



ACRRM Professional Development Program (PDP) Member Handbook 2008-2010

Australian College of Rural & Remote Medicine





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contact

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ACRRM Professional Development Program (PDP) Member Handbook 2008–2010

Purpose

The Professional Development Program (PDP) Member Handbook has been developed to provide new and existing members with important information about ACRRM's PDP including:

- Maintenance of Vocational Recognition or Vocational Registration (VR)
- Maintenance of FACRRM
- Maintenance of Professional Standards (MOPS)
- PDP Points Allocation Framework
- How to claim PDP points
- Maintenance of Records
- How to use Rural & Remote Medical Education Online (RRMEO).

Member Participation

Participants in the ACRRM PDP are able to undertake all of their continuing professional development and quality assurance activities through ACRRM for vocational recognition, vocational registration, maintenance of professional standards and other third party reporting purposes, provided they are officially enrolled in the program.

Free Member Services

The Professional Development Program is one of a range of free services available to ACRRM members. Other services include:

- Rural and Remote Medicine Education Online (RRMEO). The first online platform designed specifically to support rural and remote medical practitioners with access to and maintenance of their Continuing Professional Development (CPD).
- Tele-Derm Online
- Radiology Online
- Toxinology Online
- Personal Digital Assistant (PDA) Guidelines
- Country Watch Newsletter.



Introduction

The core function of ACRRM is to determine and uphold the standards that define and govern competent, unsupervised general practice. These standards have been developed from international best practice and by applying the experience of the College's rural doctor members.

ACRRM has established standards that provide general practitioners with a framework for educational activities, service delivery and systematic, continuous quality improvement that, in turn, supports quality care and patient safety.

ACRRM's Education Standards define the knowledge and skills that doctors require to practise safely and competently in general practice particularly in rural and remote environments. They have been organised into Vocational Training Standards and Professional Development Standards. The Vocational Training Standards incorporate all facets of education and training provided to the point when a doctor becomes vocationally competent to practice unsupervised, independent general practice in relative professional isolation. The PDP expresses the College's Professional Development Standards and reflects requirements for retention of appropriate skills to continue unsupervised, independent general practice.

Copies of the relevant standards are available from the ACRRM website at www.acrrm.org.au.

Aims and Objectives

The aim of PDP is to ensure that doctors access and benefit from a range of continuing educational activities that enhance their clinical, management and professional skills throughout their careers. In turn, this ensures that the profession strives towards the delivery of the highest possible standards and quality of care to patients and communities. ACRRM is committed to life long learning for all members and encourages individual continuing professional development that is relevant to a member's profile of professional practice and performance. Participation in PDP contributes towards the development and maintenance of the skills and knowledge base required to provide quality and safe healthcare to the communities our members serve.

The PDP has the following objectives:

- To provide an accountable and peer validated method that demonstrates to patients, communities, the profession and government bodies that ACRRM members are committed to and engage in quality improvement and continuing professional development;
- To provide life long learning opportunities to all members;
- To recognise and respond to the scope and diversity of professional standards required of general practitioners particularly those working in rural and remote environments;
- To be relevant and responsive to the developing needs of general practitioners;
- To be relevant and responsive to the individual needs of the practitioner;
- To ensure member participation in PDP activities relevant to the needs of the populations they serve;
- To support members in fulfilling their commitments with other professional bodies by facilitating cross-accreditation and communication;
- To be flexible and inclusive in recognising and weighting elements of the program in line with anticipated educational and professional value;
- To provide a formal procedure that can demonstrate the ongoing medical educational activities of College members for purposes such as maintenance of Fellowship, vocational recognition, vocational registration, licensure, clinical privileging, and revalidation.



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Program Overview

The ACRRM PDP is governed by the following principles and parameters:

Certification

Certification of continuous professional development activities is conducted and reported over a three-year cycle or triennium (e.g. 2008–2010).

Compliance

Participants must accumulate a minimum of 100 points each triennium accumulated through participation in the following categories of accredited activities:

| | |
|---|------------------|
| Advanced Life Support | 10 points |
| Extended Skills | 30 points |
| Core/Other Continuing Professional Development | 60 points |

Requirements are the same for both full time and part time medical practitioners.

Participation in PDP is mandatory for Fellows of ACRRM. It is the policy of ACRRM that all Fellows must meet the PDP requirements each triennium to maintain their FACRRM. Fellows that are noncompliant 90 days prior to the conclusion of the triennium and remain noncompliant at the end of the triennium will be offered remediation. If a Fellow does not participate or is still noncompliant following remediation, then in accordance with policy their Fellowship may be withdrawn.

Fellows may apply to the Censor for exemption on the following grounds: working overseas, maternity leave or ill health.

Maintenance of Professional Standards (MOPS)

ACRRM's PDP reports on behalf of members to the appropriate bodies for MOPS purposes. For members with MOPS requirements 'Extended Skills' activities undertaken will be credited both for MOPS and PDP purposes. Once your mandatory PDP requirements have been met, further activities within the 'Extended Skills' area will be credited to your overall PDP requirements.

Points System

The program is based on a point's credit system. The system aims to encourage professional development activity that is of proven benefit and also to demonstrate participation in the program to key external stakeholders.

The program is self-directed with Fellows and members being directly responsible for determining and planning what educational activities are relevant to their professional and community needs. ACRRM strongly recommends that all participants develop a personal learning plan that directs learning activities during the triennium. The personal learning plan should be developed based on self analysis of identified areas of education and training need reflective of practice requirements and community need. Participants should ensure a broad coverage of professional development categories and ACRRM curriculum areas and are encouraged to use the ACRRM Practice Analysis Kit (PAK) or approved appraisal of practice tools to develop monitored educational activities and practice outcomes.

Individuals can view their Learning Planner on RRMEO and see the scope of their professional practice in designated domains, consistent with the requirements of general practitioners. The learning planner is also used to identify learning needs defined by the individual's current and future professional directions.

Documentation

Documentation of educational activities will be conducted through a mixture of self-recording and automatic notification. Verification documentation is the responsibility of the individual practitioner and must be made available to ACRRM upon request.

Reporting

ACRRM reports to the appropriate bodies at the completion of the triennium for Medicare Benefits purposes.

