

# Professional Development Program (PDP)



## Member Handbook 2011-2013





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Version 01/11

## Introduction

The core function of the Australian College of Rural and Remote Medicine (ACRRM) is to set 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. The ACRRM Professional Development Program (PDP) expresses the College's professional development standards and reflects its requirement of Fellows and members to retain skills appropriate for continued safe, independent general practice, especially in rural and remote environments.

Participants in the ACRRM PDP are able to undertake all of their continuing professional development and quality assurance activities through ACRRM for recognition as a specialist in general practice, recognition as a general practitioner with Medicare Australia, maintenance of professional standards, and for other third party reporting purposes.

This handbook provides important information about the ACRRM PDP including the range of educational activities offered to participants during the 2011-2013 triennium. Participants are encouraged to take a self-directed approach to their PDP and to plan their educational activities early in the triennium to ensure that a suitable pace of learning is maintained over the three-year cycle.

## Continuing professional development registration standard

The Medical Board of Australia defines continuing professional development as 'the means by which members of the profession maintain, improve, and broaden their knowledge, expertise and competence, and develop the personal qualities required in their professional lives'. Under the *Health Practitioner Regulation National Law Act 2009*, which governs the operations of the Australian Health Practitioner Regulation Agency (AHPRA) and the Medical Board of Australia, all registered medical practitioners must undertake continuing professional development.

The Medical Board of Australia's *Continuing Professional Development Registration Standard* describes the continuing professional development requirements for medical practitioners. Requirement 4(a) of the Standard states that members or Fellows of medical colleges accredited by the Australian Medical Council (AMC) can fulfil their mandatory continuing professional development requirement by meeting the standards set by their College.

According to the Standard, continuing professional development must include a suitable selection of activities that meet learning needs of individual practitioners. These include practice-based reflective elements, such as clinical audit, peer-review or performance appraisal, as well as participation in activities to enhance knowledge such as courses, conferences and online learning. ACRRM's PDP meets these requirements for general practice.

ACRRM recommends that you review the continuing professional development requirements outlined in *Continuing Professional Development Registration Standard* and the *Good Medical Practice: A Code of Conduct for Doctors in Australia*, which is available on the AHPRA website at [www.ahpra.gov.au](http://www.ahpra.gov.au)



# ACRRM's Professional Development Program (PDP)

## Aims and objectives

The aim of ACRRM's PDP is to ensure that doctors can access, and benefit from, a range of continuing educational activities to enhance their clinical, management, and professional skills throughout their careers. This will help ensure that the highest possible standards of patient care are maintained.

ACRRM is committed to the ethos of life-long learning and encourages all members to continue formal professional development relevant to their profile of professional practice and performance. Participation in PDP develops and maintains the skills and knowledge-base practitioners need to provide quality safe healthcare to the communities they serve.

The objectives of the program are to:

- provide an accountable and peer-validated method of learning 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
- provide life-long learning opportunities to all members
- recognise and respond to the scope and diversity of professional standards required of general practitioners, particularly those working in rural and remote environments
- be relevant to the developing needs of general practice and responsive to individual practitioner needs
- ensure member participation in PDP activities relate to the needs of the populations they serve
- support members to fulfil their commitments to other professional bodies through cross-accreditation and communication
- be flexible and inclusive when accrediting and weighting activities to align them with anticipated educational and professional values, and
- provide a formal procedure that demonstrates the ongoing medical educational activities of College members that meet the high demands for maintaining Fellowship, recognition as a General Practitioner, licensure, clinical privileging, and revalidation.

## Program overview

### Certification

Certification of continuous professional development activities is conducted and reported across three consecutive years, or triennium. The current triennium runs from 1 January 2011 to 31 December 2013.

### Compliance

To comply, participants must accumulate a total of **100 points** during the triennium in the following categories of accredited activities:

Advanced Life Support Skills (ACRRM Fellows) and Basic Life Support Skills (Non-Fellows)	10 points
Planned Reflective Professional Development (PRPD)	30 points
Core Continuing Professional Development	60 points

Requirements are the same for both full-time and part-time general practitioners. The Points Allocation Framework on pages 8 and 9 of this handbook contains the PDP requirements for the 2011–2013 triennium.

### Why is Advanced Life Support (ALS) mandatory for Fellows?

ACRRM considers that all Fellows should maintain competency in advanced life support skills to strengthen their confidence and safety in dealing with emergency situations. These skills are incorporated into many of the currently available emergency training modules, which include Rural Emergency Skills Training (REST), Advanced Life Support Obstetrics (ALSO), Advanced Life Support (ALS), Advanced Paediatric Life Support (APLS) and Emergency Medicine programs run and accredited by ACRRM. Organisations such as ambulance services, area and regional health services, and divisions of general practice (Medicare Locals) also provide ALS upskilling and training programs that are accredited by ACRRM, or are capable of being accredited.

Fellows who do not have access to commercial programs such as those mentioned above may be able to maintain competence in ALS through locally organised workshops. The College recommends that members contact the PDP team to discuss local workshop content, establish if this meets mandatory ACRRM requirements, and encourage local providers to accredit with ACRRM.

A list of ALS programs accredited by ACRRM for PDP is available on the ACRRM website ([www.acrrm.org.au](http://www.acrrm.org.au)) and on the College's Rural and Remote Medical Education Online (RRMEO) website ([www.rrmeo.com](http://www.rrmeo.com)).

## Rural and Remote Medical Education Online (RRMEO)

ACRRM's PDP is easily and securely planned and recorded using the personalised Learning Planner on the College's online learning platform Rural and Remote Medical Education Online (RRMEO). Here, you can search on RRMEO to find a wide range of available PDP activities relevant to your interests and practice requirements and manage your professional development throughout the triennium. As RRMEO is an online educational resource, it can be accessed via the internet 24-hours a day, seven days a week. Read more about RRMEO on page 19 and 20 of this handbook.

## Points allocation system

The points allocation system encourages professional development activity that is of verifiable benefit and demonstrates your participation in the PDP to key external stakeholders.

