



Policy on Core Clinical Training

1. Purpose

The purpose of this policy is to outline the Core Clinical Training (CCT) requirements for registrars training towards Fellowship of ACRRM. It aims to:

- define the CCT requirements;
- describe approved alternatives; and
- describe the process for consideration of other alternatives on a case by case basis.

Core Clinical Training (CCT) involves a 12-month post in an ACRRM-accredited metropolitan, regional, or rural hospital.

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

2. Related Documentation

This policy should be read with reference to the following related documents:

- Fellowship: Vocational Training Handbook
- Recognition of Prior learning Policy and Guide

3. Policy

Over the course of total junior doctor experience (PGY1 and 2), the candidate must have undertaken minimum 10 week terms in:

- general surgery;
- general internal medicine;
- obstetrics and gynaecology;
- paediatrics;
- anaesthetics; and
- emergency medicine.

Terms in accredited rural hospitals offering 'integrated' clinical experience across surgery, internal medicine, emergency care, paediatrics and other disciplines can count towards CCT requirements. In such situations the total mix of experience in specified discipline areas across PGY1 and 2 needs to be considered.

Community-based primary care terms may be recognised for CCT or PRRT time. However the required hospital terms still need to be met.

The majority of Core Clinical Training should be completed prior to entering Primary Rural and Remote Training. Where registrars have not completed one of the above terms they should undertake a hospital term in that discipline during subsequent training. However it is recognised that due to demand for these terms this is often not feasible.

3.1 Approved alternatives

Under certain circumstances, alternatives to completion of O&G, paediatrics, anaesthetics, and emergency rotations in Core Clinical Training will be accepted.

3.1.1 Obstetrics and Gynaecology

All registrars are required to have appropriate knowledge and practical skills to manage normal labour and delivery in unplanned situations in consultation with a generalist obstetrician, specialist or retrieval program (as appropriate) in rural/remote practice.

The logbook requires management of 20 normal deliveries (either in real patient situations or in a simulated environment).

Registrars who do not gain sufficient obstetric delivery experience during CCT must gain this experience during subsequent training.

If subsequent training does not provide the required delivery experience (i.e. 20 deliveries) it must be supplemented by a workshop on normal deliveries and completion of an ALSO or CRANA course or similar

3.1.2 Paediatrics

All registrars need to be able to recognise and manage serious illness in infants and young children.

Registrars who have not completed a paediatric rotation may undertake one of the following approved alternatives:

- 25% of time in ED may be counted towards paediatric rotation time (i.e. a year in ED where children are seen would fulfil requirements); or
- completion of a postgraduate diploma in Child Health/Paediatrics.

3.1.3 Emergency

All registrars are required to have the knowledge and skills to:

- manage common emergency situations; and
- proceed from primary survey and emergency resuscitation to secondary survey and definitive or temporising management of identified problems.

It is preferred for registrars to complete an emergency medicine rotation during CCT, however working at least three months in a hospital emergency department during subsequent training is acceptable.

3.1.4 Anaesthetics

All registrars are required to have knowledge and skills in anaesthetics, as described in 3.2.2. Registrars can complete the Pro start Anaesthetics course developed by the Regional Training Provider, Sturt Fleurieu which has been approved by ACRRM as meeting such requirements.

3.2. Alternatives to be considered on a case by case basis

There are no standard approved alternatives for rotations in general internal medicine, general surgery or anaesthetics. However cases can be considered on a case by case basis. The following describes the skills required in these disciplines and potential alternatives that may be considered towards these rotations.

3.2.1 General internal medicine/General surgery

General internal medicine and General surgery experiences are fundamental preparation for general practice vocational training. An individual sub-specialised rotation would generally not be acceptable. However combinations of sub-specialised rotations may be considered on a case by case basis.

3.2.2 Anaesthetics

All registrars are required to have knowledge and skills in:

- acute airway problems including rapid sequence induction;
- cardio-respiratory arrest and compromise;
- transfer of patients, including ventilated patients;
- pre-operative assessment and risk identification;
- post-operative management of patients who have received analgesia, including epidural opiates and spinal opiates;
- post-operative anaesthetic complications;
- regional nerve blocks; and
- use of basic anaesthetic skills relating to airways, ventilation, and cardiovascular function.

An individual rotation or combination of rotations which provides the opportunity to learn the competencies described above may be considered on a case by case basis. For example, a combination of ICU, Obstetrics, Retrieval, Emergency, and Paediatrics rotations may be acceptable.

4. Responsibilities

The approved alternative activities for meeting CCT outlined above can be implemented by the Training Providers.

Other alternatives activities will be considered on a case by case basis and must be approved by the ACRRM Censor.

Approval must be gained from the ACRRM Censor if an 'integrated' rural hospital term is to comprise more than 26 weeks of CCT.

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