Professional Development Program Services to Members

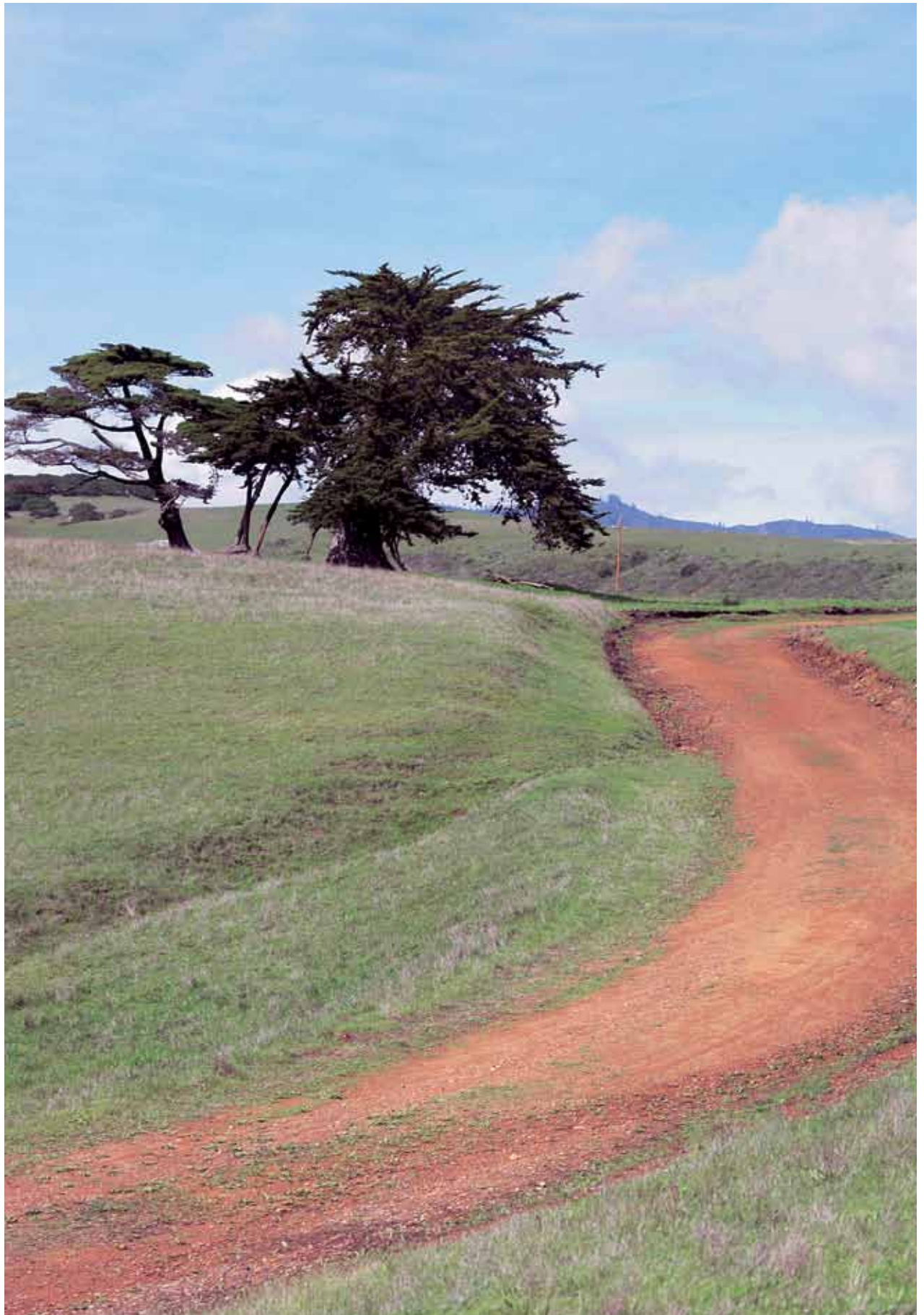
- A Member Handbook, which provides the policy and guidelines for PDP
- Access to Membership Services and PDP staff by phone, fax or email during working hours, to assist with all queries regarding registration for PDP, maintenance of VR, updating of personal information, Fellowship etc.
- RRMEO – members have access 24 hours per day, 7 days a week to:
 - Review upcoming educational events
 - Access Personal Learning Planner
 - Check PDP status
 - Check Maintenance of Professional Standards (MOPS) status
 - Print PDP statement during the triennium
 - Check educational activities listed against domain and curriculum areas
 - Access online and distance education modules.
- Member VR status notification to Medicare
- Reporting to appropriate bodies for the purpose of MOPS
- Assistance in recording and maintenance of PDP activity on individual learning planner
- Printed statement posted at the end of triennium or on request
- Early reminder for members of deadline for reaching compliance
- Advocacy with education providers for best outcomes for rural and remote medical practitioners.





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Professional Development Administration & Management

The PDP is administered and managed through the Professional Development Unit, a primary function of which is to assist and support members in all aspects and activities relating to their professional development requirements.

The Unit undertakes a range of activities to support the ACRRM professional development function. Activities include:

- Accreditation of all educational activities
- Reporting compliance to Medicare Australia for VR purposes
- Reporting to third parties for MOP's purposes
- Reporting to Censor for maintenance of Fellowship purposes
- Recording member activities
- Educational resources development
- Policy development and implementation
- Support to the ACRRM PDP Committee, Accreditation Sub-committee and Credentialing and Clinical Privileging Sub-committee
- Member communication and support
- Provider communication, marketing and support.

Developing Your Personal Professional Development Plan

Step 1

Identify the areas of education you need to undertake over the triennium by developing your personal learning planner based on your identified skill deficiencies, skills required to maintain competent, safe and quality practice and your community's needs.

Step 2

Select professional development activities that match those needs, thinking about what educational approach you need to employ to gain the best personal and professional outcomes from your professional development activities. The RRMEO Educational Inventory, a database of all educational activities accredited with ACRRM, will assist you.

Remember you are required to obtain a total of 100 points of which 40 must be for mandatory activities.

Step 3

Open your Learning Planner on RRMEO, as this will provide you with the opportunity to set personal learning goals and enter activities you intend to undertake. Your learning planner will also assist you to monitor your progress throughout the three year cycle.

Step 4

Implement your personal plan.

Step 5

Review your activities from time to time to ensure the activities you are undertaking are meeting your needs both in practice terms and any third party reporting requirements.

The following section provides you with the ACRRM point's allocation framework.



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Points Allocation Framework

| CATEGORY | ACTIVITIES | CREDITS | CAP |
|---|---|--|---|
| Maintenance of Advanced Life Support Skills (Mandatory) | Advanced Life Support course | 2 points per hour | 10 points per activity |
| | Extended Skills (Mandatory) Activities in this section may also be claimed as core/other | Clinical Audit | 2 points per hour |
| | Clinical Attachment | 2 points per hour | 30 points per attachment |
| | Peer Review | 2 points per hour | 30 points per review |
| | Skills Analysis/Appraisal of Practice | 2 points per hour | 30 points per activity completed |
| | Skills/Simulator Practical Training | 2 points per hour | 30 points per activity |
| | University Modules PhD or Masters Research Based (Clinical) | | 70 points PhD 40 points Masters (completed) |
| | Development of Educational Programs (Clinical) | 2 points per hour | 30 points per program |
| | ACRRM Teaching Practice Accreditation | 2 points per hour | 30 points per accreditation per triennium |
| Core/Other Continuing Professional Development | Conferences, workshops, scientific meetings, clinical/non-clinical short courses and seminars | All Core/Other activities 1 point per hour | All 30 points per triennium (unless otherwise stated) |
| | Theory Practice | | |
| | Practice Accreditation | | |
| | Planned Learning Projects | | |
| | Remote/Distance based education modules | | |
| | Self Directed Learning (journal reading, tapes, videos) | | |
| | Academic Detailing | | |
| | Teaching Medical Students | | |
| | Supervision of Registrars | | |
| | External Clinical Teaching (ECT) visit | | |
| | Co-ordinating and Moderating Clinical Forum Discussions | | |
| | University Courses: Masters, Diploma, Certificate etc | | |
| | Formal Research Project Non Clinical | | |
| | Publications | | 20 points per referred work |
| | Scientific Presentation | | 10 points per poster 15 points oral |
| | Presentation to Non Medical Groups | | 10 points |

PDP Activities for Which Points can be Claimed

1. Maintenance of Advanced Life Support

Mandatory 10 points per triennium

(as of 2008–2010 triennium, completion of an Advanced Life Support Course will be required by ACRRM members each triennium as part of their compliance for PDP. A guide is included in the attachments)

1.1 Advanced Life Support Skills

Maintenance of Advanced Life Support Skills

The definition of Advanced Life Support adopted by ACRRM is that of the Australian Resuscitation Council being:

- Understanding of and practical competence in one person and two person expired air resuscitation and external cardiac compression
- Competence in the use of Geudel's airway or intubation, bag and mask
- Identification and management of basic arrhythmias including defibrillation.

