of the teaching plan is to be provided to the college with surveyor report Interview with supervisor and registrar Registrar feedback

	Note: this is based on a registrar undertaking a full four years of training towards FACRRM. Where the registrar is exempted one year or more of training time, structured education should be provided according to the needs of the registrar.	
7.2.4	A supervisor must be accessible and available to the registrar when the registrar is working. A supervisor must be accessible to the registrar either on site, or by telephone, radio, or other electronic means while the registrar is working. If unavailable at any time the supervisor is responsible to ensure that another doctor is available to provide supervision. The amount of time a supervisor is required to be accessible and available to the registrar on site needs to be adjusted according to the stage of training and the ability of the registrar. As a guide ACRRM would expect • 80% in the first 6 months • 50% in the second 6 months • 25% thereafter.	**Application** Recommendation from training provider/colleague **Site visit** View roster and on call arrangements Interview with supervisor, staff and registrar Registrar feedback
7.2.5	The supervisor organises an accredited deputy supervisor to provide supervision at times when the registrar cannot access the primary supervisor or when the post includes more than one site. When the primary supervisor is not able to provide the amount of supervision outlined in 7.2.4, they are required to appoint a deputy supervisor. The deputy supervisor must also be accredited by ACRRM. If the post consists of more than one clinical environment e.g. hospital and a general practice, the registrar must have access to an accredited supervisor in each site and both sites must be accredited. Note: in general a satellite practice does not require a separate supervisor and accreditation separate to the main practice.	**Application** A list of additional supervisors included in the application **Site visit** Interview with registrar, supervisors and staff

7.2.6	The supervisor must agree to meet with the registrar early in the post to discuss and appraise the registrar's skills and experience and develop a learning plan. The supervisor is required to meet with the registrar as early as practical in the post. This must include: 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 • discussion of the registrar's past experience, both within training and prior to training. • establishing a clear understanding of the learning needs for this post and ensuring that the registrar also has a clear understanding, including what procedural skills the registrar is required to practise and demonstrate competence in. • discussion of any formative assessments, that the registrar is expected to complete in this post, as well as any summative assessments the registrar has enrolled in.	**Application** Recommendation from training provider/colleague **Site visit** Sight copies of learning plans and teaching plan Interview with supervisor and registrar
7.2.7	The supervisor must conduct formative assessment of the registrar, in accordance with their stage of training. In the first 12 months of training, the supervisor agrees to undertake regular reviews (at least once every 4 months) of registrar patient consultations. This may be achieved by sitting in on patient consultations or through reviewing videotaped/audio-taped consultations supplied by the registrar. The supervisor will use this exercise to provide the registrar with feedback on their performance and to guide the registrar in self-evaluation. Note: registrars are required to submit six consultations assessed using the miniCEX form *www.acrrm.org.au/assessment*	**Application** Recommendation from training provider/colleague **Site visit** Sight evidence such as: a copy of a supervisor report or a copy of a completed ACRRM miniCEX assessment Interview with supervisor, registrar and staff
7.2.8	The supervisor must demonstrate a commitment to teaching.	**Application** Recommendation from training provider/colleague **Site visit** Interview with supervisor, registrar and staff Sight evidence of other teaching activities e.g. certificates, PDP statements
7.2.9	The supervisor must organise own clinical workload to be compatible with teaching commitments. Supervising a registrar (as outlined in indicator 7.2.3) requires the supervisor to adjust their clinical workload to allow time to provide supervision and structured teaching for the registrar.	**Application** Recommendation from training provider/colleague **Site visit** Supervisor roster, teaching roster Interview with supervisors, registrar and staff

7.2.10	The supervisor must participate in supervisor training and other activities to further develop teaching/mentoring skills. This involves attendance at supervisor or teacher training. Examples may include workshops, online clinical forums or conferences, RTP or College supervisor training, and university courses in adult education.	**Application** Recommendation from training provider/colleague **Site visit** Evidence of attendance at workshops or completion of training courses. Interview with supervisor, registrar and staff
7.2.11	The supervisor must comply with limits set by the education provider on the number of registrars a supervisor can be responsible for 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 stage of training (see 7.2.3) and individual needs.	**Application** Recommendation from training provider/colleague **Site visit** Interview with supervisor, registrar, practice staff

7.3   Criterion 3: Abilities as a teacher

The supervisor has demonstrated abilities as a teacher.