You are directly responsible for determining and planning what educational activities are relevant to your professional development. ACRRM strongly recommends you implement a personal learning plan that directs your learning activities throughout the triennium. This should be based on your analysis of identified areas of education and training that reflect your practice requirements and your community's needs.

## Capping of activity points

There is no limit on the number of points you can accumulate in any activity category. However, to ensure your learning experience over the triennium is relevant and balanced, ACRRM caps the number of points that count towards compliance. For instance, you might accumulate 30 Advanced Life Support points because you have a special interest in that area. While your PDP statement will show 30 points, only 10 points can be credited towards the 100 points required for compliance. Please refer to the Points Allocation Framework on pages 8 and 9 of this handbook for more details.

## Transferring of Planned Reflective Professional Development (PRPD) points

PDP participants are encouraged to undertake more than one activity in the Planned Reflective Professional Development (PRPD) category, which includes practice-based reflective elements, such as clinical audits, clinical attachments and peer reviews.

If you accumulate more than the 30 points required in PRPD, ACRRM will automatically transfer surplus points to the Core Continuing category.

For example, if you accrue a total of 60 PRPD points by completing more than one PRPD activity, the 30 excess points will automatically transfer to the Core Continuing Professional Development category to be recognised towards compliance within this category.

The table (below) shows an example of how points are accumulated, and the excess points automatically transferred, in the Points table of your online Learning Planner ([www.rrmeo.com](http://www.rrmeo.com)).

Category/activity	Total points accumulated	Total points transferred
Planned Reflective Professional Development	60	30 transferred to CORE ↓
Clinical attachment	30	
Peer review	30	
<b>Core Continuing Professional Development</b>	<b>42</b>	
Points transferred from PRPD	30	
Scientific education	12	

*(Please note: surplus points accumulated in the Core category cannot be transferred to the Planned Reflective category).*

## Maintaining Fellowship

All Fellows must meet the ACRRM's PDP requirements each triennium to maintain their standards and certification.

Where extenuating circumstances are likely to prevent a Fellow from complying as mandated, the College will consider what support and assistance it can offer.

A Fellow who is non-compliant 90 days prior to the conclusion of the triennium – and remains non-compliant at the end of the triennium – will be offered remediation. If that Fellow does not participate in the College's remediation process, or is still non-compliant following remediation, Fellowship will be withdrawn in line with policy. (See Appendix 1 – ACRRM Remediation Policy).

Should a Fellow of ACRRM have their Fellowship withdrawn, the College will advise the Medical Board of Australia, Medicare Australia, and other certified agencies that rely on this standard.

Fellows who are identified as requiring retraining in order to return to safe, independent practice may be recommended to enrol in ACRRM's Retraining Program on RRME0. (See Appendix 2: ACRRM retraining policy).

## Temporary absence from practice

Members of the ACRRM PDP who are temporarily absent from practice for a period of up to 1 year during the triennium are still required to accrue a minimum of 100 points to be considered compliant.

Members who have had a prolonged absence from practice may be required to provide a plan for professional development and for re-entry to practice for the consideration of the Medical Board of Australia. ACRRM members may also be required to enrol in the ACRRM Retraining Program, depending on individual circumstances.

## Exemptions

Members of the ACRRM PDP may apply to the ACRRM Censor for compliance exemption if they are working overseas, on maternity leave, or suffering serious ill health. Exemption requests are to be made in writing to the Censor via email [pdp@acrrm.org.au](mailto:pdp@acrrm.org.au) or fax +61 7 3105 8299.

# Planning your professional development

## Step 1 Identify your training needs

Identify the knowledge and skills you need to gain over the triennium in your personal Learning Planner. Tailor your selection of activities to best support your skills development and hone those required to provide competent, safe, quality practice in your particular community.

## Step 2 Select PDP activities

Some activities, such as ALS and PRPD activities, are mandatory. (These make up 40 points of the 100 points required.) Place these in your Learning Planner at the outset. You will find a database of all ACRRM-accredited educational activities online in the RRME0 Educational Inventory. Diarise significant opportunities, such as Rural Medicine Australia and other events, where workshops are clustered into a few days. This will ensure you optimise your time away from your practice and accumulate the required training at a measured pace.

## Step 3 Use your Learning Planner

Using the Learning Planner on RRME0 is a simple, secure, permanent method of planning and recording your professional development progress. This comprehensive and up-to-date record of your professional development activities can also be a useful appendix to your curriculum vitae when applying for jobs or nominating for consultative roles.

## Step 4 Review your Learning Planner regularly

New professional challenges and opportunities can present over the course of the triennium. A regular review of your Learning Planner – and reflection on your progress generally – can ensure that your plan remains relevant to your professional goals and responsibilities.

## Points Allocation Framework

Maintenance of Advanced Life Support Skills and Basic Life Support Skills – (mandatory) 10 points		
Activities	Points	Cap per triennium
Advanced life support skills (mandatory for ACRRM Fellows)	10 points per activity	10 points
<b>OR</b>		
Basic life support skills (mandatory for non-Fellows)	10 points per activity	10 points
Planned Reflective Professional Development – (mandatory) 30 points		
Activities	Points	Cap per triennium
Assessment towards ACRRM fellowship	2 points per hour	30 points
*Clinical audit	2 points per hour	30 points
*Clinical attachment	2 points per hour	30 points
*Conferences, workshops, scientific meetings, clinical/non-clinical short courses and seminars with substantial pre- and post-activity (see page 11 for details)	30 points completed	30 points
Development of a learning plan	10 points completed	10 points
Development of educational programs (clinical)	2 points per hour	30 points
Awarding of fellowship (other medical colleges)	30 points completed	30 points
*Peer review	2 points per hour	30 points
Practice accreditation	30 points completed	30 points
*Distance-based education modules with substantial pre- and post-activity (see page 12 for details)	30 points completed	30 points
*Skills/simulator/practical training	2 points per hour	30 points
*Skills/simulator/practical training with substantial pre- and post-activity (see page 13 for details)	30 points completed	30 points
*Theory practice	2 points per hour	30 points
*Theory practice with substantial pre- and post-activity (see page 13 for details)	30 points completed	30 points
*University qualifications (postgraduate modules, doctorate, or research-based clinical masters)	70 points PhD 40 points Masters completed	70 points (PhD) 40 points (Masters)