2. Extended Skills

Mandatory 30 points per triennium

2.1 Clinical Audit

30 points per audit

These are audits of practice and must involve the design, planning, and collection of data, analysis of data and the assessment of changes resulting from interventions. Selection of projects should depend on relevance to practice, specific questions to address, and the feasibility of acquiring useful findings. Evaluation of the effect of changes on practice outcomes must be undertaken.

The essential features of a clinical audit include:

- Identification of a specific audit topic
- Identification of existing standards or establishment of standards
- Collection of data
- Comparison of own practice with standards
- Determination of changes required to improve practice
- Implementation of changes
- Evaluation of changes.



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2.2 Clinical Attachment

2 points per hour (max 30 points per attachment)

This is a period of attachment in another clinical setting where a participant can observe and engage in 'hands on' clinical practice, with the aim of learning new or updating specific skills or areas of knowledge. The participant must have a nominated supervisor who is required to provide a written report on the participant's attachment period.

To be recognised the attachment must have the following essential features:

- Meet a specific learning need
- Define specific learning objectives
- Involve a specific supervisor
- Specific learning activities are planned according to the educational objectives
- A clear process of monitoring the achievement of learning objectives during the clinical attachment
- The outcomes of learning and implications for practice are documented.

2.3 Peer Review

30 points per review

These activities involve groups of practitioners that meet regularly over a period of time either face to face or remotely (i.e. via online clinical discussion forums, teleconferencing or videoconferencing) in a supportive environment. The group undertakes a continuous quality improvement cycle to assess specific aspects of practice and review patient care skills, institute change where the need is identified and reflect on and evaluate the change on practice. Ideally the group is comprised of six to ten members. The group undertaking these activities is required to submit their activity for accreditation. Application guidelines are attached.

Essential features of Peer Review Groups include:

- Each group follows appropriate procedures for documentation of attendance, process and findings
- Each group decides its own meeting schedule but generally there should be regular meetings (1½ to 2 hours) over the course of several months
- One member of the group is chosen to be group facilitator / coordinator who directs the group learning process
- Specific topic(s) to be focused on by the group are identified
- The standards or guidelines against which practice will be assessed are identified
- Practice is compared against standards or guidelines
- Changes to practice as a result of reflection on the comparison are identified
- The impact the process and changes have had on their practice is evaluated and reflected upon.

2.4 Skills Analysis / Appraisal of Practice

2 points per hour 30 points per activity

These activities focus on the individual member's identification of their educational needs based on their profile of practice and performance. Appraisal is a formal structured opportunity for members to reflect on their work and to consider how effectiveness might be improved. This includes the development, implementation and review of a Personal Development Plan to facilitate improved practice and practice outcomes. Members undertaking these activities are required to submit their activity for accreditation. Application guidelines are attached.

2.5 Skills / Simulator / Practical Training

2 points per hour 30 points per activity

These are structured programs of small group intensive training and are usually conducted in the context of a specific skills laboratory. These include courses such as EMST, ELS, ALSO, REST and anaesthetic simulation training. Other programs such as Mental Health Training (Level 2), Medical Acupuncture and Medical Imaging training may also fall within this component.

2.6 University Modules PhD and Masters Research based (Clinical)

70 points PhD (completed)

40 points Masters (completed)

Participants enrolled in postgraduate courses by research at the masters or PhD level, with relevance to rural medical practice are eligible for points at the completion of their studies.

2.7 Development of Education Programs (Clinical)

2 points per hour 30 per program

Points can be claimed for work in the development of professional standards that impact on the practice of peers, when conducted under the auspices of ACRRM or an official professional organisation. This includes the development of or participation in ACRRM assessment.

Points are also available for development of education programs relevant to rural/remote practice conducted under the auspices of ACRRM, Consortia, Regional Health Authorities/Hospitals, Universities, and other official professional organisations.

Points can also be claimed for work in the development of educational activities that contain clinical practice.

2.8 ACRRM Teaching Practice Accreditation

30 points per accreditation

Points can be acquired for achieving ACRRM teaching practice accreditation. All ACRRM Fellows are able to register their practice as a training environment for students and registrars provided they meet the requisite Teaching Practice Standards. Copies of the standards for rural teaching posts are available upon request from the ACRRM office.



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3. Core/Other Continuing Professional Development

60 points towards triennium compliance

3.1 Conferences, Workshops, Scientific Meetings, Local Meetings & Seminars

1 point per hour

Scientific meetings, conferences, workshops and seminars conducted under the auspices of professional Medical Colleges, Consortia, Universities, University Departments of Rural Health, Rural Clinical Schools, Divisions of General Practice, local hospitals, and other allied health organisations are eligible for points.

These may include regional, state, national or international meetings. Seminars are generally small group meetings directed at a topic. Workshops are generally interactive small group activities with clear educational objectives that consider the needs of participants and an evaluation is undertaken.

3.2 Remote and Distance Based Education Modules

1 point per hour

Remote Learning Opportunities refer to long distance group learning activities that can be undertaken in real time (e.g. live satellite broadcasts) or at any time suitable to the practitioner (e.g. RRMEO interactive online modules). All accredited remote learning activities must be interactive and involve participation by the doctor.

Examples include satellite broadcasts with online evaluation components, web casts, RRMEO modules, other online modules or CD/ROM, clinical discussion forums and online audits.

3.3 Self Directed Learning

1 point per hour

These activities include self-assessment and self-initiated education activities.

Examples include reading journals and books, listening and watching educational audio tapes and videotapes, using computer learning programs, reviewing scientific articles or grant applications or undertaking self assessment modules.

3.4 Planned Learning Projects

1 point per hour 30 points per project

Planned Learning Projects represent structured educational activities that are undertaken to meet specific professional based needs. They allow Fellows to pursue an area of interest in a structured and systematic way. The key features of these projects are that they are learning initiated and planned, have clearly specified educational objectives and are formally evaluated.

3.5 Academic Detailing

1 point per hour 30 points per project

Education Outreach is the term used to describe visits to practices by a respected peer, or expert in a particular field, for the purpose of delivering a specific, targeted education message. During this activity the peer or expert will provide individual education and feedback that meets the specific learning needs of the practitioner. ACRRM encourages this activity as a component of the Visiting Specialist Teaching Program.

3.6 Practice Accreditation

1 point per hour 30 points per accreditation

The principles of peer review are applied throughout the accreditation process, which includes:

- Self assessment by practice staff against a set of standards
- A period during which changes can be made to the practice structure and services
- An invitation to trained peer assessors to assess the practice against the standards.

3.7 Teaching Medical Students

1 point per hour 30 points per triennium

This refers to structured formal teaching/supervision of medical students organised through a university medical education program or student placement programs e.g. John Flynn Placement Program.

3.8 Supervision of Registrars

1 point per hour 30 points per triennium

This refers to structured formal teaching/supervision of Registrars.

3.9 External Clinical Teaching (ECT) Visit

1 point per hour 30 points per triennium

External Clinical Teaching visit by ACRRM Fellows, providing formal reports regarding the progress of FACRRM candidates.

3.10 Coordinating and Moderating Clinical Forum Discussions

1 point per hour 30 points per triennium

Points are awarded to Fellows that moderate clinical discussion forums, satellite programs and/or online peer review forums on RRMEO.

3.11 Formal Research Project

1 point per hour 30 points per triennium

This activity refers to formal research activities that involve the design and conduct of research projects that have university ethics approval. Participation as a respondent in ACRRM approved research is also awarded with PDP points.

