



# Fellowship

## VOCATIONAL TRAINING HANDBOOK



## contact details

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## About the Australian College of Rural and Remote Medicine

Australian College of Rural and Remote Medicine (ACRRM) is the peak member-based organisation that sets, adjudicates and certifies professional standards for general practice with a focus on the context of rural and remote medical practice.

The College delivers a comprehensive accredited training and assessment program leading to the award of Fellowship of ACRRM. This award entitles graduates to work in general practice anywhere in Australia. ACRRM also provides a continuing professional development program so that members can maintain certification and build on their skills.

ACRRM's education and training programs received initial accreditation from the Australian Medical Council in February 2007. The Fellowship of ACRRM has also been fully approved for the purpose of certifying vocational recognition as a general practitioner for Medicare purposes.



## Goals of the Vocational Training Program

The aim of ACRRM's Vocational Training Program is to produce Fellows who can function as safe, confident general practitioners, capable of working independently and collaboratively in a variety of health-care settings throughout Australia.

ACRRM's Vocational Training Program has a number of goals for registrars. By completing the ACRRM Vocational Training Program, registrars will:

1. Acquire the skills, knowledge and behaviours to practise safe, independent and comprehensive medicine as general practitioners with a focus on practising in rural and remote communities. This is done by:
  - working in settings which provide exposure to a broad and comprehensive range of experiences relevant to general practice;
  - working with, and being supervised or mentored by general practitioners who are either Fellows of ACRRM or have equivalent qualifications and experience;
  - delivering safe, high quality, cost effective health care within the Australian health system;
  - working with health teams and communities; and
  - engaging in self-directed and supported educational activity which relates to ACRRM curricula.
2. Attain Fellowship of ACRRM by successfully completing the training and assessment pathway requirements.
3. Commit to maintain competency after attaining Fellowship through participating in a structured professional development program.



## Vocational Training Program Overview

The ACRRM Vocational Training Program is a four-year integrated program comprised of three spheres of learning and experience. Registrars can apply to enter the training program after completing one intern year.

### Core Clinical Training (CCT)

12 Months

### Primary Rural and Remote Training (PRRT)

24 Months

### Advanced Specialised Training (AST)

12 Months

## CORE CLINICAL TRAINING (CCT)

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

### Aim

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

CCT provides baseline competencies for safe clinical practice. The registrar will become more proficient and skilful in these competencies as they are applied during Primary Rural and Remote Training (PRRT) and Advanced Specialised Training (AST). Some registrars entering the ACRRM Vocational Training Program may be eligible for recognition of prior learning for this component of training based on their previous experience.

### Timing

CCT may commence at any stage after the first postgraduate year (PGY1) is completed. CCT must be completed before any other training component (PRRT and AST) is commenced.

### Duration

CCT is usually 12 months full-time. This is regarded as the minimum time required for a registrar to encounter the volume of clinical cases and opportunistic learning necessary to assure basic proficiency in the foundations of rural and remote general practice. This time may be extended if a registrar has not had sufficient time in required discipline areas, or is working elsewhere part-time.

### Location

CCT may be undertaken in any state or territory Postgraduate Medical Council (PMC) accredited hospital post, regardless of geographical location. ACRRM may also accredit a post for CCT outside the PMC process.

### Curriculum

The following domains from the *ACRRM Primary Curriculum* are focus areas during this foundation phase of training:

- core clinical knowledge and skills;
- extended clinical practice; and
- emergency care.

## Required Rotations/Terms

A minimum 10-week term in paediatrics is mandatory. Where a registrar is unable to undertake a term in paediatrics during CCT, a plan to obtain this experience in a subsequent training period must be developed and approved by the College. Over the course of total junior doctor experience (PGY1 and 2), the registrar must also have undertaken terms in emergency medicine, general surgery, general internal medicine, obstetrics and gynaecology, and anaesthetics.

Where a registrar undertakes a sub-specialised term in medicine or surgery, its relevance to general practice will be an important consideration in its recognition for CCT. For instance, an ear-nose-and-throat, ophthalmological, or orthopaedic term may be appropriate, but a transplant, neurosurgical or vascular surgery term would not generally be appropriate substitutes.