\* These PRPD activities are approved for fulfilling Maintenance of Professional Standards (MOPS) requirements

Core Continuing Professional Development – 60 points		
Activities	Points	Cap per triennium
Academic detailing	1 point per hour	30 points
ACRRM teaching practice accreditation	30 points completed	30 points
Conferences, workshops, scientific meetings, clinical/non-clinical short courses and seminars	1 point per hour	30 points
Co-ordinating and moderating clinical forum discussions	1 point per hour	30 points
External clinical teaching (ECT) visit	1 point per hour	30 points
Formal research project	1 point per hour	30 points
Planned learning projects	1 point per hour	30 points
Presentation to non-medical groups	1 point per hour	10 points
Publications	20 points per publication	20 points
Distance-based education modules	1 point per hour	30 points
Scientific presentation	10 points (poster)	10 points
	20 points (oral)	20 points
Self-directed learning (journal reading, tapes, videos)	1 point per hour	30 points
Supervision of registrars	1 point per hour	30 points
Teaching medical students and Allied health workers	1 point per hour	30 points
University courses: masters, diploma, certificate etc (non-clinical)	30 points completed or 10 points per unit passed	30 points

# PDP activities for which points can be claimed

## 1. Maintenance of Advanced Life Support Skills and Basic Life Support Skills

10 points

### 1.1 Advanced Life Support Skills (mandatory for ACRRM Fellows)

ACRRM Fellows are required to complete Advanced Life Support (ALS) training in each triennium as part of their compliance for PDP.

To comply, you may either:

- complete one Advanced Life Support activity congruent with the Australian Resuscitation Council guidelines, or
- obtain a statement of demonstrated Advanced Life Support competency from an ACRRM-approved supervisor (e.g. Head of Emergency Department). Potential supervisors will be assessed by the ACRRM PDP Committee if required.

**Please note:** ALS courses or statements of demonstrated ALS competency must provide members with the following skills and knowledge:

- an understanding of, and practical competence in, one-person and two-person expired air resuscitation and external cardiac compression
- competence in airway management techniques that include Guedel airway, bag and mask, oxygen therapy, and either laryngeal mask or intubation
- demonstrated ability to efficiently use automated external defibrillators (AEDs) and/or biphasic defibrillators
- demonstrated ability to identify and manage basic arrhythmias, and
- competence in intravenous access and drug therapy.

### 1.2 Basic Life Support Skills (mandatory for non-Fellows)

ACRRM requires that non-Fellows demonstrate an understanding of, and practical competence in, one-person and two-person expired air resuscitation and external cardiac compression.

To comply, you may either:

- complete one Basic Life Support activity congruent with the Australian Resuscitation Council guidelines, or
- obtain a statement of demonstrated Basic Life Support competency from an appropriate supervisor or training provider. Potential supervisors will be assessed by the ACRRM PDP Committee if required.

## 2. Planned Reflective Professional Development

30 points

### 2.1 Assessment towards Fellowship of ACRRM

2 points per hour

Cap: 30 points per triennium

Successfully complete assessment activities towards ACRRM Fellowship. Assessment activities include multiple choice question (MCQ) examinations, multi source feedback (MSF), and mini clinical evaluation exercise (miniCEX) assessments that contribute towards ACRRM Fellowship. Please note that this activity is restricted to ACRRM registrars only.

### 2.2 Clinical Audit

2 points per hour

Cap: 30 points per triennium

These are audits of practice and must involve the design and planning of the audit, collecting and analysing the data, and assessing changes resulting from interventions. An audit should be relevant to the practice, address specific questions, and be likely to provide useful findings. An evaluation must be made of the effect of changes on practice outcomes.

Your clinical audit checklist:

- identify a specific audit topic
- identify existing standards (or establish the standards)
- collect data
- compare the practice with standards
- determine changes required to improve the practice
- implement changes, and
- evaluate changes.

You can download the 'Application for Accreditation of Clinical Audits' form from the ACRRM website.

### 2.3 Clinical Attachment

**2 points per hour**

**Cap: 30 points per triennium**

This is a period of attachment in another clinical setting where you can observe, and engage in, 'hands-on' clinical practice with the aim of learning or updating specific skills or areas of knowledge. You must nominate a supervisor who is required to confirm your attachment period by co-signing the Clinical Attachment Form. An attachment must:

- meet a specific learning need
- define specific learning objectives
- involve a specific supervisor
- have specific learning activities planned according to the educational objectives
- have a clear process of monitoring the achievement of learning objectives during the clinical attachment, and
- document the outcomes of learning and implications for practice.

The Clinical Attachment Form can be downloaded from the ACRRM website.

### 2.4 Conferences, workshops, scientific meetings, clinical/non-clinical short courses and seminars with substantial pre- and post-activity

**Cap: 30 points per triennium**

Scientific meetings, conferences, workshops, and seminars conducted under the auspices of ACRRM-designated entities are eligible for points under PRPD. Entities include professional medical colleges, regional training providers, universities, university departments of rural health, rural clinical schools, divisions of general practice (Medicare Locals), local hospitals, and other allied health organisations.

To qualify for PDP points under PRPD, an event must involve a substantial pre- and post-activity that would demonstrate the potential to change from outdated practice to evidence-based practices, where the need for change has been identified in reflective activities.

The three essential elements of a PRPD event are:

- **Pre-activity:** an in-depth introduction to the core learning activity such as pre-reading (e.g. articles or case studies), or self-assessment activities (e.g. multiple choice questions or short answer question tasks)

- **Core learning activity:** a minimum of six hours of active learning content (i.e. two-thirds of the content should promote interactive learning opportunities such as role plays or practical sessions)
- **Post-activity:** reinforces the core learning activity (e.g. assessment, presentation or written reflection). You are required to reflect on how the pre-activity and core learning activity will impact on your future practice (i.e. how you plan to incorporate the learning experience into your general practice).

