



ACRRM STANDARDS FOR REGIONAL TRAINING PROVIDERS (RTP) RECOGNITION

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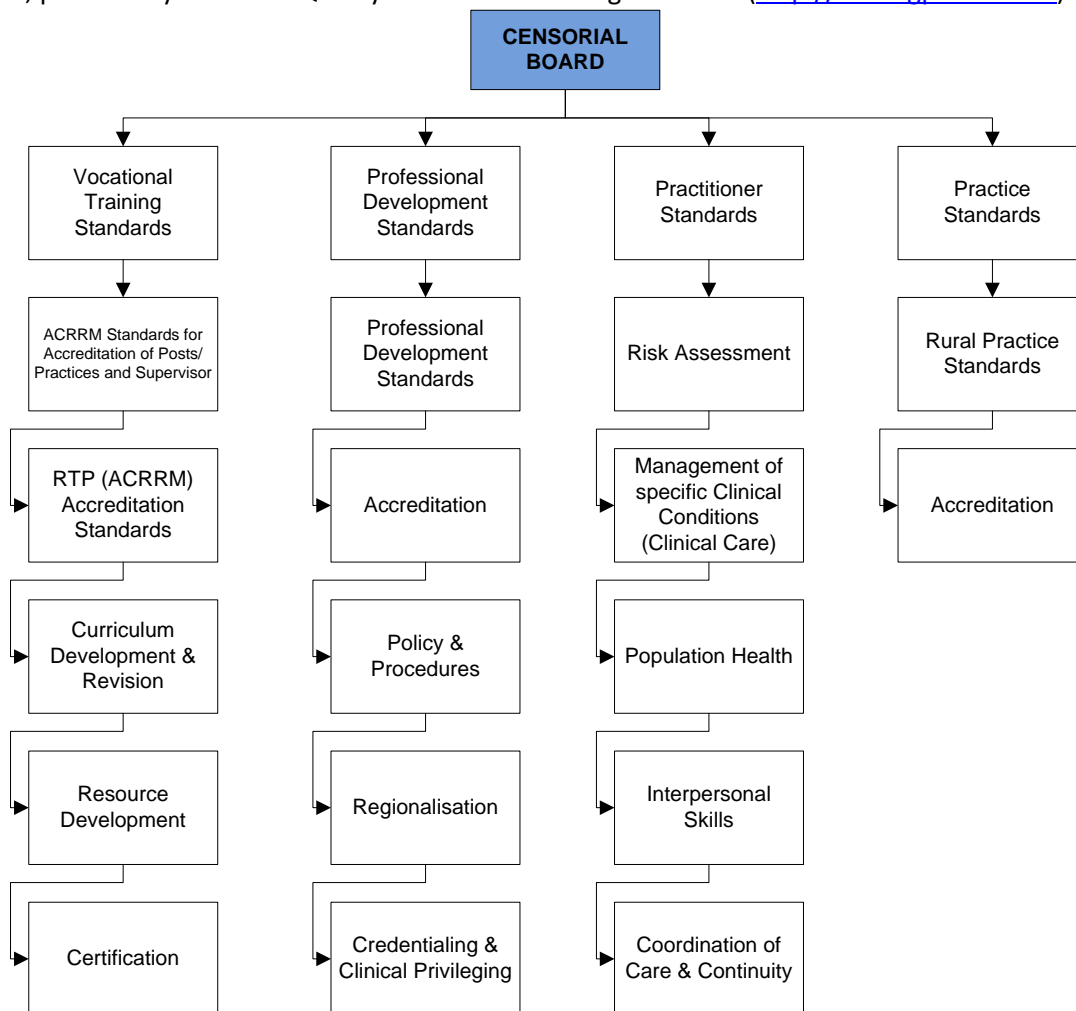
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The Australian College of Rural and Remote Medicine

Standards Framework

The Australian College of Rural and Remote Medicine (ACRRM) is the peak member-based organisation that sets, adjudicates and certifies professional standards for general practice.

ACRRM has established standards to provide training providers and medical practitioners with a framework for educational activities, service delivery and systematic, continuous quality improvement that in turn supports quality care and patient safety. The standards for accreditation of regional training providers (RTPs) have been designed to be implemented nationally in collaboration with the GPET Quality Framework, particularly the GPET Quality Criteria for Training Providers (<http://www.gpet.com.au>).