Indicator	Description	Evidence required
7.3.1	The supervisor must be familiar with a range of teaching methods and select appropriately from these to assist the registrar's learning. To facilitate registrar learning, supervisors are required to provide or direct the registrar to a range of teaching and learning activities using a range of methods. These may include small group discussions, case reviews, audio or videotape reviews, sitting in on consultations, tutorials, experiential learning and online learning. The supervisor does not need to provide all of these activities; the registrar can be directed to and encouraged to participate in appropriate education activities provided by others. Note: to achieve FACRRM, registrars are required to complete four RRMEO modules and at least two emergency medicine courses.	**Application** Recommendation from training provider/colleague **Site visit** Interviews with supervisors, registrar and practice manager Sight teaching plan
7.3.2	The supervisor must be skilled in assessing and providing feedback on performance, including establishing and reviewing learning plans. It is very important that positive and negative feedback are given appropriately and in a timely fashion. Feedback is best when it is based on first hand observation and when it is constructive in nature. It should be given as soon as possible when the opportunity occurs in a learning situation. Waiting until mid-term or end of placement to give feedback about deficiencies is potentially dangerous for patients and provides the registrar with little opportunity to improve.	**Application** Recommendation from training provider/colleague **Site visit** Sight copies of learning plans, formative assessments such as miniCEX Interview with supervisor and registrar Supervisor interview, including discussion of how poor performance would be managed & examples of how feedback is provided
7.3.3	The supervisor and registrar collaboratively plan	**Application**

	exposure to activities required in the registrar learning plan, the ACRRM Primary Curriculum and the ACRRM Procedural Skills Logbook. At the completion of training, registrars are expected to have covered the skills, knowledge and behaviours outlined in the ACRRM Primary Curriculum. Skills in the Procedural Skills Logbook are required to be certified prior to awarding of FACRRM.	Recommendation from training provider/colleague **Site visit** Sight copies of learning plans, formative assessments such as miniCEX Interview with supervisor and registrar
7.3.4	The supervisor utilises a wide range of educational resources, including the ACRRM Primary Curriculum and RRMEO, to assist the registrar achieve specific learning goals. The supervisor is required to have an understanding of the ACRRM Primary Curriculum and be able to direct the registrar to relevant resources such as RRMEO. See a suggested reading list at: *www.acrrm.org.au/assessment*	**Application** Recommendation from training provider/colleague **Site visit** Interview with supervisor and registrar
7.3.5	The supervisor assists the registrar with the documentation of training records, including certification of the ACRRM Primary Curriculum Logbook. ACRRM registrars are required to learn and be assessed for competency in a range of procedural skills. Supervisors are required to witness and certify competency in these procedural skills; this can be completed online or by hard copy logbook.	**Application** Recommendation from training provider/colleague **Site visit** Interview with supervisor and registrar Sight registrar Primary Curriculum Logbook and/or examples of registrar learning records

7.4 Criterion 4: Commitment to supporting registrars

The supervisor is committed to supporting registrars. The supervisor must:

Indicator	Description	Evidence required
7.4.1	The supervisor takes responsibility for providing professional and personal support and guidance to a registrar.	**Application** Recommendation from training provider/colleague **Site Visit** Interview with supervisor and registrar to determine understanding of the professional and personal support needs of registrars
7.4.2	The supervisor must maintain confidentiality with the registrar. This includes confidentially around clinical decisions, progress in training, ethical matters and personal issues.	**Application** Recommendation from training provider/colleague **Site visit** Interview with supervisor and registrar
7.4.3	The supervisor must 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.	**Application** Recommendation from training provider/colleague **Site visit** Interview with supervisor and registrar Sight teaching plan for the post
7.4.4	The supervisor must 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.	**Application** Recommendation from training provider/colleague **Site visit** Overall assessment determined through communications with the supervisor on the day Interview with supervisor and registrar

8. 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. They are concerned with issues surrounding organisation, facilities, clinical learning opportunities, policies and resources available to ACRRM registrars.

