



Vocational Training

Frequently Asked Questions

Vocational Training Program

Q. How do I undertake training towards a FACRRM?

A. You must enrol in one of the ACRRM Training Pathways, either through Australian General Practise Training (AGPT), the Remote Vocational Training Scheme (RVTS), or apply directly to ACRRM for a position on the Independent Pathway.

Q. Can I train for Fellowship of both ACRRM and RACGP at the same time?

A. Yes, if you are training through AGPT or RVTS, but requirements for completion of training differ between FACRRM and FRACGP. Registrars seeking both Fellowships will need to refer to each College's completion of training requirements, including formative and summative assessment.

Q. Does a FACRRM registrar have to undertake all training in rural areas?

A. Training must be undertaken in ACRRM-accredited training posts. Predominantly these are in rural and remote areas typically RA 2-5 locations for Primary Rural and Remote Training (PRRT). Core Clinical Training (CCT) may be undertaken in accredited hospitals, which can be metropolitan. Advanced Specialised Training (AST) may require the registrar to train in an urban post, depending on the discipline chosen.

Q. Can a registrar in the general pathway of AGPT complete a FACRRM qualification?

A. Yes.

Q. How can a registrar enrolled with an urban-based Regional Training Provider (RTP) gain access to rural/remote posts?

A. This is dependent on the individual RTP. Some RTPs have arrangements in place with rurally-based RTPs to facilitate access to these posts.

Q. Can registrars already enrolled in training towards FRACGP through AGPT switch to / enrol in training towards a FACRRM qualification?

A. Yes. Please refer to the AGPT Guide for GP Registrars 2011. This Guide is available on the AGPT website (www.agpt.com.au).

Q. Does “Small Town Rural” – a discipline recognised as an Advanced Rural Skills Post (ARSP) for the purposes of the RACGP – count towards AST in FACRRM training?

A. ACRRM recognises the skill set and use of Small Town Rural Hospitals as valid training towards FACRRM. Moreover, ACRRM has mandated the achievement of these skills, which are documented in the ACRRM Primary Curriculum. In the Primary Rural and Remote component of training, registrars are required to gain 2 years experience in ACRRM-accredited rural or remote posts. This includes any combination of appropriate hospitals/outreach clinics, private practices with Visiting Medical Officer status, Aboriginal Community Controlled Health Services or Royal Flying Doctor Services.

ACRRM registrars are not limited to six months of ‘special extended skills’ to undertake hospital-based training as a core component of Fellowship. Hospital-based training has always been considered an important aspect of training towards FACRRM. All FACRRM registrars must acquire the hospital-based skills necessary to the rural general practitioner. This enables the FACRRM to be seen by employers and practices as certification that doctors with this qualification are competent in providing inpatient care in a small rural hospital. This is one of the points of differentiation between FACRRM and the FRACGP: in the FRACGP, the ARSP is an optional/ post nominal extra.

AST requires a demonstrable extension of the skill set defined in the Primary Curriculum and the demonstrated applicability of those skills in rural and remote general practice.

Q. Can a registrar split their AST time in two, e.g. complete 6 months of Anaesthetics in year 2 and 6 months in year 4?

A. Registrars completing their AST against a Joint Consultative Committee Curriculum for anaesthetics – need to maintain continuity in their training and will generally complete it across one 12-month period. For the other procedural disciplines: Emergency Medicine, Obstetrics and Surgery a similar rule would apply that is to maintain continuity in training generally. For the other six AST disciplines, ACRRM will assess individual cases based on their merits. It is preferable for a registrar to gain the benefit of 12 months continuous training time and focus in the AST discipline. However, requests submitted in writing from training providers will be addressed individually by the ACRRM Vocational Training Team.

Q. What happens if a registrar has missed out on one of the essential rotations during the core hospital year?

A. In this situation, a determination of the development needs of that registrar should be made. The training provider should review the registrar's experience in total to determine whether exposure to that area has been gained through other means, e.g. intern year, Prevocational General Practice Placements Program (PGPPP), or another rotation which provides elements of the essential skills, knowledge and behaviours required. If in doubt about a registrar's competence and confidence to practise in a particular area, the training provider should work with the supervisor to make an early assessment of the registrar's abilities. A detailed learning plan, together with appropriate levels of supervision, should then be tailored to suit the registrar's needs.