Education Standards

Education Standards define the knowledge, skills and behaviours to practise safe, independent and comprehensive medicine as a general practitioner with a particular focus on rural and remote practice. The standards are organised according to ACRRM Vocational Training Standards and ACRRM Professional Development Standards.

The ACRRM Vocational Training Standards incorporate all facets of education and training provided up to the point when a doctor becomes vocationally competent to practise unsupervised, general practice capable of working independently and collaboratively in a variety of health settings throughout Australia including rural and remote. The Standards for Accreditation of Regional Training Providers, together with the Standards for Teaching Posts and the ACRRM Curricula form the fundamental framework for the implementation of the ACRRM Vocational Training Program.

The Professional Development Program expresses the College’s standards and reflects requirements for retention of appropriate skills to continue unsupervised independent general practice throughout Australia.

Quality of Care Standards

Quality of Care Standards address the process and outcomes of care provision and the structure in which the care is provided through Practitioner and Post Standards.

Practitioner Standards are determined by four domains of health care provision: management of specific clinical conditions (clinical care and risk management); population health; management of interpersonal skills; and coordination of care. Post Standards relate to the diversity of rural and remote practices and the communities in which they are located, and are flexible reflecting the realities of the local environment.

Overview

Objective

To ensure that training opportunities provided by Regional Training Providers (RTPs) meet the needs of rural and remote registrars and the communities within RTPs geographical region, and are of a standard that meets AMC accreditation standards and GPET standards and ACRRM accreditation standards

Standards for Regional Training Providers

These standards have been designed to establish a basis for delivering educational quality in an education/training programs specifically designed to accommodate the learning needs and special circumstances of FACRRM registrars.

As such FACRRM registrars, who elect to train within the GPET training environment, can be assured of high quality education and training experiences, teaching, supervision, mentoring and support when training with ACRRM accredited RTPs.

RTPs seeking ACRRM accreditation as an endorsed provider of training towards FACRRM, undertake such accreditation as part of the GPET mandatory quality review and accreditation process. The ACRRM standards have been provided to GPET who advise RTPs of the opportunity to be assessed against ACRRM standards as a component of the GPET accreditation process.

The ACRRM accreditation standards are described within the GPET Quality Criteria framework for training providers. They identify the additional ACRRM criteria and indicators over and above GPET requirements for each of the ten criteria below:

- Governance
- Regional and Community Involvement
- Management
- Contracting
- Education and Training - program design, presentation and promotion, delivery
- Supervisor and Medical Educator Involvement
- Registrar Well-Being
- Record Keeping and Certification
- Complaints and Grievances
- Feedback Review and Improvement

This model operates within the regionalised training environment funded by the Commonwealth and auspiced by GPET. It provides ACRRM accredited RTPs with the opportunity to incorporate the FACRRM pathway within their training arrangements under GPET.

Definition of Rural and Remote General Practice

ACRRM defines rural and remote general practice as follows:

Rural and Remote Medicine is the application of the full spectrum of skills and knowledge encapsulated in the medical specialty of general practice. Rural and remote medical practitioners provide comprehensive and continuing medical care for patients, their families and communities. This care is typically provided in private community based practice facilities and hospitals; however it can also occur on roadsides, in remote clinics, jails, Aboriginal medical services or via telephone or e-health systems.

Related ACRRM Standards for RTPs

ACRRM has established the policies, procedures and administrative mechanisms to ensure that ACRRM accredited training providers are supported to provide quality training against ACRRM Standards. The following vocational training standards form the basis for the delivery of training and underpin the ACRRM RTP accreditation standards.

1. The ACRRM Standards for the Accreditation of Training Posts (hospital and community posts)
2. The ACRRM Standards for the accreditation of supervisors and mentors

3. The Standards for the selection and negotiation of education content and clinical placements (the ACRRM Primary Curriculum and ACRRM Vocational Training Handbook)
4. The ACRRM Standards for RTP Accreditation

Accreditation of Teaching Posts and Teachers (Supervisors and Mentors)

These standards have been specifically designed to identify the features of quality learning arrangements within clinical training environments. The standards for teaching posts and teachers (supervisors) are classified through a set of criteria under two main headings:

1. Teaching, Supervision and Mentoring qualifications, experience, commitment to teaching, education, knowledge, skills and attitudes
2. Training Posts: facilities, infrastructure, policies and resources to meet educational outcomes

Each set of standards is described via several criteria, which are underpinned by quality indicators. The criteria define the ideas or related concepts within each of the standards. The indicators provide a means of measuring the evidence of the educational opportunities and processes offered by the post.