3.12 Publications

20 points per work per triennium

Points can be claimed for the publication of relevant original work in a book or peer reviewed journal. All authors of publications may claim points per publication.

3.13 Scientific Presentation

Poster 10 points per triennium

Oral 20 points per triennium

This refers to the presentation of a paper or a workshop at a professional scientific meeting, workshop or conference. With a multiple author paper the presenter only is able to claim the points. Points may only be claimed for the first time a paper is presented.



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3.14 Presentation to Non Medical Groups

1 point per hour 10 points per triennium

Presentations and lectures made to non-medical audiences such as community groups, local schools, and other health professionals etc are eligible for points. This may include preparation time.

3.15 University Courses: Masters, Diploma, Certificates, etc. (Non Clinical)

10 points per unit passed

This item encompasses Masters, Diploma and Certificates by course work plus other university based short courses and modules.

3.16 Theory Practice

1 points per hour 30 per triennium

Where the evidence of skills being demonstrated and reviewed in clinical practice transfers training. This includes case studies and role-plays where:

- Theory is practiced as a role play or group activity
- A case study involves elements of peer review within a group situation
- Case studies are reviewed within a peer group setting online.





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How to Claim Points

If an activity has been accredited with ACRRM by the education provider, the member is required to sign an attendance list on the day, which is forwarded to ACRRM within a month of the event for entry into ACRRM PDP statements.

If activities are not accredited through ACRRM, members may apply for accreditation for these and self-directed activities through RRMEO. See the RRMEO section on how to "add activity".

Maintenance of Records

RRMEO Online Documentation

Professional development documentation is maintained on the RRMEO website in each member's individual learning planner. Professional development activities are gathered and entered into learning planners by PDP staff through receipt of:

- Attendance lists from educational providers of ACRRM accredited activities
- Monthly procedural grant lists
- John Flynn Scholarship Scheme program
- Prevocational General Practice Placements Program (PGPPP)
- Certificates from members
- Members' "add activity" through RRMEO.

The Learning Planner can be viewed through the RRMEO website at any time. Members can view their cumulative points tally and print unofficial statements. The system has been designed to accommodate and calculate points designated by other Colleges for ACRRM members that are required to meet multiple MOPS and credentialing requirements.

Documentation & Verification

Members are responsible for maintaining their own records of professional development activity.

This will most frequently involve certificates of attendance, and in the case of proceduralists, official statements from the appropriate college. In instances where certificates are unavailable other documents considered may include:

- Diarised entries
- Notes taken at event
- Bank statements demonstrating payment for event or related travel, accommodation, and food costs
- Signed letter from a supervisor.

We recommend that all professional records be kept together in one folder and retained for at least 12 months longer than the triennium in which the activity pertains. This will reduce administrative requirements on members should they be required. All records must be made available to ACRRM upon request.

Audit of Members PDP Records

ACRRM will verify the professional development activities of members from time to time. The provision of documents to ACRRM is the participant's personal responsibility and as such the participant will be responsible for any expenses incurred in providing the records. Members that are unable to provide documentation for PDP activities will be reported to the ACRRM Censorial Committee, which may result in loss of PDP points for activities that do not have supporting records.

PDP Statements

A PDP statement will be posted to all members participating in PDP annually. Members can print an unofficial statement off RRMEO at any time. Should a member require a statement for certification or clinical privileging purposes at any time this can be obtained by contacting the PDP staff.



Reporting

Certification

A letter confirming active involvement in the program and an official activity statement will be issued to practitioners for purposes of licensure, credentialing, clinical privileges, appointment or promotion or other specific need at any time.

All Fellows who successfully complete the three-year program cycle will be awarded a Certificate of Professional Development for that triennium.

Fellows

Due to the importance the College places on lifelong learning, ACRRM has mandated compulsory participation by all Fellows in an approved program of professional development.

The College recognises that a range of circumstances may arise making it difficult for participants to meet the requirements of the program. The College will seek to support and assist where possible participants experiencing problems. However, participants who emphatically fail to meet the program requirements may have their Fellowship suspended or withdrawn. This action is in addition to any measures taken for Fellows that are Vocationally Registered or Vocationally Recognised.

Vocational Recognition and Vocational Registration

Practitioners that wish to use the ACRRM PDP to maintain their Vocational Recognition or Vocational Registration (VR) as a General Practitioner must comply with all of the reporting timeframes for that process. ACRRM is obliged to inform Medicare Australia if any of its relevant participants fail to meet the triennium requirements for VR purposes.

Third Party / Specialty Areas

The ACRRM PDP is designed to record data relevant to credentialing and clinical privileging. However, participants that elect to meet third party reporting requirements, for example the Joint Consultative Committee Anaesthetics (JCCA), must notify ACRRM by completing and signing a third party reporting form available from ACRRM.

Participants that have additional third party requirements being reported via ACRRM are responsible for ensuring they meet the attainments for each of those areas. Many of the speciality areas ACRRM reports on carry implications for non-compliance that may impact on Medicare rebates or credentialing and clinical privileges.

Reporting Eligibility

Refer to ACRRM website www.acrrm.org.au for eligibility and reporting requirements for:

- Remote Area Radiology
- Medical Acupuncture Reporting
- Anaesthetics Reporting
- Mental Health Reporting
- Obstetric Reporting.



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RRMEO Guide for Members

Welcome to RRMEO

The RRMEO portal will allow you to:

- Locate educational opportunities via the Educational Inventory
- Engage in online education via various online modules and groups
- Record all your educational experiences via your RRMEO Learning Planner.

Getting started

As a registered PDP participant, ACRRM will have already 'set you up' on RRMEO, ready for use. Simply go to www.rrmeo.com and login using your RRMEO username and password.

Main Menu

Once you are logged into RRMEO you will be taken to your own personalised home page (or Main Menu).

This page is a summary of your status on RRMEO. It lists, and provides access, to any online modules or groups that you are enrolled in, lists any relevant system messages or notices for you, and is the staging point to other RRMEO features.

Finding your way around RRMEO

Tips - Always remember:

- The Main Menu is your staging point to anywhere you want to go
- Use the menu buttons along the top of the screen – these buttons will change according to where you are on RRMEO
- Use the 'breadcrumb trail' – this is the link across the top of the screen starting with Main Menu that expands and contracts as you navigate your way around RRMEO. This is the key to getting quickly from one place to another on RRMEO and can always return you to your Main Menu in one click from wherever you are.

>>> [Main Menu](#) > [Learning Planner](#) > [Status](#)

Breadcrumb trail at top of RRMEO screen

My Profile

My Profile gives you an overview of all your details on RRMEO including your personal and professional details and those regarding your PDP and reporting requirements. If you wish to change your PDP reporting requirements please notify ACRRM Membership Services in writing.

You can change your RRMEO password from this area.

Educational Inventory

The RRMEO Educational Inventory is an online database of everything accredited through ACRRM's educational programs.

The Educational Inventory can be searched in many ways, and includes data on Educational Events, Clinical Attachments, Training Posts, Online Education, and other Resources.

Once you have done a search, click on any of the items to see specific details about that item and how to enrol or contact providers.

Learning Planner

Your online Learning Planner is your own personal record of all your educational experiences. Your Learning Planner will provide you with:

- The opportunity to set personal learning goals
- Information about the requirements of the Professional Development Program
- The ability to enter educational activities into your Learning Planner. This may be via the Educational Inventory, or manual submission of activities for accreditation by ACRRM
- Various displays of the entries in your Learning Planner (this may be able to be viewed by Status, Calendar, Matrix, or Points summary).