The College recognises that junior doctors increasingly have access to accredited rural hospital terms offering 'integrated' clinical experience across surgery, internal medicine, emergency care, paediatrics and other disciplines. The College will consider the total mix of experience in specified discipline areas across PGY1 and 2 when evaluating 'integrated' terms. The College should be consulted if an 'integrated' rural hospital term is to comprise more than 26 weeks of CCT.

Community-based primary care terms may be recognised for CCT time, provided that required hospital experience across the specified disciplines is undertaken across PGY1 and PGY2.

## PRIMARY RURAL AND REMOTE TRAINING (PRRT)

**Primary Rural and Remote Training (PRRT)** comprises 24 months experience in ACRRM-accredited rural or remote posts—including hospital, general practice, community, and other posts.

### Aim

The aim of PRRT is to progressively build a registrar's clinical and procedural skills in the rural and remote context. After completing this training period, the registrar will be able to independently provide comprehensive and continuing care for individuals, families, and communities across the primary and secondary care continuum in a rural and remote setting.

### Structure

PRRT must be undertaken in accredited posts in one or more settings. These include private practice, Aboriginal Community Controlled Health Services, the Royal Flying Doctor Service, or small rural hospitals.

### Timing

Registrars can start PRRT any time after completing CCT. PRRT can be undertaken before, after, or while undertaking Advanced Specialised Training (AST).

### Duration

PRRT is usually undertaken over a two-year, full-time period of rural and remote general practice. This is regarded as the minimum time required for a registrar to encounter the volume of clinical cases and opportunistic learning necessary to assure proficiency across all domains of the *ACRRM Primary Curriculum*. This time may be extended beyond two years if the registrar has part-time work.

### Curriculum

By completion of PRRT the registrar must cover the full scope of learning outlined in the *ACRRM Primary Curriculum* (see page 7). Over the course of PRRT the registrar is expected to:

- manage undifferentiated acute and chronic health problems in an un-referred patient population;
- provide continuing care for individuals with chronic conditions;
- undertake preventative activities such as screening, immunisation and health education;
- respond to emergencies, including stabilisation and definitive management as appropriate;
- provide hospital-based secondary care where required;
- deliver obstetric care; and
- undertake a range of population health interventions at the practice and community level.

*The ACRRM Standards for Teaching Posts and Teachers in Rural and Remote Medicine* ensure that the learner is provided with a range of clinical experiences and responsibilities that cover the spectrum of illness, conditions, and situations usually encountered in general practice, particularly in rural and remote settings, including the opportunity to gain experience in emergency medicine and after-hours work.

### Location

PRRT should be undertaken in rural and remote settings designated RRMA 4 to 7. (Some RRMA 3 settings may also be acceptable.) The caveat on geographic location is that the post is, or can be, accredited. *The ACRRM Standards for Teaching Posts and Teachers in Rural and Remote Medicine* sets out the criteria for accrediting posts, ensuring an appropriate rurally-oriented learning environment. For example, a post should provide opportunities for the registrar to take on extended continuity-of-care responsibilities, such as home visits, nursing home visits, hospital visits and other visits outside a community primary medical care practice setting. In exceptional cases, a post in a RRMA 1 or 2 location may meet these standards and can be assessed on its merits. Similarly, not all rural posts can be accredited for the purpose of PRRT.

Learning outcomes and curriculum coverage should be the predominant considerations in planning PRRT time. There is no mandatory period of time that must be spent in a specific business model of medical practice. For instance, registrar learning outcomes for ambulatory primary care need not be obtained in a private practice setting. Small rural hospitals, Aboriginal Community Controlled Health Services, and the Royal Flying Doctor Service may also provide suitable learning opportunities in ambulatory primary care.

### Training Schedule

PRRT can be undertaken at any stage following completion of CCT. Advanced Specialised Training (AST) may precede, follow or be integrated with PRRT, provided that the overall period of training for FACRRM (four years) is not reduced. An intention to undertake integrated training time in a training post, combining the requirements of PRRT and AST, requires prospective approval by ACRRM.

### Australian Defence Force Registrars

ACRRM welcomes Australian Defence Force (ADF) registrars. The skill set defined by ACRRM for general practice is particularly relevant to registrars in the ADF. ADF registrars undertaking FACRRM training are required, where practical, to apply for ACRRM recognition of any deployment time prior to the deployment.