Registrars for Fellowship of ACRRM must undertake all training in accredited teaching posts. The College will liaise closely with RTPs, General Practice Education and Training and other education providers to ensure they are aware of the details of accredited teaching posts. Application for accreditation as an ACRRM teaching post is made via the Regional Training Provider.

GPET has communicated with both ACRRM and the RTPs indicating its support for dual accreditation, ensuring that the ACRRM standards as well as those of the RACGP applied to relevant posts.

Teaching posts are assessed by an accredited ACRRM surveyor reporting to the Vocational Training Committee and the RTP.

Following a successful assessment of the post by the ACRRM surveyor an ACRRM accreditation certificate is issued to the post to certify that have been accredited to conduct training for registrars on the ACRRM vocational training program. A comprehensive data base of accredited posts is available through the College website www.acrrm.org.au and its online educational platform www.rmeo.com.

The College is happy to assist posts as well as RTPs seeking ACRRM accreditation. ACRRM will assist in the marketing of the post to new and existing FACRRM registrars nationally and regionally via established networks (including student and junior doctor and RRAPP communities).

Underlying Principles for RTP Accreditation

- The process is underpinned by the Standards for ACRRM Accreditation of Regional Training Providers and the ACRRM Primary Curriculum.
- The process is integrated within the GPET RTP accreditation processes.
- The process is optional for RTPs.
- The process is facilitative rather than punitive, in recognition of the evolving nature of formal training towards FACRRM.
- ACRRM surveyors comply with GPET and ACRRM confidentiality clauses.
- The process is designed to enhance administrative efficiency of the training or practice situations as it impacts on registrars.
- The process supports a clear process of adjudication and appeals that is understood by all parties from the outset.
- The process identifies and provides feedback on documentation and certification of training for the purposes of Fellowship (FACRRM).
- The criteria must have relevance, lack of bias, speed of execution and above all have the interests of the registrar as a first priority.

Using the Standards

Whilst the ACRRM standards have been developed via College internal processes, ACRRM standards for RTPs are implemented as an integrated component of the GPET accreditation process. The ACRRM specific standards are described under the GPET classification system. These specific ACRRM criteria describe the essential additional (albeit related) features which form the basis of the ACRRM accreditation process and the focus for enquiry of ACRRM surveyors.

For each standard there are several criteria, which are underpinned by quality indicators. The criteria define the ideas or related concepts within each of the standards. The indicators provide a means of measuring the evidence of the educational opportunities and processes offered by the training provider. The RTP is able to strive towards best practice in rural and remote general practice teaching by conducting a self-assessment against these ACRRM standards. The external assessment will also form part of this process and is conducted in association with GPET.

Definitions

ACRRM uses the following definitions:

Registrar

A registrar is any doctor training towards Fellowship of ACRRM.

Supervisor

A Supervisor is responsible for the day to day performance of a registrar. The supervisor/registrar relationship forms the cornerstone of the enhanced apprenticeship model of learning in rural and remote general practice.

Supervision involves:

The provision of monitoring, guidance and feedback on matters of personal, professional and educational development in the context of the doctor's care of patients. This would include the ability to anticipate a doctor's strengths and weaknesses in particular clinical situations, in order to maximise patient safety.

Teaching Post

A teaching post refers to the environment in which the registrar trains and works under supervision.. ACRRM does not define a particular business model of practice or type of medical facility in which training can occur. Teaching posts may be any environment which meets these standards.

Where a teaching post is comprised of more than one primary location, for example, a private practice where inpatients in a local hospital are also seen, both locations combine to form the "post".

Standards for Regional Training Provider Accreditation

In addition to meeting GPET's requirements for accreditation of training providers, ACRRM requires a specific focus / orientation on the following criteria as identified by the indicators.

1. Governance

How well is the provider governed as a business entity, in the context of its role as a training provider?

Criterion 1.1

The provider is able to demonstrate that the governing board of directors (or equivalent) is responsibly and competently engaged with its governance role in setting corporate directions, delegating authority, monitoring business and financial performance and overseeing corporate accountabilities.