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.

Composite posts are also appropriate; for example, a private office based practice and the hospital where the supervisor has visiting rights may jointly meet the standards for accreditation. Information on all sites where the registrars will work must be included in the application form.

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

8.1 Criterion 1: Rural and remote location

The teaching post is situated in a rural or remote location.

Indicator	Description	Evidence required
8.1.1	The teaching post ideally is situated in a rural or remote location. The post possesses the characteristics of rural and remote medical practice, particularly independence in clinical practice. The post is 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. Ideally the post incudes access to telehealth experiences in accordance with the ACRRM Telehealth Standards Framework Registrars are required to have at least 12 months experience in a teaching post meeting these characteristics. Geographic classification systems such as RA-ASGC or RRMA are useful only as broad guides (the more remote the location, the more likely it is to provide the experience described). Posts that are not in rural or remote location may be awarded restricted accreditation but a registrar will not be able to spend their entire Primary Rural and Remote Training in such a post. See Appendix 3 for further information.	**Application** Population size and rural and remote characteristics of clinical practice, including Telehealth services for patients ASGC-RA rating **Site visit** Sight teaching plan, roster, on-call roster Interview with supervisor, practice staff and registrar

8.2 Criterion 2: Training resources

The teaching post must provide appropriate resources for the registrar.

Indicator	Description	Evidence required
8.2.1	The teaching post must provide access to telephone, fax, the internet including videoconference facilities *(for example Desktop, web/browser, mobile smartphone/tablet or hardware)* and e-mail. During work hours the registrar must have access to telephone, fax, the internet and email. 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.	**Application** Recommendation from training provider/colleague **Site visit** Sight equipment
8.2.2	The teaching post must provide access to a range of relevant clinical resources. The registrar must have easy access to relevant, up to date clinical resources while consulting. This may include textbooks, journals, evidence based guidelines, electronic databases and training modules. In general, resources are considered up to date if published within the past five years.	**Application** Recommendation from training provider/colleague **Site visit** Sight clinical resources Interview with supervisor, practice staff and registrar
8.2.3	The teaching post provides appropriate computer equipment and software for accessing and updating patient records. The teaching post provides telehealth services as appropriate for patient population and in accordance with ACRRM Standards. The registrar must have ready access to appropriate computer equipment, internet connectivity including software and hardware for easy access and updating of patient records or data.	**Application** Recommendation from training provider/colleague **Site visit** Sight equipment Interview with supervisor, practice staff and registrar
8.2.4	The teaching post provides access to contact details for other avenues of support. The registrar should be 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.	**Application** Recommendation from training provider/colleague **Site visit** Sight equipment Interview with supervisor, practice staff and registrar
8.2.5	The teaching post must provide access to equipment and connectivity to the internet for participation in education activities. The equipment required will depend on the mode of education delivery used. At a minimum, a computer and internet access, access to videoconference facilities (these can be desktop/browser based- web RTC, Skype etc) must be provided. See *www.ehealth.acrrm.org.au* A satellite dish may be required to receive educational broadcasting. The satellite dish should be onsite or at a nearby facility e.g. hospital, RCS, telecentre. A digital camera, video recorder or web cam would be highly desirable.	**Application** Recommendation from training provider/colleague **Site visit** Sight equipment Interview with supervisor, registrar and practice staff

8.3   Criterion 3: Teaching plan

The teaching post must have a documented teaching plan.