### ADVANCED SPECIALISED TRAINING (AST)

**Advanced Specialised Training (AST)** involves 12 months training in one of ten ACRRM-specified disciplines.

#### Aim

AST provides an opportunity for a registrar to extend skills and knowledge beyond the *ACRRM Primary Curriculum* learning outcomes in one specialised discipline that is relevant to general practice in a rural and remote context. The aim is to ensure that a doctor who attains Fellowship of ACRRM is able to contribute specialised medical services, and work with rural medical colleagues, to ensure that communities are afforded access to a full range of medical services.

AST may be undertaken in **one discipline** from the following:

- Aboriginal and Torres Strait Islander Health
- Adult Internal Medicine
- Anaesthetics
- Emergency Medicine
- Mental Health
- Obstetrics and Gynaecology
- Paediatrics
- Population Health
- Remote Medicine
- Surgery

#### Structure

AST must be undertaken in a post which will provide the appropriate experience in the desired discipline. The key is that the post must afford the registrar the opportunity to meet AST curriculum requirements. Where no curriculum exists, the post must allow the registrar to acquire clinical skills and knowledge that are a clear extension beyond the learning outcomes for that discipline in the *ACRRM Primary Curriculum*.

AST may be undertaken in a metropolitan, rural or remote environment, depending on the discipline chosen.

#### Duration

AST will usually be undertaken as a 12-month full-time period, but may be undertaken part-time, in conjunction with PRRT or integrated with PRRT. Curricula for some disciplines (e.g. obstetrics, surgery, anaesthetics) usually require a continuous 12-month period of immersion in the discipline, whereas curricula for other disciplines may be completed at intervals, with training periods interspersed with other aspects of training.

A registrar must have prior ACRRM approval to undertake AST in any configuration other than in a 12-month continuous period.

### Curricula

ACRRM utilises Joint Consultative Committee (JCC) curricula and training arrangements for, surgery and anaesthetics. Any registrar pursuing a JCC curricula in surgery, or anaesthetics for a 12-month period of advanced training in an accredited JCC post need not obtain prior approval from ACRRM. ACRRM recognises the Advanced Diploma of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists (DRANZCOG Advanced) for the purposes of an AST.

ACRRM has finalised AST curricula for Emergency Medicine and Remote Medicine, curricula for the other five AST disciplines are under development. This does not preclude a registrar from undertaking training in these areas. ACRRM can give prospective approval to completion of an AST discipline if a registrar provides the College with the following:

- a set of learning outcomes for the discipline area, which demonstrate a clear extension beyond the content of the ACRRM Primary Curriculum;
- adequate details of the proposed training post;
- adequate details and documents verifying the registration and qualifications of the proposed supervisor; and
- a clear plan of how the discipline will be assessed, and by whom.

## ACRRM Primary Curriculum

The *ACRRM Primary Curriculum* describes the set of learning outcomes which define competent and confident independent general practice across a full range of healthcare settings throughout Australia, including rural or remote settings. It makes explicit the core learning outcomes for the ACRRM Vocational Training Program, and defines the endpoint (certification) requirements for Fellowship of the Australian College of Rural and Remote Medicine (FACRRM).

The Curriculum provides a single frame of reference for the organisation of clinical experiences and educational

activity that are accessible, assessable, accredited and certified by the FACRRM award. This description of required skill, knowledge and attitudes provides the platform for the development of a robust model of training, supervision and assessment for Vocational Training towards the FACRRM award. This training can then be delivered by ACRRM-accredited Regional Training Providers (via GPET), the Remote Vocational Training Scheme (RVTS), or directly by ACRRM.

These core skills, knowledge and attitudes are organised conceptually within seven domains.

1. Core clinical knowledge and skills.
2. Extended clinical practice.
3. Emergency care.
4. Population health.
5. Aboriginal and Torres Strait Islander health.
6. Professional, legal and ethical practice.
7. Rural and remote context.

For a copy of the *ACRRM Primary Curriculum*, please contact the Vocational Training Team on (07) 3105 8200 or by email [training@acrrm.org.au](mailto:training@acrrm.org.au).

## Mandatory Training Requirements for Fellowship of ACRRM (FACRRM)

Registrars must complete each of the following to be eligible to apply for the Fellowship of ACRRM (FACRRM) Award:

- all formative and summative assessment components;
- required training time in accredited posts;
- four Rural and Remote Medical Education Online (RRMEO) modules; and
- a minimum of two ACRRM approved emergency courses.