A demonstrated commitment to training in general practice in rural and remote setting.

Performance Indicators

1. Evidence of the incorporation of the goal of training towards rural and remote medicine in setting corporate direction, monitoring of performance.
2. Evidence of engagement with ACRRM and/or FACRRM educators within the region in the setting of corporate direction.
3. Evidence of the promotion of, and support for training in general practice in a rural and remote setting in strategic planning and positioning.

2. Regional and Community Involvement

How is the provider engaging with the particular needs and circumstances of the region?

Criterion 2.1

The provider is able to demonstrate active engagement with regional circumstances and stakeholders to identify and respond to regional needs.

Performance Indicators

1. Evidence that the RTP has considered rural and remote workforce requirements in the development of its teaching post networks – e.g. procedural skill acquisition etc.
2. Evidence of formal communication mechanisms/structures established with organisations with a regional focus and/or infrastructure which must include but is not limited to: RCS/UDRH, Divisions, RWAs, State Health and Aboriginal Health Services.
3. Evidence of processes / investigations which provide an understanding of the regional, rural and remote needs, opportunities and service requirements of the region (e.g. use of ACRRM's Practice Analysis Kit).
4. Evidence of awareness and responsiveness to local needs at regional levels – e.g. specific educational / program development related to these identified needs (e.g. obstetrics training, occupational health, aboriginal health, management of chronic and complex diseases - diabetes etc).
5. Evidence that the RTP has considered rural and remote workforce requirements of the RTP region, in the development of its teaching post networks – e.g. strategies aimed at building teaching capacity in rural, remote and isolated practices, hospitals, procedural generalist practices and AMSs (where relevant).
6. Evidence of community consultation.

3. Management

How is the provider managing its affairs?

Criterion 3.1

The provider is able to demonstrate an active management system that ensures high quality training delivery, meets corporate accountabilities, and delivers sustainable business performance.

Performance Indicators

1. Evidence of systems which facilitate access to information from FACRRM registrars' files (learning plan, previous educational activity, posts, courses, RPL etc) to regionally distributed Medical Educators, and current supervisors.
 - e.g. evidence of current institutional subscription to ACRRMs knowledge management system RRME0 or
 - evidence of alternative arrangements to facilitate appropriate documentation / certification systems for FACRRM registrars, supervisors, training advisors and RTP administrators.
2. Evidence of distribution and allocation of physical resources to rural and remote nodes.
3. Evidence of commitment to maintaining and building training capacity in rural and remote regions.
4. Evidence of effective communication and support arrangements for staff, registrars and supervisors in rural and remote nodes.
5. Evidence of the RTP s compliance with the ACRRM Vocational Training Standards and post accreditation standards.

4. Contracting

How well does the provider manage its contractual arrangements?

Criterion 4.1

The provider is able to demonstrate effective delivery of contractual obligations to GPET and due diligence in the management and quality assurance of other contractual arrangements.

Performance Indicators

1. Evidence of compliance with ACRRM Standards for Teaching Post Accreditation (Private Practice and Hospital).
2. Evidence that ACRRM accredited training posts and registrars enter into an appropriate arrangement of employment and learning / training opportunities according to the registrars professional abilities and in line with the service requirements and educational opportunities provided by the post. FACRRM registrars, will be expected to participate in oncall, VMO duties and after-hours arrangements.
2. Evidence that the ACRRM accredited post provides appropriate backup for the FACRRM registrar when they are oncall. – EITHER responsibilities of Supervisor (or proxy) documented in relation to Registrar back-up for after-hours, on-call and VMO arrangements) OR the supervisor arranges back-up for the Registrar when the Registrar in on-call, which is documented for and discussed with the Registrar.
3. The registrar, supervisor, and training post are covered by insurance appropriate to the range of services and activities that they are undertaking.

5. Education and Training

How well does the provider manage the design and delivery of training?

Criterion 5.1

The provider is able to demonstrate effective management processes for the design, delivery, monitoring, assessment, review and improvement of vocational training for FACRRM registrars, including compliance with ACRRM vocational training standards.