### 2.5 Development of a Learning Plan

**Cap: 10 points per triennium**

Plan and maintain a reflective record of professional learning activities over the course of the triennium. This focuses on identifying your educational needs based on your profile of practice and performance. Working through a formal, structured process creates opportunities to reflect on your work and to consider how your practice can be improved. The process includes developing, implementing, and reviewing a personal development plan that will improve practice and practice outcomes.

Tip: Use the "Goals" tab in your Learning Planner to add learning goals and/or planned educational activities. Detail your learning plan activities, note the dates you expect to complete each activity, and record when each activity is completed.

### 2.6 Development of Educational Programs (Clinical)

**2 points per hour**

**Cap: 30 points per triennium**

Points can be claimed for developing professional standards that impact on the practice of peers. This includes the development of or participation in ACRRM assessment. The work must be conducted under the auspices of ACRRM or an ACRRM-approved professional organisation.

You may also be credited for developing education programs relevant to rural or remote practice, or educational activities that contain clinical practice.

### 2.7 Award of Fellowship (other medical colleges)

**Cap: 30 points per triennium**

If you are awarded a Fellowship of an ACRRM-recognised medical college during the triennium, you will be awarded full compliance in the Planned Reflective Professional Development (PRPD) category of ACRRM's PDP. However, you must still complete the Advanced Life Support (Fellows) or Basic Life Support (non-Fellows) and Core requirements of the ACRRM PDP. A list of medical colleges whose fellowship is recognised by ACRRM is on page 18.

## 2.8 Peer Review

**2 points per hour**

**Cap: 30 points per triennium**

Groups of practitioners meet regularly over a period of time either face-to-face or via telecommunicating (i.e. via online clinical discussion forums, teleconferencing, or videoconferencing). Each group develops a cycle of continuous quality improvement to assess specific aspects of practice, review patient care skills, institute change where needed and, by reflection, evaluate the change on practice. Ideally the group is comprised of six to 10 members. The group undertaking these activities is required to submit their activity for accreditation.

Essential features of a Peer Review Group are that it:

- follows appropriate procedures for documentation of attendance, process and findings
- schedules regular meetings of approximately 2 hours in duration, over the course of several months
- appoints a group facilitator and/or coordinator who directs the group's learning process
- identifies specific topics to focus on
- identifies standards or guidelines against which practice will be assessed
- compares practice against standards or guidelines
- identifies necessary changes to practice as a result of reflection on the comparison
- evaluates and reflects upon the impact that the process and the changes have had on their practice.

The registration form to join a peer review group can be downloaded from the ACRRM website.

## 2.9 Practice Accreditation

**Cap: 30 points per triennium**

The principles of peer review (point 2.8, above) are applied throughout the practice accreditation process:

- practice staff assess their performance against a set of standards
- determine the timeframe to make changes to the practice structure and services
- trained peer assessors are invited to assess the practice against the standards.

**Please note:** This activity can only be claimed once in a triennium. You will need to provide certification of the activity from the relevant accrediting body.

## 2.10 Distance-based education modules with substantial pre-and post-activity

**Cap: 30 points per triennium**

Distance education modules are long-distance group learning activities that can be undertaken in real time (e.g. live satellite broadcasts, virtual classrooms) or at any time suitable to the practitioner (e.g. RRMEO interactive online modules). All accredited distance learning activities must be interactive and involve participation by the doctor.

Examples include satellite broadcasts with online evaluation components, web casts, RRMEO modules (e.g. ACRRM Mental Disorders Package for Rural Practitioners), CD ROM, and clinical discussion forums.

Distance education is eligible for PRPD points on the condition that it involves substantial pre-and post-activities demonstrating the potential to change from outdated practice to evidence-based practice where this has been demonstrated as a need through reflective activities.

The three essential elements of a distance education module in this category are:

- **Pre-activity:** an in-depth introduction to the core learning activity such as pre-reading (e.g. articles or case studies), or self-assessment activities (e.g. multiple choice questions or short answer question tasks)
- **Core learning activity:** a minimum of six hours of active learning content (i.e. two-thirds of the content should promote interactive learning opportunities such as role plays or practical sessions)
- **Post-activity:** reinforces the core learning activity (e.g. assessment, presentation or written reflection). You are required to reflect on how the pre-activity and core learning activity will impact on your future practice (i.e. how you plan to incorporate the learning experience into your general practice).

## 2.11 Skills/Simulator/Practical Training

**2 points per hour**

**Cap: 30 points per triennium**

Structured programs of small-group, intensive training are usually conducted in the context of a specific skills laboratory such as Emergency Management of Severe Trauma (EMST), Emergency Life Support (ELS), Advanced Life Support Obstetrics (ALSO), Rural Emergency Skills Training (REST) and anaesthetic simulation training. Other programs such as Mental Health Training (Focussed Psychological Strategies Skills Training), Medical Acupuncture, Medical Imaging training and workshops with advanced clinical content may also qualify for this component. (Please contact the College's PDP team about course accreditation criteria.)

## 2.12 Skills/Simulator/Practical Training with substantial pre- and post-activity

**Cap: 30 points per triennium**

Completion of a skills, simulator or practical training activity is eligible for 30 PRPD points on the condition that it involves substantial pre- and post-activities demonstrating the potential to change from outdated practice to evidence based-practice where this has been demonstrated as a need through reflective activities.

The three essential elements of this component are:

- **Pre-activity:** an in-depth introduction to the core learning activity such as pre-reading (e.g. articles or case studies), or self-assessment activities (e.g. multiple choice questions or short answer question tasks)
- **Core learning activity:** a minimum of six hours of active learning content (i.e. two-thirds of the content should promote interactive learning opportunities such as role plays or practical sessions)
- **Post-activity:** reinforces the core learning activity (e.g. assessment, presentation or written reflection). You are required to reflect on how the pre-activity and core learning activity will impact on your future practice (i.e. how you plan to incorporate the learning experience into your general practice).