Indicator	Description	Evidence required
8.3.1	The teaching plan must include an outline of how the post organises orientation to the post, teaching, learning and supervision. To include a timetable of activities identifying who is responsible. How the post ensures that appropriate supervision occurs including arranging a backup supervisor when primary supervisor not available.	**Application** Copy of teaching plan if available **Site visit** Copy of teaching plan
8.3.2	The teaching plan must include a description of clinical, educational and social strengths and opportunities to offer registrars.	**Site visit** Copy of teaching plan
8.3.3	The teaching plan must include a description of the post, the patient or practice population and teaching resources. This must cover practice population, management, staffing, appointments, how the practice provides extended continuity of care responsibilities such as hospital work, nursing home visits, rostering, after hours work, and how the practice is involved with the community and other health care providers. For hospital posts this will include roster details, change over, entitlements, educational opportunities and facilities.	**Site visit** Copy of teaching plan
8.3.4	The teaching plan must include an outline of how supervisors will assess the performance of the registrar and manage feedback. This should include a plan for documenting the frequency of assessments and methods used e.g. mini CEX.	**Site visit** Copy of teaching plan
8.3.5	The teaching plan must include a description of how the post provides opportunities for registrars to be involved in quality assurance, clinical audit and peer review. Posts are required to involve registrars in quality activities in the post. Plan should document activities planned for the year and role registrar will take.	**Site visit** Copy of teaching plan
8.3.6	The teaching plan should include a description of how the post provides opportunities for off-site visits relevant to rural and remote medicine. Posts are required to facilitate registrar visits to other health providers to gain knowledge and experience relevant to the ACRRM Primary Curriculum, e.g. Population Health, Aboriginal and Torres Strait Islander health and relevant allied health facilities.	**Site visit** Interview with practice manager and supervisor

8.4 Criterion 4: Clinical and office equipment

The teaching post must be suitably equipped with clinical and office equipment sufficient to allow the registrar to practise competently and to learn new skills.

Indicator	Description	Evidence required
8.4.1	The teaching post provides a dedicated patient consultation room for the registrar that is suitably equipped. The post is required to allocate a dedicated patient consultation room for the registrar. 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.	**Application** Recommendation from training provider/colleague **Site visit** Sight room Interview with supervisor, practice manager and registrar
8.4.2	The teaching post provides onsite or timely access to the essential equipment listed below.	

Auriscope
Baby scales
Contaminated waste disposal
Dangerous drugs register book
Dangerous drugs storage
Dressings
Ear syringe and/or cerumen loops
ECG (or availability for use)
Emergency bag
Emergency drugs
Endotracheal tubes – laryngeal mask or equivalent seal mask/airway protection device
Eye examination – staining, mydriatic, local anaesthetic
Eye charts for VA and colour vision assessment
Gloves – disposable and sterile
Guedal airways – preferably disposable
Glucometer
Height/weight scales
IV access
IV fluids
Laryngoscope
Liquid nitrogen
Magnifying loupe
Measuring tape
Nebulising air pump/mask – adult & paediatric
Ophthalmoscope
Pap smear equipment
Patella hammer
Peak flow monitor

Positive pressure oxygen/bag + mask
Pregnancy testing
Pulse oximeter
Refrigerator minimum-maximum thermometer
Sharps disposal
Spacer Devise for Meter Dose Inhalers
Specimen collection – tourniquet, syringes & needles, transport swabs, viral culture media, urine containers, paediatric urine bags.
Sphygmomanometer – standard, large paediatric cuffs
Sterile equipment – sterile disposables, sterilisation onsite or offsite
Specula – aural and nasal
Stethoscope
Suction
Suture instruments + LA
Syringes and needles – disposable
Thermometer
Torch
Tourniquet
Tuning fork
Urinalysis – BHCG, Blood protein glucose ketones/multistix
Vaginal specula
Vaccination refrigerator
X-ray viewing facilities