Performance Indicators

Design, Delivery

1. Evidence of implementation of ACRRM's Vocational Training Standards.
2. Evidence of recognition of the scope of rural and remote general practice regional curriculum implementation and delivery.
3. Evidence of ACRRM accreditation of posts for FACRRM registrars. Accredited posts documented and profiles are available on RRMEO or equivalent.
4. Evidence of integration with regional service providers by accreditation of variety of training posts relevant to the service provision in the region e.g. Hospital, GP, AMS, RFDS posts.
5. Evidence of accredited Speciality, ARSPs or other advanced training opportunities for FACRRM registrars.
6. Adequate provision is made for part-time training and FACRRM registrars are supported in gaining recognition for work done.
7. Evidence of an evaluation framework for monitoring outcomes – covered by GPET 6(h) and (i).
8. Evidence of formal evaluation process including registrar and supervisor survey and evidence of incorporation of informal feedback sessions at education release workshops.
9. Evidence of implementation of GPETs Enhanced Rural Training (ERT) Framework (see LINK).
10. Evidence of long-term planning and allocation of posts to ensure the clinical experience outlined in the ACRRM curriculum (for FACRRM registrars). Consideration of the opportunities for procedural and advanced clinical skill acquisition in both hospital and general practice should be explicitly planned for.
11. Evidence of involvement of FACRRM registrars as VMOs, oncall and in after-hours work in a supported environment where registrars are providing such services as part of their training.
12. Evidence of increasing opportunities for F ACRRM registrars in independent practice and decision making.
13. Evidence of the identification and analysis of rural and remote community health needs, and the development of responsive education to meet those needs. Evidence of consultation with Public Health Organisations / services, Divisions and AMSs.
14. Evidence of strategies to increase ACRRM accredited training posts (hospital and community).
15. Evidence of examples of vertical integration of rural medical education via engagement with organisations (eg, RCS/UDRH, Rural Divisions of GP/Primary Care, and Rural Workforce Agencies and Colleges). This may be demonstrated by activities such as:
 - a. conjoint accreditation of posts and supervisors for Undergraduate and Vocational Training,
 - b. conjoint establishment of exemplary teaching posts for Undergraduate and Vocational Training,
 - c. identification / accreditation of clinical attachments (for procedural upskilling and training), and
 - d. collaborative planning / scheduling of education events and resources.
16. Evidence of collaboration in the development of resources relevant to rural and remote post.
17. Evidence that the RTP develops, documents and disseminates a formal training program for rural registrars which must include, but is not limited to:

- a. out of practice group education facilitated by the RTP. Peer learning workshops (these may be conducted by distance mode as well as face to face modalities),
- b. ECTV schedule,
- c. recommended workshops / courses by other providers (eg Divisions, RWAs, Colleges etc), and
- d. recommended online learning opportunities / modules and/or clinical discussion groups.

Resources

1. Evidence of RTP facilitated access for FACRRM registrars and supervisors to courses appropriate to the Registrar and documented in their learning plan. Registrars may select from the following ACRRM accredited activities and courses:
 - a. (eg EMST, ELS, RWAV's REST, QRMSA Emergency Medicine Week, APLS, PHTLS, NEATS Farm Safety, PHEC
 - b. ACRRM programs: Rural and Remote Medicine orientation workshops, Surgical Skills Workshop, Obstetric Skills Workshop, Radiology and Ultrasound courses, Anaesthetics workshops, Chronic Disease Management, Practice Analysis etc.
2. Evidence of access for FACRRM registrars to relevant resources which will include (unless otherwise exempted by ACRRM Board of Censors:
 - a. access to telephone, fax, internet and email,
 - b. access to a range of clinical resources including key text books, clinical guidelines, relevant journals, electronic databases, training modules,
 - c. access to appropriate information technology / information management resources,
 - d. access to contact details for other support resources such as specialists, and allied health professionals,
 - e. access to RRMEO (CD or online), and
 - f. access to a digital camera and PDA (desirable).
3. Evidence of use of ACRRMs Resources by FA CRRM registrars (e.g., Clinical Protocols, Modules, Practice Analysis Kit). (see Educational Resource Inventory)
4. Evidence of documentation of training certification against ACRRM domains, on RRMEO (or equivalent arrangement) which must include:
 - a. posts undertaken, profiles of posts and supervisors/ mentors,
 - b. supervisors' term reviews,
 - c. completed courses / workshops, online modules,
 - d. ACRRM RPL statement,
 - e. learning diary / log, and
 - f. ECTV reports.
5. Evidence of currency of ACRRM accredited training post profiles (online database) being maintained.