## 2.13 Theory Practice

**2 points per hour**

**Cap: 30 points per triennium**

Practice includes case studies and role-plays where:

- theory is practised in role playing or a group activity
- a case study involves elements of peer review within a group situation, and
- case studies are reviewed within a peer group setting online.

## 2.14 Theory Practice with substantial pre- and post-activity

**Cap: 30 points per triennium**

Completion of a theory practice activity is eligible for 30 PRPD points on the condition that it involves substantial pre- and post-activities demonstrating the potential to change from outdated practice to evidence-based practice where this has been demonstrated as a need through reflective activities.

The three essential elements of a PRPD event are:

- **Pre-activity:** an in-depth introduction to the core learning activity such as pre-reading (e.g. articles or case studies), or self-assessment activities (e.g. multiple choice questions or short answer question tasks)

- **Core learning activity:** a minimum of six hours of active learning content (i.e. two-thirds of the content should promote interactive learning opportunities such as role plays or practical sessions)
- **Post-activity:** reinforces the core learning activity (e.g. assessment, presentation or written reflection). You are required to reflect on how the pre-activity and core learning activity will impact on your future practice (i.e. how you plan to incorporate the learning experience into your general practice).

## 2.15 University qualifications (postgraduate modules, doctorate, or research-based clinical masters)

**70 points PhD (completed) per triennium**

**40 points Masters (completed) per triennium**

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.

# 3. Core Continuing Professional Development

**60 points**

## 3.1 Academic Detailing

**1 point per hour**

**Cap: 30 points per triennium**

Academic detailing describes visits to a practice by a respected peer, or expert in a particular field, for the purpose of delivering a specific, targeted lesson. During this activity the peer or expert provides individual education and feedback that meets the specific learning needs of the practitioner. ACRRM encourages this activity as a component of the Medical Specialist Outreach Assistance Teaching Program.

## 3.2 ACRRM Teaching Practice Accreditation

**1 point per hour**

**Cap: 30 points completed per triennium**

Earn points by having your practice accredited as an ACRRM teaching practice. ACRRM Fellows are encouraged to apply to have their practice registered as a training environment for students and registrars. Copies of the *Standards for Supervisors and Teaching Posts in Primary Rural and Remote Training* and the application form can be downloaded from the ACRRM website.

### 3.3 Conferences, Workshops, Scientific Meetings, Clinical/ Non-Clinical Short Courses and Seminars

**1 point per hour**  
**Cap: 30 points per triennium**

Earn PDP points for attending ACRRM-accredited scientific meetings, conferences, workshops, and seminars conducted under the auspices of professional medical colleges, regional training providers, universities, and university departments of rural health, rural clinical schools, divisions of general practice (Medicare Locals), local hospitals, and other allied health organisations.

### 3.4 Coordinating and Moderating Clinical Forum Discussions

**1 point per hour**  
**Cap: 30 points per triennium**

Fellows are awarded points for moderating clinical forum discussions, satellite programs, and/or online forums on RRMEO. (Please provide ACRRM with correspondence from the relevant University supporting the research project to have it certified.)

### 3.5 External Clinical Teaching (ECT) visit

**1 point per hour**  
**Cap: 30 points per triennium**

An External Clinical Teaching visit by ACRRM Fellows includes the provision of formal reports regarding the progress of FACRRM candidates. Activity certification will be required from the relevant Division of General Practice (Medicare Locals).

### 3.6 Formal Research Project

**1 point per hour**  
**Cap: 30 points per triennium**

Points are awarded for formal research activities that involve designing and conducting research approved by an ACRRM-recognised university's ethics body. You can also earn points for participating in ACRRM-approved research as a respondent.

### 3.7 Planned Learning Projects

**1 point per hour**  
**Cap: 30 points per triennium**

Planned Learning Projects are structured educational activities undertaken to meet specific professional needs. They enable a Fellow of ACRRM to pursue an area of interest in a structured and systematic way. To be accredited, the activity must be planned, have clearly specified educational objectives, and be formally evaluated.

### 3.8 Presentation to Non-Medical Groups

**1 point per hour**  
**Cap: 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. Please supply the College's PDP team with a copy of the presentation as supporting evidence.

### 3.9 Publications

**20 points per publication**  
**Cap: 20 points per triennium**

Points can be claimed for publishing relevant original work in a book or peer reviewed journal. Where there is more than one author of a publication, each author may claim 20 PDP points for the triennium. Please supply the College's PDP team with a copy of the publication as supporting evidence.

### 3.10 Distance-based Education Modules

**1 point per hour**  
**Cap: 30 points per triennium**

Distance Education Modules are long-distance group learning activities that can be undertaken in real time (e.g. live satellite broadcasts, virtual classrooms) or at any time suitable to the practitioner (e.g. RRMEO interactive online modules). All accredited distance learning activities must be interactive and involve participation by the doctor.

Examples include satellite broadcasts with online evaluation components, web casts, RRMEO modules (e.g. ACRRM Mental Disorders Package for Rural Practitioners), CD ROM, and clinical discussion forums.

### 3.11 Scientific Presentation

**10 points per poster presentation**  
**Cap: 10 points per triennium**

**20 points per oral presentation**  
**Cap: 20 points per triennium**

Present a paper or a workshop at a professional scientific meeting, workshop or conference. Only the presenter may claim PDP points for multiple-author presentations. A presenter may claim only once for presenting particular presentations. (Please supply the College's PDP team with a copy of the presentation as supporting evidence.)

### 3.12 Self-directed Learning

**1 point per hour**  
**Cap: 30 points per triennium**

Examples of self-directed and self-assessed activities 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.

Evidence of self-directed learning includes a written declaration from the participant outlining the type of activities undertaken and the associated hours of learning time.

### 3.13 Supervision of Registrars

**1 point per hour**

**Cap: 30 points per triennium**

To earn PDP points from supervising ACRRM registrars, please have your activities certified by the relevant regional training provider.