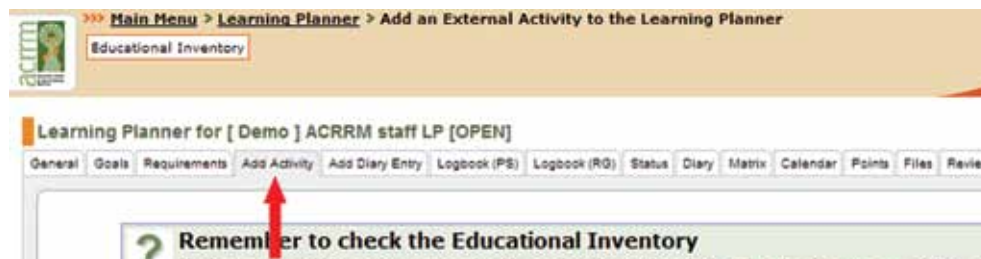
Adding Activities to your Learning Planner

The preferred method for adding items to your Learning Planner is to locate them in the Educational Inventory and then add them to your Learning Planner from there. If you cannot find the item you require in the Educational Inventory and you require ACRRM Point Allocation then complete the following:

From the 'Main' menu click the 'Learning Planner' button.



Click on "Add Activity" Tab



Fill in the form and click the 'request PDP accreditation from ACRRM' button to submit for ACRRM PDP points. For activities to be allocated PDP Points the following information MUST be entered into RRME0:

- Title of Activity
- Provider
- Date/s
- Hours attended (including how many of these hours are skills based activities)
- A brief description, which includes learning objectives/outcomes that have been met.

To Print a PDP Statement from your Learning Planner

From your Learning Planner click the 'Status' tab. Then click the 'Print Statement' button and follow the prompts.





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Learning Management System

RRMEO's online Learning Management System is where you can access any Online Modules and Groups in which you are enrolled.

To enrol in Online Modules or Groups on RRMEO simply go to the Educational Inventory and click to view the list of RRMEO Online Modules or RRMEO Online Groups, choose a module/group and click the 'Enrol Now' button.

When you login to RRMEO your RRMEO Main Menu will show you a list of any modules/groups in which you are enrolled. Simply click on the name of the module or group you wish to access.

Once you arrive at a module/group you will be presented with an overview of the various components of the module (e.g. content, assessments, discussion forums, announcements and recent messages).

RRMEO Help

There are a number of ways to get assistance on using RRMEO:

Click the 'help' link top right of any screen to get help related to that part of RRMEO

Access the 'Help Centre' from the RRMEO Main Menu to 'Ask for Help' online

Phone us at ACRRM on (07) 3105 8200 Or 1800 223 226 during business hours.

Note: You can always access the HELP CENTRE from any screen in RRMEO.

The screenshot displays the RRMEO interface with the following sections:

- Main Menu > Tele-Derm National** (User: Dermis | Logout | About Us | Help)
- Navigation Tabs:** Announcements, Discussions, File Sharing, Sub-Groups, Staff Information, Gradebook, Quizzes, Class List, Preferences, Introduction, Online Cases, Condition Index, Other Resources.
- Module Material:** Introduction, Online Cases, Condition Index, Other Resources.
- Announcements:** Recent Announcements (Welcome to Tele-Derm National, last updated 05-09-2008). Includes links for Introduction, Online Cases, Condition Index, and Resources for Jim's Tips, videos, and more. A link to 'Announcements Archive (11)' is also present.
- Discussions:** General forum listing:
 1. Submit a Case to Tele-Derm (288 msg)
 2. Jim's Questions for You! (227 msg)
 3. Journal Report (11 msg)
 4. Digital Photography (3 msg)
 5. Video Forum (for your comments) (8 msg)
 6. General Forum (27 msg)
- Assessment Summary:**

| Due Date | Assessment Name | Type |
|----------|--|------|
| | Case 201 - CMQ (Chondrodermatitis nodularis) | Quiz |
| | Case 202 - MCQ (Chelitis) | Quiz |
| | Case 203 - MCQ (Facial Dermatitis) | Quiz |
| | Case 204 - MCQ (Syndrome of Itchy) | Quiz |
| | Case 205 - MCQ (Nickel Allergy) | Quiz |
| | Case 206 - MCQ (Seb. Derm.) | Quiz |
| | Case 207 - MCQ (Batholin Sacral Dermatitis) | Quiz |
| | Case 208 - MCQ (Paronychia) | Quiz |
| | Case 209 - MCQ (Severe Syndromes) | Quiz |
| | Case 210 - MCQ (Fixed Drug Reactions) | Quiz |
| | Case 211 - MCQ (Folliculitis) | Quiz |
- Latest Discussion Messages:** Messages 1 to 10 of 680. Includes a table with columns for Message ID, From, and Date/Time.

Content and resources for Online Modules can be found under the various buttons within 'Course Material' or if you are in an Online Group under the single 'Information and Resources' button.

Glossary of Terms

| | |
|---------------|---|
| ACRRM | Australian College of Rural and Remote Medicine |
| ALS | Advance Life Support |
| ALSO | Advanced Life Support Obstetrics |
| CME | Continuing Medical Education |
| CPD | Continuing Professional Development |
| ECT | Extended Clinical Teaching |
| ELS | Emergency Life Support |
| EMST | Emergency Management of Severe Trauma |
| FACRRM | Fellowship of Australian College of Rural and Remote Medicine |
| IM | Information Management |
| IT | Information Technology |
| JCCA | Join Consultative Committee Anaesthetics |
| MOPS | Maintenance of Professional Standards |
| PAK | Practice Analysis Kit |
| PDA | Personal Digital Assistant |
| PDP | Professional Development Program |
| QA | Quality Assurance |
| REST | Rural Emergency Skills Training |
| RFDS | Royal Flying Doctor Service |
| RRMEO | Rural and Remote Medical Education Online |
| VR | Vocational Recognition or Vocational Registration as a General Practitioner |



EXPLANATORY NOTES FOR ADVANCED LIFE SUPPORT (ALS) REQUIREMENTS - ACRRM FELLOWS

ACRRM has mandated ALS as a mandatory activity for all Fellows. ACRRM considers that all Fellows should have competencies in the following areas:

- Australian Resuscitation Council (ARC) guidelines-current-knowledge
- Airway management skills competency demonstrated in use of bag/mask for effective lung inflation
- Chest compression-competency demonstrated in placement of hands and effective compression depth and frequency as per current ARC guideline.

These skills are incorporated into many of the currently available emergency training modules, which include REST, ALSO, ALS, APLS and Emergency Management programs run and accredited by ACRRM and RACGP. Organisations such as Ambulance Services, Area and Regional Health Services and Divisions also provide upskilling and training programs that may be accredited or are capable for such accreditation on application to ACRRM's PDP Program.

Ideally, all programs would encourage competency in more advanced skills such as venepuncture, medication management and ability to utilise defibrillators, such as Automated External Defibrillators (AEDs) commonly available in the community and Ambulance services. In addition medication response to emergency situations such as anaphylaxis, deteriorating asthma patients, toxicity situations (e.g. drug overdose) and seizure management would strengthen all Fellows confidence and safety in dealing with emergency situations.

Fellows that do not have access to more commercially available programs such as those mentioned may also be able to gain or maintain competence in ALS through locally organised workshops. We would recommend that you contact the PDP team to discuss program content to establish if they meet the mandatory requirements and encourage local providers to have these accredited with ACRRM.

A list of programs accredited by ACRRM that attract ALS points is available on the ACRRM website at www.acrrm.org.au.