Orientation

1. Evidence of a FACRRM registrar access to an Orientation to Rural and Remote Medicine.
2. Evidence of RTP orientation which includes a specific orientation segment for FA CRRM registrars, FACRRM training advisors and supervisors regarding rational learning plan development, documentation / certification (including diary/log book etc).
3. Evidence of teaching post orientation which must include management, staffing, billing, appointments, hospital work VMO arrangements, nursing home visits, rosters, change over, back up for VMO, after-hours work, facilities, involvement in the community and other health providers.
4. Evidence of hospital post orientation which must include roster details, changeover, educational opportunities, facilities.
5. Evidence of dissemination of information regarding FACRRM to all registrars at RTP orientation.
6. Evidence of allocation of a suitably trained FACRRM training advisor to each FACRRM registrar.

7. Evidence of FACRRM registrar access / orientation to RRMEO.
8. Evidence of FACRRM registrar awareness of ACRRM accredited posts.
9. Evidence of evaluation of orientation processes.

Learning Plans / In Practice Assessment

1. Evidence that the RTP ensures learning plans developed to ACRRM standards. Plans are to be developed by FACRRM registrars in consultation with the FACRRM training advisor / medical educators and supervisors. Plans are documented by FACRRM registrars in their individual learning planner on RRMEO.
2. Evidence of formal training for supervisors, registrars, training advisors and medical educators in developing a learning plan to ACRRM standards (supported by ACRRM).
3. Evidence of referencing to the ACRRM Primary Curriculum / domains in the development of learning plans (FACRRM registrars).
4. Evidence of the opportunity for long-term planning of posts to facilitate achievement of required knowledge, skills and attitudes in relation to procedural and other areas (FACRRM registrars).
5. Evidence of supervisor and medical educator, training advisor review of learning plans.
6. Evidence that RTP ensures in practice assessment conducted to ACRRM standards.
7. Evidence that the RTP ensures learning plans and cumulative records are accessible to registrars, training advisor and current Supervisor via RRMEO or alternate means.
8. Evidence that supervisor term reports regarding FACRRM registrars are documented on RRMEO.
9. Evidence of currency of data in learning plan.

6. Supervisor and Medical Educator Involvement

How does the provider ensure that trainers are competent in their training roles?

Criterion 6.1

The provider is able to demonstrate effective quality monitoring and assurance systems for trainers (RM Supervisors, Mentors, Medical Educators).

Performance Indicators

1. Evidence of application of ACRRM standards for teachers and mentors.
2. Evidence of communication and support arrangements for medical educators and supervisors.
3. Evidence of medical educator access to the Australian Medical Educator Network (AMEN) secure discussion forum.
4. Evidence of medical educator / training advisor and supervisor involvement in strategic planning for the RTP.
5. Evidence of supervisor involvement in program development.
6. Evidence of access to RRMEO training for supervisors of FACRRM registrars, FACRRM training advisors and medical educators (provided initially by ACRRM).
7. Evidence of supervisor and medical educator access to relevant educational resources and professional development opportunities.
8. Evidence of RTP facilitation of supervisor and medical educator attendance (or distance participation) at least one ACRRM education workshops per accreditation period.
9. Evidence of supervisor ME involvement in evaluation processes.
10. Evidence of opportunities for both formal and informal feedback to supervisors.

7. Registrar Well-Being

How does the provider contribute to the well-being of registrars?

Criterion 7.1

The provider is able to demonstrate a commitment to the well-being of RM Registrars and offers effective

support processes.