### 3.14 Teaching Medical Students and Allied Health Workers

**1 point per hour**

**Cap: 30 points per triennium**

This refers to structured formal teaching/supervision of medical students organised through a university medical education program or student placement program (e.g. John Flynn Placement Program). Certification of the activity will be required from the relevant teaching institution. Note: John Flynn Placement Program teaching records are already held by ACRRM.

This activity may also include structured formal teaching of nurse practitioners, physician assistants and paramedical students in clinical settings such as Emergency Departments. Evidence of teaching nurse practitioners against a set curriculum will be required to gain points for this activity.

### 3.15 University Courses: Masters, Diploma, Certificates, etc. (Non-clinical)

**30 points completed**

**10 points per unit passed**

**Cap: 30 points per triennium**

Accredited postgraduate courses can include a Masters, Diploma or Certificate by course work plus other relevant university-based short courses and modules. Please provide ACRRM with certification from your university stating your name, the course, statement of attainment listing modules completed and pass rate or a certificate of completion.

## Award of ACRRM Fellowship

**100 points per triennium**

A member who attains Fellowship of ACRRM will be allocated full compliance in ACRRM PDP for the triennium in which the Fellowship is awarded.



## How to claim PDP points

When you attend an education or training activity that has been accredited by ACRRM for PDP points, please sign the attendance sheet. The provider will notify ACRRM within a month that you attended the activity and the PDP team will enter it into your Learning Planner. (Members may also enter their activities into their Learning Planner on RRMEO. However, you will need to supply ACRRM with written, independent verification that you met the criteria to successfully complete an activity.)

If an activity is not yet accredited by ACRRM, you may apply for points for these activities by sending the course information and certification to the PDP team.

## How PDP records are maintained

### ACRRM records

ACRRM maintains PDP records on the RRMEO website in each member's individual, secure Learning Planner. The PDP team confirms activities in Learning Planners when it receives evidence a member has attended an ACRRM-accredited activity from an educational provider or member.

Points earned by your participation in programs managed by ACRRM – such as the John Flynn Placement Program and Rural Procedural Grants Program – are automatically credited on your Learning Planner.

You can view your cumulative points tally and print unofficial PDP statements from your Learning Planner on the RRMEO website. The Learning Planner also calculates points allocated by other colleges for ACRRM members who are required to meet Maintenance of Professional Standards (MOPS) and other credentialing requirements.

## Documentation and verification

Individual PDP members are responsible for obtaining and storing documentation verifying that they have successfully completed the activities recorded on their statements.

Proceduralists will require official statements from the appropriate specialist college.

ACRRM's policy is to archive PDP records for 25 years.

## Retaining records beyond the triennium

The Medical Board of Australia's *Continuing Professional Development Registration Standard* requires participants to retain evidence of professional development activity for three years beyond the relevant triennium.

## Audit of members' PDP records

ACRRM is authorised by the Medical Board of Australia to verify professional development activities. The provision of documents to ACRRM is the member's personal responsibility and as such the member will be responsible for any expenses incurred in providing these records. A member's PDP points can be withdrawn by the ACRRM Censorial Committee if the member cannot produce appropriate verification.

## PDP statements

An annual PDP statement will be posted to all members participating in the ACRRM PDP. Should a member require a statement for certification or clinical privileging purposes, this can be obtained by contacting the ACRRM PDP staff via email [pdp@acrrm.org.au](mailto:pdp@acrrm.org.au) or free call 1800 223 226. Members can also print an unofficial statement at any time from RRMEO at [www.rrmeo.com](http://www.rrmeo.com)

# How PDP points are reported

## Certifying your participation

If you are asked to provide certification of participation in PDP (e.g. licensure, credentialing, clinical privileges, or employment) the College can issue you with an official activity statement.

When you meet the PDP requirements of each triennium you are awarded a Certificate of Compliance.

## Recognition as a General Practitioner

Practitioners who are participating in the ACRRM PDP to maintain recognition as a General Practitioner with Medicare Australia, along with practitioners who are participating in the Other Medical Practitioners (OMPs) Program, must comply with all of the PDP reporting timeframes. ACRRM is obliged to inform Medicare Australia if any participant fails to meet the triennium requirements.

For more information about Medicare Australia's requirements, visit the Medicare Australia website at [www.medicareaustralia.gov.au](http://www.medicareaustralia.gov.au)

## Third party/specialty areas reporting

The ACRRM PDP is primarily designed to record data relevant to general practice credentialing and clinical privileging. However, ACRRM can meet your other professional reporting requirements, (e.g. anaesthetics, obstetrics, surgery). To activate this additional reporting service through ACRRM please complete the 'other reporting requirements' section on the PDP registration form.

Please note: ACRRM only reports activities according to certification you provide. You are responsible for understanding the compliance requirements of the third party college(s) and for meeting those requirements. Non-compliance may impact on your access to Medicare rebates or credentialing and clinical privileges.

## Maintenance of Professional Standards (MOPS) reporting

The ACRRM PDP reports on behalf of members to the appropriate bodies for Maintenance of Professional Standards (MOPS) purposes. If you have MOPS requirements, the appropriate 'Planned Reflective Professional Development' activities you undertake will be credited for both MOPS and PDP.

## Anaesthetics, medical acupuncture, and obstetrics

The MOPS eligibility and reporting requirements for anaesthetics, medical acupuncture, and obstetrics are:

- 15 hours of Planned Reflective Professional Development (PRPD) activities at 2 points per hour (i.e. 30 PRPD points are required for MOPS compliance), or
- Completion of a 6-hour course that contains substantial pre- and post-activity/assessment (awarded 30 PRPD points).

## Radiology

The MOPS eligibility and reporting requirements for radiology include any of the following activities:

- 15 hours of Planned Reflective Professional Development (PRPD) activities at 2 points per hour (i.e. 30 PRPD points are required for MOPS compliance);
- Completion of a 6-hour course that contains substantial pre- and post-activity/assessment (awarded 30 PRPD points); or
- Completion of 15 film reviews, supervised and signed off by a Radiologist.

## Mental Health

To continue accessing mental health care item numbers on the Medicare Benefits Schedule (MBS), you must meet the requirements below. (These were the requirements for the 2008-2010 triennium and were unchanged for the 2011-2013 triennium at the time of publication.)