ACRRM Professional Development Program (PDP) APPLICATION FOR ACCREDITATION OF CLINICAL AUDITS

Clinical Audit Defined:

Clinical Audits are audits of practice and must involve the design, planning, and collection of data, analysis of data and the assessment of changes resulting from interventions. Selection of projects should depend on relevance to practice, specific questions to address, and the feasibility of acquiring useful findings. Evaluation of the effect of changes on practice outcomes must be undertaken.

The essential features of a clinical audit include:

- Identification of a specific audit topic
- Identification of existing standards or establishment of standards
- Collection of data
- Comparison of own practice with standards
- Determination of changes required to improve practice
- Implementation of changes
- Evaluation of changes.

Please return to: pdp@acrrm.org.au

Section 1 - Type of Clinical Audit delivery:

- Distance Education (e.g. paper-based)

 Online
 Other (please specify)

NB: Please contact ACRRM for separate forms to register Clinical Attachments, Peer Review Groups or Educational Events

Section 2 - Provider Details

| | | | |
|-------------------------|--|-----------------|-----------|
| Providing Organisation: | | | |
| Contact Person: | | Position Title: | |
| Postal Address: | | | |
| Town: | | State: | Postcode: |
| Telephone: | | Facsimile: | |
| Email: | | Website: | |

Do you require this activity to be assessed for the Procedural Medicine Training Grants program? Yes No

Indicate relevant discipline Anaesthetics Obstetrics Surgery Emergency Medicine

Please contact ACRRM if you require further details regarding Procedural Grants

Section 3 – Audit Details

| | |
|------------------------------------|--|
| Proposed Venue(s): | |
| | |
| Average Number of Cases in Audit | |
| Commencement Date (if applicable): | |
| Completion Date (if applicable): | |

Prerequisites:

No

Yes (Please specify below and attach file of relevant information with application)

Additional Requirements for Audit Participants

Enrolment Quotas (please specify numbers if relevant)

Minimum enrolment

Maximum Enrolment

Materials provided:

Additional materials required but not provided:

Section 4 – Clinical Audit Description

Brief Description:

Topics Covered:

Target Audience:

Rural Medical Practitioners

Rural Registrars

Other (please specify below)

Learning Objectives:

A large, empty rectangular box with a thin black border, intended for listing learning objectives.

Section 5 - Curriculum Area(s) & Educational Domain(s)

| | | Educational Domains | | | | | | |
|--|---|----------------------------------|----------------------------|----------------|-------------------|--|--|--------------------------|
| | Please select the curriculum area(s) relevant to the activity mapped against the relevant educational domain(s) | Core Clinical Knowledge & Skills | Extended Clinical Practice | Emergency Care | Population Health | Aboriginal and Torres Strait Islander Health | Professional, Legal & Ethical Practice | Rural and Remote Context |
| Curriculum Areas | Aboriginal People & Torres Strait Islander Health | | | | | | | |
| | Adult Internal Medicine | | | | | | | |
| | Aged Care | | | | | | | |
| | Anaesthetics | | | | | | | |
| | Child and Adolescent Health | | | | | | | |
| | Dermatology | | | | | | | |
| | Emergency Medicine | | | | | | | |
| | Information Technology / Information Management | | | | | | | |
| | Management | | | | | | | |
| | Musculoskeletal Medicine | | | | | | | |
| | Obstetrics / Women's Health | | | | | | | |
| | Office Based General Practice | | | | | | | |
| | Ophthalmology | | | | | | | |
| | Oral Health | | | | | | | |
| | Palliative Medicine | | | | | | | |
| | Population Health | | | | | | | |
| | Psychiatry / Mental Health | | | | | | | |
| | Radiology | | | | | | | |
| | Rehabilitation Medicine | | | | | | | |
| | Research and Evidenced Based Medicine | | | | | | | |
| Strategic Skills in Rural Medical Practice | | | | | | | | |
| Surgery | | | | | | | | |

Section 6 - Nature of Data Collection In Practice Assessment Submission of Hard Copy Online Submission Other (please specify)

 Details of **Data Collection and Feedback** Provided to Participants:
 On application please attached in electronic file format:

- Details of the contact person responsible for providing ACRRM with documentation (complete below)
- A copy of your Clinical Audit process outlining clinical focus, timelines, number of cases and details of feedback provided to those undertaking the audit.
- Any other relevant documentation such as pre-reading, audit forms or promotional flyers.

On completion of the Clinical Audit:

- All ACRRM members who complete this Clinical Audit with a record of their participation outlining the allocated points in the ACRRM Professional Development Program
- Attendance lists complete with all ACRRM Member's details and ACRRM membership numbers for those completing the Audit process
- A summary of the event evaluation results including relevant completion rates, outcomes etc.

Contact Person for Providing Documentation:**Name:****Position:****Phone:****Email:**



Do you wish to claim this activity under the Procedural Medicine Training Grants? (Tick one discipline)

Obstetrics Surgery Anaesthetics Emergency Medicine

SUPERVISED CLINICAL ATTACHMENT - PARTICIPANT EVALUATION FORM

(Please fill out at the conclusion of the supervised clinical attachment)

| | | | | | | | | | | |
|---------------------------------|--------------|-------------------|--|--|--|--|--|--|------------|--|
| Member's Name | | Member No. | | | | | | | | |
| Clinical Area | | ACRRM Code | | | | | | | | |
| Location of Attachment | | | | | | | | | | |
| Name of Supervisor | | | | | | | | | | |
| Dates of Attachment | From: | | | | | | | | To: | |
| Attachment Time in Hours | | | | | | | | | | |

On reflection, what did you gain from this Supervised Clinical Attachment?

(Please tick as many as appropriate)

- Additional knowledge
- New clinical and practical skills
- Improved existing clinical and practical skills
- Other (please describe)

Identify how this will impact on your clinical practice

The quality of supervision in this Supervised Clinical Attachment was:

- excellent good average poor

The range of clinical information provided through this Supervised Clinical Attachment was:

- excellent good average poor

The overall quality of the learning experience provided through this Supervised Clinical Attachment was:

- excellent good average poor

Do you consider the Supervised Clinical Attachment's learning objectives were adequately addressed?

- yes, completely mainly not really not at all

Would you recommend this Supervised Clinical Attachment to colleagues?

- Yes No

Supervisor to Complete:

I hereby certify that the above ACRRM member has demonstrated a sound level of clinical practice and fully engaged in the Supervised Clinical Attachment process to provide Quality Assurance and Practice Improvement in their clinical practice.

| | | |
|---------------------------------|-------------------------------|-------------|
| Attachment Time in Hours | Supervisor's Signature | Date |
|---------------------------------|-------------------------------|-------------|

PROFESSIONAL DEVELOPMENT PROGRAM GUIDE TO COMPLETING PEER REVIEW GROUP APPLICATIONS

The Accreditation Process

To ensure Peer Review Groups deliver professional development opportunities for ACRRM members that maintain a high standard and level of relevance to the ACRRM curriculum, the Professional Development Program (PDP) requires providers to submit an Application for Accreditation of Peer Review Groups. This application covers details on:

1. The focus of the Peer Review Group (including learning objectives)
2. The facilitators details (including contact details)
3. The Peer Review Group details (including venue, date(s) and times etc.)
4. The event description (e.g. topics)
5. The relevance to ACRRM's educational domains and curriculum areas
6. The nature of assessment of the Peer Review Group

The Application for Accreditation of Peer Review Group can be requested directly from PDP staff by calling 1800 223 226 or emailing requests to pdp@acrrm.org.au.

Completed applications should be submitted to ACRRM via email to pdp@acrrm.org.au.