Performance Indicators

1. Evidence of registrar access to a general Orientation to Rural and Remote Medicine.
2. Evidence of specific orientation for FACRRM registrars regarding learning plan development, documentation / certification (including diary/log book etc).
3. Evidence of teaching post orientation which must include: management, staffing, billing, appointments, hospital work VMO arrangements, nursing home visits, rosters, change over, back up for VMO, after-hours work, facilities, involvement in the community and other health providers
4. Evidence of Hospital Post orientation including roster details, changeover, educational opportunities, and facilities.
5. Evidence of registrar evaluation of orientation processes.
6. Evidence of regular rural Medical Educators, FACRRM training advisor communication with registrars.
7. Evidence of FACRRM training advisor involvement in discussion forum for rural registrars.
8. Evidence of registrar participation and communication with Medical Educators and peers in a variety of educational settings (e. g. online, education releases etc).
9. Evidence that processes are established to support FACRRM registrars and their families in rural and remote placements.
10. There are mechanisms for pastoral support, counselling and monitoring of registrar well-being that must include:
 - a) a documented 'registrar in difficulty' process,
 - b) identified procedures for remediation, and
 - c) a process for identifying problems that might lead to difficulties in special training situations, such as remote placements or practising alone for a period of time.
11. Evidence of access to appropriate cross-cultural training and resources.
12. Evidence of inclusion of safety net discussion in Rural and Remote Medicine orientation with specific information regarding RTP roles and responsibilities as well as the establishment of professional and peer networks.
13. Evidence of involvement of the rural training advisor in GPET remediation processes as they apply to rural registrars.

8. Record Keeping and Certification

How does the provider assure the quality of its record keeping and certification processes?

Criterion 8.1

The provider is able to demonstrate a capable and secure certification process based on accurate and complete records against ACRRM standards.

Performance Indicators

1. Evidence of compliance of the RTP policies with reference to ACRRM Vocational Standards.
2. Evidence of the currency and validity of the information recorded in registrars files.
3. Evidence of completeness of records – which must include: posts, courses, ECTV report, diary / log, supervisor / Medical Educator reviews, and RPL statements.
4. Evidence of application of ACRRM standards for use of RRMEO for FACRRM registrars, supervisors, training advisors / medical educators and RTP staff (where relevant).

9. Complaints and Grievances

How well does the provider handle complaints and grievances?

Criterion 9.1

The provider is able to demonstrate effective processes for handling complaints and grievances, including

mechanisms to obviate preventable causes.

Performance Indicators

1. Evidence that the investigation team (in appeals situations) includes personnel who are cognizant of the context conditions in rural / remote communities.
2. Evidence of documentation and dissemination of Appeals processes.

10. Feedback, Review and Improvement

How well does the provider use feedback and review processes to guide improvements?

Criterion 10.1

The provider is able to demonstrate processes for monitoring, reviewing and improving the quality and performance of its operations.

Performance Indicators

1. Evidence of trainer and registrar feedback (formal and informal).
2. Evidence of allocation of a rural training advisor / mentor to each FACRRM registrar.
3. Evidence of registrar awareness of RTP process for crisis debriefing.
4. Evidence of regular RTP contact with registrars.
5. Evidence of registrars awareness and satisfaction with the mentoring process.

Accreditation Procedure

RTP Accreditation Process

Accreditation of RTPs will be conducted in collaboration with GPET at the regional level to ensure local knowledge, rural input and professional linkages are utilised to the full. Regional Training Providers are invited to register with ACRRM for RTP accreditation.

ACRRMs involvement in this national mechanism for quality assurance process is to ensure that all ACRRM-approved training experiences are consistently conducted to the highest attainable standards with least disruption to the RTP.

ACRRM will value the judgment and experience of its Fellows in conducting assessments of all applications for accreditation; and ensure that the accreditation process provides flexibility to respond to the diversity and nature of a wide range of high quality practice that is conducted in rural and remote Australia.

Steps

1. The RTP registers its interest in ACRRM accreditation with GPET and with ACRRM. The RTP completes a self-assessment against the standards and submits to ACRRM.
2. ACRRM Board of Censors will issue provisional accreditation to those RTPs that satisfactorily demonstrate that they have met the ACRRM standards or have instituted plans to meet requirements. (Via the self assessment).
3. An accreditation visit to the post will then be organised in collaboration with the scheduled GPET visit.
4. A regional accreditation team will visit the RTP to confirm that it complies with the teaching and training standards for ACRRM (or has demonstrated concrete plans to meet ACRRM standards).
5. The RTP surveyor will report to ACRRMs Vocational Training Subcommittee and to GPET. If the RTP meets ACRRM standards, a certificate of full accreditation will be issued approving the RTPs for a period of up to 3 years
6. A grievance and appeals mechanism will be available.
7. ACRRM will publicise and promote with interim and full accreditation to all potential registrars and rural doctors via its national website <http://www.acrrm.org.au> and also on its online educational site <http://www.rrmeo.com>.

For Assistance or More Information

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