### Mental Health Skills Training (MHST)

To continue accessing **MBS Item 2710**, GPs who have completed a GPMHSC accredited Mental Health Skills Training\* course since 1 July 2001 and are registered with Medicare, are:

- **not** required to repeat this training, and are
- **not** required to complete a mental health continuing professional development activity (MH CPD).

However, the GPMHSC strongly recommends that GPs undertake Mental Health Continuing Professional Development (MH CPD) to maintain their mental health skills. (\*Note: MHST was previously known as Level 1 mental health skills training)

## Focused Psychological Strategies Skills Training (FPS ST)

To maintain registration for Focused Psychological Strategies, GPs who have completed both a MHST and Focused Psychological Strategies Skills Training (FPS ST) course are required to complete a Focused Psychological Strategies Continuing Professional Development (FPS CPD).

For more information, please visit the GPMHSC website: [www.racgp.org.au/gpmhsc](http://www.racgp.org.au/gpmhsc).

## Specialists

Any medical specialist can participate in ACRRM PDP to maintain a record of their continuing professional development. To be regarded as a medical specialist, you must be a current Fellow of your specialty college. ACRRM will award medical specialists full compliance in the Planned Reflective Professional Development (PRPD) category each triennium on receipt of a statement of full compliance from their specialist college.

In addition, all specialists will still be required to complete the Advanced Life Support (for ACRRM Fellows) or Basic Life Support (for non-Fellows of ACRRM) and the Core requirements of the ACRRM PDP.

Specialist colleges recognised by ACRRM for participation in PDP include but is not limited to:

- Australasian College of Dermatologists
- Australasian College for Emergency Medicine
- Australasian Faculty of Occupational Medicine
- Australian College of Health Service Executives
- Royal Australasian College of Medical Administrators
- Royal Australasian College of Physicians
- Royal Australasian College of Surgeons
- Royal Australian College of General Practitioners
- Royal Australian and New Zealand College of Obstetricians and Gynaecologists
- Royal Australian and New Zealand College of Psychiatrists
- Royal Australian and New Zealand College of Radiologists
- Royal College of Pathologists of Australasia

## PDP administration and management

The ACRRM PDP is administered and managed through the College's Fellowship Services unit. Its primary function is to assist and support members in their professional development and skills maintenance.

Fellowship Services undertakes a range of activities to support the ACRRM professional development function. Services include:

- accrediting all educational activities
- reporting compliance to Medicare Australia for recognition as a General Practitioner
- reporting to third parties for MOPS purposes
- reporting to the ACRRM Censor for maintenance of Fellowship
- recording member activities
- educational resources development
- policy development and implementation
- support to the ACRRM PDP Committee
- member communication and support, and
- communication, marketing, and support services.



## PDP member services

Members in the ACRRM PDP are provided with a range of free services throughout the triennium:

- the ACRRM PDP member handbook, which provides the policy and guidelines for the program
- notifying Medicare Australia of member's status: recognition as a General Practitioner (or specialist discipline)
- reporting to appropriate bodies for MOPS and OMPs
- assistance to record and maintain PDP activities on members' Learning Planners
- a printed statement is provided annually, and at the end of the triennium. A copy can be provided at other intervals upon request
- timely reminders to members about compliance as the end of triennium approaches
- advocacy with education providers for improved outcomes for rural and remote medical practitioners
- personalised phone, fax, or email communication with the Fellowship Services team
- monthly updates in PDP e-newsletters (plus the weekly College newsletter, Country Watch)
- monthly updates of current accredited activities (posted on the College website)
- Clinical Guidelines (for PDA and smart phones)
- dedicated Rural and Remote Medical Education Online (RRMEO) portal includes your online Learning Planner, educational events calendar, and PDP points status
- Tele-medicine services
- Tele-Derm: free dermatologist's opinion and management plan on your patients specific skin conditions, and
- Radiology Online: free assistance from a radiologist to interpret X-rays and diagnose conditions.

## Guide to Rural and Remote Medical Education Online (RRMEO)

### PDP on RRMEO

The RRMEO portal allows ACRRM PDP members to:

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

### Getting started

ACRRM PDP members are issued an individual Learning Planner on RRMEO. Simply go to [www.rrmEO.com](http://www.rrmEO.com) and log in using your RRMEO username and password.

### My Profile

My Profile gives members an overview of all their details on RRMEO. This includes their personal and professional details and those regarding their PDP and reporting requirements. Members are required to notify ACRRM PDP team in writing should they wish to change their PDP reporting requirements.

### Educational Inventory

The RRMEO Educational Inventory is an online database of education programs accredited with ACRRM.

The Educational Inventory is easily searchable, and includes information on Educational Events, Clinical Attachments, Training Posts, Online Education, and other resources.

## Learning Planner

The online Learning Planner is the member's individual record of all professional development activities undertaken during the triennium. The Learning Planner provides members with:

- The opportunity to set personal learning goals
- Information about the requirements of the ACRRM Professional Development Program
- The ability to enter educational activities into the Learning Planner. This may be via the Educational Inventory or manual submission of activities for accreditation by ACRRM
- A point's summary of their professional development activities, and
- The option to print an unofficial PDP statement at any time.

## RRMEO help

There are a number of ways to get assistance in 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, or
- Phone ACRRM on (07) 3105 8200 or free call 1800 223 226 during business hours.