8.4.3	The teaching post must 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 - An adequate patient records system including health screening and recall systems - A separate medical record for non-transient current patients - Records which contain an up to date health summary and copies of the supervisor, consultant and hospital referral letters and reports.	**Application** Recommendation from training provider/colleague **Site visit** Practice accreditation Random record review
8.4.4	The teaching post provides adequate access to diagnostic and medical services. The teaching post should have access to radiology, pathology and other diagnostic services. Results should be available within a reasonable timeframe. There should be access to consultant medical services (including Telehealth services) and to appropriate neighbouring hospitals and allied health and community services.	**Application** Recommendation from training provider/colleague **Site visit** Interview with supervisor, registrar and practice manager
8.4.5	The teaching post provides access to professional development for all staff. The post should provide access to professional development for all staff, including the registrar.	**Application** Recommendation from training provider/colleague **Site visit** Professional development plan Records of staff professional development attendance

8.5 Criterion 5: Clinical learning opportunities

The teaching post must provide an appropriate range of clinical learning opportunities.

Indicator	Description	Evidence required

8.5.1	Over the course of 'Primary Rural and Remote Training' (PRRT) a registrar is expected to cover the broad range of learning experiences in order to meet the learning requirements in the ACRRM Primary Curriculum. These learning experiences can be grouped into three broad categories: community primary care and population health, hospital and emergency care and rural and remote context. 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 experience
	  • *The registrar manages undifferentiated acute and chronic health problems in an unreferred patient population, providing care to all age groups, male and female, with continuity of care and preventative activities for individuals and families and organised care for practice populations.*
	  • *The setting in which such experience is gained is not restricted - and includes community private practice, Aboriginal community controlled health services, small hospitals, aeromedical services or other health service providers that offer this type of care.*
	
	Hospital and emergency care: minimum 6 months full-time equivalent experience
	  • *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.*
	
	Rural and remote context: minimum 12 months full-time equivalent experience see criteria 8.1.1
	
	Teaching posts that provide the three categories of learning experience may be awarded unrestricted teaching post accreditation. A registrar may spend the entire 24 months Primary Rural and Remote Training in an unrestricted post.
	
	Teaching posts that do not provide all three categories
		Application
		Recommendation from training provider/colleague
		Site visit
		Interview with supervisor, registrar and practice manager
		Sighting verifiable evidence such as roster, de-identified practice clinical service profile, clinical privileges document, hospital on call roster, registrar Procedural Skills Logbook progress

	of learning experience are restricted. A registrar is only able to complete part of Primary Rural and Remote Training in a restricted post. See appendix 2 for more details.	
8.5.2	The teaching post must provide opportunities for the registrar to become familiar with the principles of quality assurance, clinical audit, and peer review and to participate in the clinical audit cycle. It is important for the post to involve the registrar in quality improvement processes such as clinical audits and peer review.	**Application** Recommendation from training provider/colleague **Site visit** Sight examples of clinical audits showing involvement from the registrar Interview with supervisor, registrar and practice manager
8.5.3	The teaching post must provide adequate but not excessive patient workload for the registrar. National Minimum Terms & Conditions for GP Term 1 and GP Term 2 Registrars require a maximum on average of four patients per hour, but acknowledges that there are circumstances where this workload will vary. In subsequent years it is not possible to set parameters, as consideration has to be given to the registrar's experience and the types of services rendered. However, 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.	**Application** Recommendation from training provider/colleague **Site visit** Interview registrar and supervisor Sighting roster, patient bookings
8.5.4	The teaching post provides 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.	**Application** Recommendation from training provider/colleague **Site visit** Interview with supervisor, registrar and practice manager
8.5.5	The teaching post must provide opportunities for the registrar to take on positions of community advocacy and leadership as appropriate.	**Application** Recommendation from training provider/colleague **Site visit** Interview with supervisor, registrar and practice manager

8.6   Criterion 6: Structured teaching

The teaching post must provide structured dedicated teaching times for training and study negotiated between the registrar and overseen by the training provider.