Q. I have heard that ACRRM does not accept training in drug and alcohol posts for either Primary Rural and Remote Training or Advanced Specialised Training requirements. Why is this?

A. Rural and remote general practice requires proficiency across a broad range of disciplines, as outlined in the Primary Curriculum. Training posts for Primary Rural and Remote Training must provide registrars with opportunities to acquire the full range of skills and knowledge outlined in the Primary Curriculum. Facilities which focus solely on drug and alcohol would not generally enable a registrar to be exposed to the volume and variety of experiences required to build competence across the full range of essential disciplines.

With regard to Advanced Specialised Training, ACRRM currently offers 10 disciplines. Drug and Alcohol is not one of these disciplines. Depending on the post, a case may be made for the involvement of drug and alcohol work as a part of a Mental Health AST.

Q. Does ACRRM offer an AST in palliative care? If not, why not? Can palliative care be undertaken as a part of Primary Rural and Remote Training?

A. Palliative care is an important area of service need in rural and remote communities. However, a palliative care service position is not accreditable for Primary Rural and Remote Training, as it does not afford the breadth of experience required to meet Primary Curriculum objectives. Extended training in palliative care may be constructed as a component of a broader internal medicine AST.

FAQs specific to INDEPENDENT PATHWAY applicants

Q. I have a temporary study visa – am I eligible to apply for a place in the Independent Pathway?

A. No. In addition to Australian citizens and permanent residents, applicants who have a temporary residency visa through either a skilled migration class or business class and are either in the process of applying for permanent residency or are intending to apply for permanent residency are eligible to apply for the Independent Pathway.

Q. Do I have to pass both parts of the AMC exam to be eligible to apply for a place in the Independent Pathway?

A. No. It is not a prerequisite to have the AMC certificate in order to apply for a place in the Independent Pathway.

Q. If I have restrictions or conditions imposed on my medical registration for any reason, what impact will this have on my place in the Independent Pathway Program?

A. It is the registrar's responsibility to advise the Vocational Training Team of any restrictions or conditions that are imposed on their medical registration. If already enrolled in the Pathway, the registrar's case will be reviewed by the Registrar Review Panel and a decision made on whether the conditions imposed could affect the registrar's ability to continue successfully in the training program. Each case will be reviewed on an individual basis.

RECOGNITION OF PRIOR LEARNING (RPL)

Q. If a registrar changes from the RACGP program to the ACRRM program during their training, what processes are required from an RPL point of view and what RPL is likely to be awarded?

A. After completing the necessary forms to enrol in the ACRRM program, the registrar should submit an application for RPL to their RTP, who then forwards it to ACRRM accompanied by their letter of recommendation so that the registrar's experience can be assessed against ACRRM's standards. The extent of RPL likely to be awarded will depend on the extent to which the registrar's experience has occurred in training posts that are accredited by ACRRM, or are capable of achieving accreditation by ACRRM. Another key consideration is whether the training time undertaken by the registrar fits within the requirements for Core Clinical, Primary Rural and Remote or Advanced Specialised Training curricula for that discipline.

Q. Will overseas experience count towards RPL?

A. It depends on the context and content of that experience. For example, rural and remote general or hospital practice in countries such as Canada, the United States, New Zealand and South Africa would be considered relevant. Specialist experience in an overseas context can be considered on a case-by-case basis.

Q. If someone has previously worked as a specialist in a non-generalist discipline, how will this be treated for RPL purposes?

A. Depending on the specialty and its alignment with the ten ACRRM AST disciplines, recognition could be granted for an AST year partially or in its entirety. Credit may also be awarded against aspects of the Primary Curriculum and training time reduced. However, this can depend on the context in which the work was undertaken.

Q. Can I submit an RPL application before I enrol in an ACRRM training pathway?

A. Yes. Please contact the Vocational Training and Assessment Team. This will incur a processing fee.

COMPLETION OF TRAINING

Q. When does a registrar fill out a Completion of Training Form?

A. When all training time, assessment components (for Primary and Advanced curricula) and mandatory requirements are complete.

Q. How long does it take to achieve Fellowship once a Completion of Training Form is submitted?

A. If all documents and evidence are included with the form, it will take between 3 and 9 weeks to process.