Peer Review Groups Defined:

Peer review is an intentional process of gathering information and evidence about the effectiveness of medical practice with a view to subjecting it to constructive critical scrutiny. The purposes include providing assurance that patients are treated in accordance with accepted clinical guidelines and standards and to improve clinical practices. Peer Review Groups offer the capacity to critically review and improve and enhance medical practice. Seeing and providing constructive critical peer feedback about clinical treatment should be regarded as a fundamental aspect of the medical practitioner's role. Peer Review Groups are a valuable source of formative feedback on whether best practice outcomes are achieved.

Peer Review Group activities involve medical practitioners meeting regularly over a period of time either face to face or remotely (i.e. via online clinical discussion forums, teleconferencing or videoconferencing) in a supportive environment. The group undertakes a continuous quality improvement cycle to assess specific aspects of practice and review patient care skills, institute change where the need is identified, and reflect on and evaluate the change on practice. Ideally the group is comprised of six to ten members and meets regularly over the course of several months (preferred period 12 months).

Essential features of Peer Review Groups include:

1. Each group follows appropriate procedure with documentation of attendance, process and findings
2. Each group decides its own meeting schedule but generally there should be regular meetings (1½ to 2 hours) over the course of several months
3. One member of the group is chosen to be group facilitator/coordinator to direct the group learning process
4. Specific topic(s) to be focused on by the group are identified
5. The standards or guidelines against which practice will be assessed are identified
6. Data is gathered by each individual member of the group on the issue identified
7. Practice is compared against standards or guidelines
8. Changes to practice as a result of reflection on the comparison are identified
9. The impact the process and changes have had on their practice is evaluated and reflected upon.

The New South Wales Health Department has produced a useful template for recording the outcomes of Peer Review Groups in *The Clinician's Toolkit for Improving Patient Care*. This publication is available at http://www.health.nsw.gov.au/health-public-affairs/publications/quality/clinicians_toolkit.pdf or hardcopies can be ordered by telephoning (02) 9818 0452. The template provides a format for reporting, on:

- Adverse events (in de-identified formats)
- Quantitative indicators such as audits, clinical indicators or hospital wide indicators
- System issues.

ACRRM has developed secure clinical discussion forums that can be accessed by regional groups to establish peer review forums on Rural and Remote Medical Education Online (RRMEO). These groups can be pre-existing committees such as clinical review committees meeting the above criteria. This is a means of incorporating current hospital requirements into the professional development requirements of the College. Please contact the PDP staff at ACRRM on 1800 223 226 for further details or to establish your group on RRMEO.

Process for Assessing Applications

ACRRM PDP staff review completed applications to ensure all details are correct and the event is relevant to the ACRRM curriculum and educational domains. Details of the application are then forwarded to the ACRRM Accreditation Sub-Committee on a weekly basis. The Accreditation Sub-Committee review applications and provides approval (or reasons the application was not approved) within 10 working days of the committee receiving details. Members are usually advised of the accreditation status and PDP point allocation by PDP staff within 3 weeks of receipt of the application. ACRRM will also list accredited Peer Review Groups details online on our web-based platform RRMEO at www.rrmeo.org.

Accredited Peer Review Groups are allocated 30 Mandatory Points in ACRRM's Professional Development Program for each completed cycle.

Criteria for the Assessment of Applications

The following criteria are used by ACRRM PDP staff and the PDP committee to assess provider applications:

- are based on members educational needs;
- relate to one or more of the ACRRM educational domains;
- have members involved in the planning and implementation stages of the educational event/activity;
- have clear, specific learning objectives;
- have planned educational strategies based on adult learning principles;
- include a combination of educational interventions, which predispose, enable and reinforce behaviour change;
- show that some impact evaluation (changes in knowledge, skill, attitude, practice or patient outcome) is planned

Peer Review Group Applications also require the following:

On application please attach in electronic file format:

- Details of the contact person responsible for providing ACRRM with documentation
- A copy of the Peer Review Group program outlining times of specific sessions, topics and details of presenters/facilitators and their relevant qualifications.

On completion of the Peer Review:

- All ACRRM Members that satisfactorily complete the Peer Review Group cycle must return a completed evaluation form (see attached) to ACRRM PDP.

Unsuccessful Applications

In the event of an application not receiving accreditation feedback will be given to the application as to the reasons for non-accreditation.

Completing the Peer Review Group Application

Section 1 – Facilitator

- **Group Name:** Insert the title of the Peer Review Group
- **Facilitator Contact Details:** Insert the name of the organisation/person facilitating the Peer Review Group
- **Contact Person:** Insert the name of the person responsible for the Peer Review Group application; Insert the postal address for any correspondence including the town, state and postcode; Insert the numbers for contact by telephone or fax; Insert the email address.

Section 2 – Type of Peer Review Group contact:

Facilitators should indicate the type of contact from the following options. These options are not mutually exclusive and Peer Review Groups may involve more than one type of contact (e.g. face to face and teleconference).

- Face to Face – A Peer Review Group with direct face to face contact between facilitator and participants
- Teleconference / Videoconference – A Peer Review Group utilising telecommunication to establish contact between the facilitator and participants
- Online Forum – A Peer Review Group utilising online forums to facilitate communication and case discussion
- Other (please specify) – Any Peer Review Group not clearly defined by the above options. NB: Separate forms are available to register educational events, clinical attachments and clinical audits.

Section 3 – Duration of the Peer Review Group

Insert the commencement and conclusion dates.

Section 4 – Learning Objectives:

Provide an objective statement identifying each outcome or performance expected as a result of the Peer Review Group.

Writing Learning Objectives

Learning objectives should be specific, concise, and *observable* or *measurable*. Learning objective statements describe in direct language the *behaviour* that participants should be able to perform as a result of the Peer Review Group, any *conditions* that the behaviour is expected to be performed under, and any *criteria* that the behaviour is expected to meet.

A learning objective will describe *what* participants will be able to do (e.g. recognise common lifestyle factors contributing to hypertension), *how* they will be able to do it (e.g. in a written post-seminar assessment by selecting from a range of options) and to what *degree of accuracy* or *standard* (e.g. the three most common factors defined by the World Health Organisation).

In this example the learning objective would be “Participants will identify the three most common lifestyle factors contributing to hypertension, as defined by the World Health Organisation, from a range of 10 options in a post-seminar written assessment” or “Participants will review their diagnosis and management of common medical conditions encountered in rural and remote practice against accepted best practice standards by submission of case presentations to the group”.

When writing objective statements, ask these questions:

- Does the objective focus on observable performance?
- Is the task measurable or observable?
- What criteria will I use to establish that the objective has been reached?

Note:

- Avoid words like *understand*, *learn* and *know*. They are not measurable because there is no observable or measurable outcome involved
- Sometimes the degree of accuracy is implied by words such as *correctly* and *successfully*
- Not all Peer Review Group sessions result in tangible product, therefore, when participants verbally demonstrate their learning, the measurable action involves *explaining*, or *discussing*.

Section 5 – Peer Review Group Description

Brief Description: Provide a summary paragraph describing the Peer Review Group. Please include the focus of the group and broad content area. (e.g. This twelve-month Peer Review Group facilitated by Dr Roger Moore at the Riverina Hospital will cover acute internal medicine with particular emphasis on medical emergencies).