Indicator	Description	Evidence Required
8.6.1	The teaching post must provide time for educational release activities in accordance with the registrar's stage of training and the requirements of the training provider. **Vocational Preparation Pathway** Educational release time averages: • One session per week for registrars in PRRT 1; • One session per fortnight for registrars in PRRT 2; • In subsequent years as required by training provider **Independent Pathway** Requires two x 5 day workshops per year of PRRT training **RVTS** Two five day workshops per year.	**Application** Recommendation from training provider/colleague **Site visit** Sight evidence such as roster Interview with registrar, supervisor, practice manager and training provider
8.6.2	The teaching post must provide time for opportunistic and structured teaching, especially of procedural skills training and emergency courses. The post should allow registrars time to attend education activities that relate to the ACRRM Primary Curriculum and the requirements for training. FACRRM registrars must successfully complete a minimum of two ACRRM accredited emergency medicine courses such as REST, EMST or APLS. FACRRM registrars must complete Primary Curriculum Logbook. Some of these skills may be gained through simulation.	**Application** Recommendation from training provider/colleague **Site visit** Site evidence such as roster Interview with registrar, supervisor, practice manager and training provider

8.7 Criterion 7: Organisational management

The teaching post must have clear and adequate organisational management arrangements
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Indicator	Description	Evidence required
8.7.1	The teaching post must enter into an appropriate employment arrangement with the registrar. The employment arrangement needs to take into account learning/training opportunities, the registrar's professional ability and professional recognition in Australia, and be in line with any employer/employee relationship required by the over-arching training organisation.	**Site visit** Site evidence such as employment contract Interview with registrar, supervisor, practice manager
8.7.2	The teaching post must ensure that the registrar, supervisor and teaching post are covered by appropriate insurance and medical registration. The post must ensure that the registrar, rural doctor supervisor and teaching post are covered at all times by appropriate insurance and registration with the Australian Health Practitioner Regulation Agency.	**Site visit** Sight evidence such as insurance policy Interview with registrar, supervisor, practice manager
8.7.3	The teaching post provides adequate 24-hour supervision for the registrar when the registrar provides 24-hour cover for patients (see indicator 7.2.4)	**Site visit** Interview with registrar, supervisor, practice manager
8.7.4	The teaching post reception and/or clinical staff are informed of the function and needs of the registrar and encouraged to include the registrar in aspects of practice administration and small business management where appropriate.	**Site visit** Interview with registrar, supervisor, practice manager
8.7.5	The teaching post has a policy/protocol available concerning the appointment system, Telehealth consultations, home visits and responding to emergencies, and the supervision of registrars in such situations.	**Site visit** Sight evidence such as policy Interview with registrar supervisor, practice manager

8.8 Criterion 8: Evaluation of training within the post

The teaching post must conduct a structured process to evaluate the training within the post that demonstrates how information is gathered, analysed and acted upon to improve the quality of training.

Indicator	Description	Evidence required
8.8.1	The teaching post must provide formal feedback on the progress of the registrar to the training provider and ACRRM on request. The supervisor must meet the formal feedback requirements of the training provider. ACRRM does not require regular supervisor reports; however supervisors must agree to provide reports as requested by the training provider.	**Application** Recommendation from training provider/colleague **Site visit** Interview with supervisor, training provider Sight evidence such as copy of supervisor report
8.8.2	The teaching post must consent to registrars in the ACRRM Vocational Training program providing feedback to the training provider and ACRRM on the training environment provided by the post and the supervisors. The supervisor and post must agree to and encourage registrars to give feedback on the post. This may take	**Application** Recommendation from training provider/colleague **Site visit** Interview with registrar, supervisor, practice manager and training

	the form of surveys or other feedback processes conducted by the training provider, GPET or ACRRM.	provider
8.8.3	The teaching post must regularly seek registrars' views on the quality and suitability of the training environment provided by the post. The post is required to establish mechanisms for registrars to provide feedback on the quality of training provided and show how this feedback has resulted in changes or improvements.	**Site visit** Sight evidence such as written registrar feedback Copies of registrar questionnaire, exit interview etc. Interview with registrar, supervisor, practice manager

Appendix 1: Accrediting Non-FACRRM Supervisors

Non-FACRRM supervisors need to demonstrate that they meet ACRRM supervisor's eligibility criteria and FACRRM equivalent training and expertise.