## Glossary of terms

<b>ACRRM</b>	Australian College of Rural and Remote Medicine
<b>AHPRA</b>	Australian Health Practitioner Regulation Agency
<b>ALS</b>	Advanced Life Support
<b>ALSO</b>	Advanced Life Support Obstetrics
<b>AMC</b>	Australian Medical Council
<b>APLS</b>	Advanced Paediatric Life Support
<b>BLS</b>	Basic Life Support
<b>CPD</b>	Continuing Professional Development
<b>ECT</b>	Extended Clinical Teaching
<b>ELS</b>	Emergency Life Support
<b>EMST</b>	Emergency Management of Severe Trauma
<b>FACRRM</b>	Fellowship of Australian College of Rural and Remote Medicine
<b>FPS CPD</b>	Focussed Psychological Strategies Continuing Professional Development
<b>FPS ST</b>	Focussed Psychological Strategies Skills Training
<b>GPMHSC</b>	General Practice Mental Health Standards Collaboration
<b>MCQ</b>	Multiple Choice Question
<b>MH CPD</b>	Mental Health Continuing Professional Development
<b>MHST</b>	Mental Health Skills Training
<b>miniCEX</b>	Mini Clinical Evaluation Exam
<b>MOPS</b>	Maintenance of Professional Standards
<b>MSF</b>	Multi Source Feedback
<b>OMPs</b>	Other Medical Practitioners
<b>PDA</b>	Personal Digital Assistant
<b>PDP</b>	Professional Development Program
<b>PRPD</b>	Planned Reflective Professional Development
<b>REST</b>	Rural Emergency Skills Training
<b>RRMEO</b>	Rural and Remote Medical Education Online

# Appendix 1

## Professional Development Program Remediation Policy 2011 – 2013

### Purpose

The purpose of this policy is to outline the process and procedures by which ACRRM Fellows in the ACRRM Professional Development Program (PDP) who fail to meet agreed requirements at the end of the triennium would be assessed to establish if:

- They are exempt from the policy due to duration of Fellowship;
- They are eligible for consideration for Temporary Exemption;
- They are eligible to take up retired status;
- They require engaging in a process of remediation to maintain the required level of continuing medical education expected by the College.

The policy also outlines the process and procedures for engaging and assisting Fellows who are required to undertake the process of remediation.

### Background

ACRRM Professional Development Program (PDP) requires a total of 100 points (including 40 Mandatory points consisting of: 10 Maintenance of Advanced Life Support Skills points and 30 Planned Reflective Professional Development points) and 60 Core Continuing Professional Development activities. Fellows must comply with these program requirements in order to maintain Fellowship.

### Process

Three months prior to the end of a triennium, all Fellows who have not provided sufficient evidence of continuing professional development to comply with the requirements of the ACRRM PDP, will be identified by the Fellowship Services Manager. The Manager will write to the Fellows:

- Advising of requirements still to be met;
- Requesting any additional certification they may have; and
- Offering assistance.

Those Fellows who have failed to provide sufficient certification of continuing professional development to comply with the requirements of the ACRRM PDP by the end of the triennium will be identified by the ACRRM PDP Committee as "non-compliant".

The ACRRM PDP Committee in consultation with the Fellowship Services Manager will review all Fellows to establish their status and will recommend to the ACRRM Censors Committee if:

- They are exempt from the policy due to duration of Fellowship
- They should be considered for Temporary Exemption
- They should be considered for Fellowship Retired
- They should be considered for Fellowship Emeritus
- They are required to participate in the remediation process.

Those deemed to be non-compliant and are referred to the remediation process will be encouraged and assisted to participate in ACRRM's remediation process with the aim of assisting them to meet the compliance requirements of the program.

The Chair of the ACRRM PDP Committee will write to all non-compliant Fellows to confirm their status, outline the expectations of ACRRM and to establish an agreed timeline and process to address Fellows' requirements of the particular area of continuing medical education.

Fellows may address the requirements of remediation in the following ways:

- Provide certification of appropriate activities undertaken during the triennium but not previously credited on the member's ACRRM Official Statement, or
- Undertake additional appropriate activities within a specified timeframe that meet the requirements, or
- If the Fellow elects to undertake additional activities, PDP staff will assist Fellows to identify educational opportunities, which are appropriate and accessible.

All Fellows who undertake this remediation process must undertake the required activities to meet the ACRRM PDP requirements by no later than 31 March of the following year in order to be deemed compliant for the triennium.

### Fellows not meeting the requirements of remediation:

Members who fail to meet the ACRRM PDP requirements following the remediation period will be reported to the ACRRM PDP Committee. The Committee will review these cases and provide a full report to the ACRRM Censor's Committee.

The ACRRM Censor's Committee will write to non-compliant Fellows advising of the process for rescinding Fellowship.

*Refer to the Timeframes in the table overleaf.*

### Timeframes

Non compliant members notified of potential non-compliance	30 September of final year of the triennium
Non compliant member enters remediation	1 January
Member ends remediation	31 March
Fellowship Services Manager reports to PDP Committee	Early April
PDP Committee reports to Censor's Committee	Mid April
Censor reports to Board	May
Censor writes to Fellow	End May

## Appendix 2

### ACRRM Retraining Program

The ACRRM Retraining Program has been developed to support ACRRM Fellows who wish to return to safe active practice following a prolonged absence or who have, or wish to, modify their current practice direction. This policy relates to Fellows who have either identified themselves, or have been identified by the Australian Health Practitioner Regulation Agency, as requiring retraining.

Fellows requiring retraining in order to return to safe practice with the requisite skills for their practice demographics will be required to enrol in the ACRRM Retraining Program. They will be required to complete a Self-Assessment Activity form for submission to the ACRRM PDP Committee for approval prior to commencement of the Program. If deemed necessary by the Committee and upon recommendation from the Chair, a mentor may be assigned to support the Fellow's progress.

The ACRRM Retraining Program is documented and tracked on the College's Rural and Remote Medical Education Online (RRMEO) platform.

At an agreed review date, the Fellow's retraining outcomes will be assessed by the ACRRM PDP Committee. Fellows who have successfully completed retraining will continue their professional development with ACRRM via PDP participation.

Those who fail to meet retraining requirements may be granted a retraining extension. Fellows who continue to fail to meet the requirements without valid reason will be referred to the ACRRM Censor and may have their Fellowship of ACRRM (FACRRM) suspended or withdrawn.



#### Disclaimer

This handbook is intended as a guide for members participating in ACRRM's Professional Development program during the 2011-2013 triennium.

The information provided in the handbook was correct at the time of publication.

The requirements of third parties, such as other colleges and government authorities, may change during the triennium. Members are advised to check these requirements at intervals.



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