- **Topics Covered:** Provide a complete list of specific topic(s) that will be covered in the Peer Review Group
- **Target Audience:** Indicate if the Peer Review Group is targeted at rural medical practitioners, rural registrars, or describe any other professional groups as appropriate by marking the appropriate box

Section 6 – Curriculum Area(s) & Educational Domain(s)

Peer Review Groups accredited for the ACRRM PDP must relate to the Curriculum Areas and Educational Domains defined by the College. Utilising the matrix provided, and with consideration of the learning objectives and topics already identified for the Peer Review Group, providers should map the specific curriculum area(s) relating to their event against the relevant educational domains. This then defines the nature and level of education provided.

The curriculum is organised according to the major disciplines or practice areas that make up the specialty of general practice particularly in the rural and remote context. A process of extensive consultation was undertaken with practitioners across Australia to achieve consensus on the content.

The ACRRM curriculum outlines the learning requirements for those training for, and working in general practice by providing clear information on the areas of vocational education and continuing professional development through each curriculum statement.

| | | Educational Domains | | | | | | |
|--|---|----------------------------------|----------------------------|----------------|-------------------|--|--|--------------------------|
| | Please select the curriculum area(s) relevant to the activity mapped against the relevant educational domain(s) | Core Clinical Knowledge & Skills | Extended Clinical Practice | Emergency Care | Population Health | Aboriginal and Torres Strait Islander Health | Professional, Legal & Ethical Practice | Rural and Remote Context |
| Curriculum Areas | Aboriginal People & Torres Strait Islander Health | | | | | | | |
| | Adult Internal Medicine | | | | | | | |
| | Aged Care | | | | | | | |
| | Anaesthetics | | | | | | | |
| | Child and Adolescent Health | | | | | | | |
| | Dermatology | | | | | | | |
| | Emergency Medicine | | | | | | | |
| | Information Technology / Information Management | | | | | | | |
| | Management | | | | | | | |
| | Musculoskeletal Medicine | | | | | | | |
| | Obstetrics / Women's Health | | | | | | | |
| | Office Based General Practice | | | | | | | |
| | Ophthalmology | | | | | | | |
| | Oral Health | | | | | | | |
| | Palliative Medicine | | | | | | | |
| | Population Health | | | | | | | |
| | Psychiatry / Mental Health | | | | | | | |
| | Radiology | | | | | | | |
| | Rehabilitation Medicine | | | | | | | |
| | Research and Evidenced Based Medicine | | | | | | | |
| Strategic Skills in Rural Medical Practice | | | | | | | | |
| Surgery | | | | | | | | |

Section 7 – Nature of Peer Review

Briefly outline how the facilitator will identify the participant's level of attainment of the Peer Review Group's learning objectives. In particular include details of how:

- Standards or guidelines against which practice will be assessed are identified
- Dates are gathered by each individual member of the practice on the issue(s) identified
- Practice is compared against standards or guidelines.

On ACRRM accreditation of the Peer Review Group the provider will supply the following to the College:

Participant Registration Forms

Providers are required to submit completed Participant Registration forms to ACRRM within four weeks of the commencement of the Peer Review Group cycle covering the following details:

- Peer Review Group name: as described in the original application
- ACRRM Code: as provided by ACRRM on provisional accreditation of the event
- The member's name, membership number, and address
- The members individual learning requirements, as determined by the individual participant with consideration of the learning objectives described in the original application.

Participant Evaluation Forms

Providers are required to submit completed Participant Evaluation forms for each ACRRM member participating in the Peer Review Group within four weeks of program conclusion. This form covers details on:

- Peer Review Group name: as described in the original application
- ACRRM Code: as provided by ACRRM on provisional accreditation of the event
- The member's name and membership number
- Participant's evaluation responses, provided by tick box responses and in short answer format.

Forms must be signed by the facilitator to certify that the participant has fully contributed to the Peer Review process.

If you require further information or assistance to complete the Application for Accreditation of Peer Review Groups, attendance lists or participant forms please contact the ACRRM Professional Development Program on 1800 223 226 or pdp@acrrm.org.au.



PEER REVIEW GROUP - APPLICATION FORM

Peer Review Groups Defined:

These activities involve groups of practitioners who meet regularly over a period of time either face to face or remotely (i.e. via online clinical discussion forums, teleconferencing or videoconferencing) in a supportive environment. The group undertakes a continuous quality improvement cycle to assess specific aspects of practice and review patient care skills, institute change where the need is identified and reflect on and evaluate the change on practice. Ideally the group is comprised of six to ten members and meets regularly over a four to twelve month period.

Essential features of Peer Review Groups include:

1. Each group follows appropriate procedure with documentation of attendance, process and findings.
2. Each group decides its own meeting schedule but generally there should be regular meetings 1½ to 2 hours over the course of several months.
3. One member of the group is chosen to be group facilitator / coordinator to direct the group learning process.
4. Specific topic(s) to be focused on by the group are identified.
5. The standards or guidelines against which practice will be assessed are identified.
6. Data is gathered by each individual member of the practice on the issue identified.
7. Practice is compared against standards or guidelines.
8. Changes to practice as a result of reflection on the comparison are identified.
9. The impact the process and changes have had on their practice is evaluated and reflected upon.

ACRRM has developed secure clinical discussion forums which can be accessed by regional groups to establish peer review forums on RRMEQ. These groups can be pre-existing committees such as clinical review committees as long as they meet the above criteria. This is a means of incorporating current hospital requirements into the professional development requirements of the college.

| | | | |
|-------------------------------|-----------|-------------------|--|
| Peer Review Group Name | | ACRRM Code | |
| Name of Group Facilitator | | | |
| Contact Person | | Position Title | |
| Postal Address | | | |
| Town | State | Postcode | |
| Telephone | | Facsimile | |
| Email | | Website | |
| Type of Peer Review Group | | | |
| Dates of Review | Commenced | Concluded | |

| |
|---|
| Learning objectives for this Peer Review Group: * |
| By the end of this Peer Review Group process participants will: |
| |
| |
| |
| |
| |

*Learning objectives should be defined at the commencement of the Peer Review Group by the facilitator in consultation with Group participants. The objectives should be defined as observable or measurable outcomes. Some examples include -

By the end of this Peer Review Group process participants will:

- Improve skills in the interpretation of common radiological diagnoses and evidence from other investigations
- Identify current standards for management of specific surgical conditions e.g. bowel obstruction including bowel resection
- Improve professional networks with specialist colleagues and referral health services



PEER REVIEW GROUP - EVALUATION FORM
 (Please fill out at the conclusion of the Peer Review Group)

| | | | | | | | | | | | | | |
|-------------------------------|--|-------------------|---|--|--|--|--|--|--|--|--|--|--|
| Peer Review Group Name | | ACRRM Code | | | | | | | | | | | |
| Member's Name | | Member No. | <table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table> | | | | | | | | | | |
| | | | | | | | | | | | | | |

On reflection, what did you gain from this Peer Review Group?

(Please tick as many as appropriate)

- Gained additional knowledge
- Gained new clinical and practical skills
- Improved my existing clinical and practical skills
- Other (please describe)

The quality of facilitation in Peer Review Group was:

- excellent
 good
 average
 poor

The range of clinical information provided through this Peer Review Group was:

- excellent
 good
 average
 poor

The overall quality of the learning experience provided through this Peer Review Group was:

- excellent
 good
 average
 poor

Do you consider the Peer Review Group's learning objectives were adequately addressed?

- yes, completely
 mainly
 not really
 not at all

Are there any further areas where Peer Review Groups may assist you in professional development?

Would you recommend this Peer Review Group to colleagues? Yes No

| | |
|----------------------------------|--|
| Group attendance in Hours | |
|----------------------------------|--|

Participant's Signature: _____ **Facilitator's Signature:** _____

Date: _____ **Date:** _____