Assessing Equivalent Training and Expertise

Appropriateness of experience/expertise will be assessed by the Vocational Training team, using a 'point' scale against the following criteria:

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
   - Points may be awarded for partial completion

2. Rural Experience - Time spent in rural and/or remote clinical practice in an academic, peer-reviewed or accredited environment.
   - Maximum of 6 points available in this category
   - 2 points can be allocated for every five years spent, up to a maximum of 15 years

3. Active and confirmed participation in a PDP/ QA program over the last 3 years.
   - Maximum of 3 points available in this category

4. Current Clinical Privileges
   - Maximum of 4 points available in this category
   - 1 point for each of Obstetrics and Gynaecology, Anaesthetics, Surgery, Emergency Medicine

5. 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

6. Completion of accredited courses within the last 5 years
   - Maximum of 6 points in this category
   - EMST, APLS, ALSO, PHTLS, EM REST, ELS = 1 point each
   - Other state-based trauma and acute care courses as recognised by ACRRM Censor and promoted via ACRRM's PDP. For example, Radiology and Ultrasound skills based training = 1 point each

7. Leadership and Academic Activity.
   - Maximum of 3 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= 1 point
   - Five publications as primary or secondary author in national or international peer-reviewed scientific journals/books/scientific proceedings = 1 point

An applicant must be able to demonstrate equivalent training and experience to the value of 16 points to be considered eligible. If the assessment leads to a score of 15 or below, the application will be referred to the Vocational Training Committee for consideration.

Appendix 2: Guidance on teaching post accreditation

Over the 24 months Primary Rural and Remote Training 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. A minimum amount of experience must be gained in each category as described below.

Community primary care and population health: - minimum 6 months full-time equivalent experience
- The registrar manages undifferentiated acute and chronic health problems in an unreferred patient population, providing care to all age groups, male and female, with continuity of care and preventative activities for individuals and families and organised care for practice populations.
- The setting in which such experience is gained is not restricted - and includes community private practice, Aboriginal community controlled health services, small hospitals, aeromedical services or other health service providers that offer this type of care.

Hospital and emergency care: - minimum 6 months full-time equivalent experience
- 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.

Rural and remote context: - minimum 12 months full-time equivalent experience
- The registrar lives and works in a location that possess the health service and community characteristics of rural and remote medical practice
- The health service requires the registrar to provide effective clinical care when away from ready access to specialist medical, diagnostic and allied health services. The registrar develops resourcefulness, independence and self-reliance while working effectively in relative geographic, social and professional isolation. The registrar gains experience in clinical supervision and support for other rural and remote health care personnel, both locally and at a distance.
- Living and working in the rural or remote community, the registrar learns to appreciate the importance of local community norms and values in their own life and work practices and to develop an understanding of rural and remote community needs and their role as a rural doctor in responding to them.
- Geographic classification systems such as RA-ASGC or RRMA are useful only as broad guides (the more remote the location, the more likely it is to provide the experience described).

Teaching posts are accredited as "unrestricted teaching posts" (single or composite) or "restricted teaching posts" depending on 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 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)
Rural ED post (registrar mainly seeing triage category 3 -5)	Hospital inpatient care, community primary care & population health	12 months
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 on 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

All supervision is required to be provided onsite except for supervisors on the Remote Vocational Training Scheme (RVTS) and under exceptional circumstances in the Vocational Preparation Pathway (VPP) and the Independent Pathway (IP). Offsite supervision for VPP and IP 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 Provider is required to follow the usual process for accreditation of the supervisor and teaching post. In addition the Training Provider is required to produce an "offsite supervision plan" and submit to ACRRM for approval prior to the registrar commencing in the post.

The "offsite supervision plan" will address the following areas:

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

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

Supervisor
- Frequency of contact
- Availability
- Accessibility e.g. phone, email

Teaching
- Structured educational activities (criteria 7.2.3)
- Direct observation of consulting

The "offsite supervision plan" will be assessed by ACRRM and if suitable approved for the individual registrar. A new "offsite supervision plan" will be required for any subsequent registrars undertaking training under these arrangements.