## ACRRM Assessment Process

ACRRM's assessment requirements are designed to be a valid and reliable indicator that at Fellowship registrars are able to work as safe, confident and independent general practitioners across a full and diverse range of healthcare settings in Australia, including rural and remote settings. An added benefit of the program is that registrars are able to undertake each assessment component within or close to their local community, minimising costs for travel, accommodation or locum relief.

A registrar's competence in providing high-quality patient care will be determined by collating and cross-referencing the results of the series of carefully selected, credible assessment processes that occur throughout the

training program. Such an approach caters to the variety of learning styles and needs of registrars and enables a registrar to gain continuous feedback on their progress. The information collected from this framework is considered as a whole by the College when determining a final decision on Fellowship.

The assessment components are:

### Formative – monitoring and feedback used to aid learning

- multi-source feedback (MSF)
- mini clinical evaluation exercises (miniCEX) – practice
- multiple choice question (MCQ) practice examination

### Summative – graded assessments

- core competencies procedural logbook
- multi-source feedback (MSF)
- mini clinical evaluation exercise (miniCEX)
- multiple choice question (MCQ) examination
- structured assessment using multiple patient scenarios (StAMPS) examination — a modified OSCE/Viva examination

For more information about the assessment process refer to the *Assessment Components for Fellowship of ACRRM* brochure or visit the ACRRM website at [www.acrrm.org.au](http://www.acrrm.org.au).

## Recognition of Prior Learning (RPL)

Recognition of Prior Learning (RPL) is a process that recognises a registrar's current skills, knowledge and experience regardless of where and when the learning occurred.

ACRRM Fellowship pathways are designed to be flexible and to recognise prior learning and experience, whilst maintaining academic rigour and preserving the integrity of Fellowship status. Registrars are encouraged to apply for RPL where appropriate.

The College will accept applications for RPL at any time during a registrar's training, however, early applications facilitate clear expectations and goals to inform learning experiences and expectations.

Applications for RPL may be submitted upon:

- entry to, or during the training program;
- changing from one Fellowship pathway to another; for example, changing from Fellowship of the Royal Australian College of General Practitioners (FRACGP) to Fellowship of the Australian College of Rural and Remote Medicine (ACRRM); and
- changing training pathways; for example, moving from the Independent Pathway to RVTS.

Generally no more than two years of RPL will be granted to a registrar applying for RPL. There may be exceptional circumstances where the Censor will grant in excess of two years.

### Applications for RPL

Registrars are required to clearly identify how their prior learning and skills meet the learning outcomes of a particular content area defined within ACRRM's Primary or Advanced Curricula. Provision of satisfactory evidence to support that learning/skill is required.

The responsibility for compiling, presenting and substantiating the application rests with the registrar.

An application form can be obtained from the ACRRM website at [www.acrrm.org.au](http://www.acrrm.org.au)

### Experience and Skills considered for RPL

Applications can be based on any combination of formal training, education, work experience and life experience. The following types of skills and experience could be considered for RPL:

1. Prior hospital, general practice or advanced skills/specialist practice, which has been supervised or unsupervised, occurring in metropolitan or rural and remote settings in Australia or overseas;
2. Prior experience gained in overseas postings as part of defence force deployment or voluntary/paid medical aid work; and
3. Prior courses of study, excluding primary undergraduate or graduate medical school training, but including course work completed at a university, medical college or other appropriate institution (deemed by the Censor)

Note: Experience acquired during a registrar's intern year is not recognised for RPL.

### Acceptable forms of Evidence

The following items encompass the types of evidence a registrar may use to support their application for RPL:

- A log of verified clinical experiences obtained by the applicant, with an explanation of how these correlate to the learning outcomes of the relevant content area of the *ACRRM Primary Curriculum* or *Advanced Curricula*;

- A log of educational activities undertaken by the applicant, with an explanation of how these correlate to the learning outcomes of the *ACRRM Primary Curriculum* or *Advanced Curricula*;
- Where an Advanced Curriculum does not exist for an approved area of Advanced Specialised Training, the registrar should demonstrate how the clinical experience and educational activities extended beyond the learning outcomes in the *ACRRM Primary Curriculum*;
- Copies of feedback and assessments undertaken; and
- Copies of conference papers, course outlines, completed clinical audits, publications and testimonials.

### RPL Assessment Process

1. Applications for RPL should be submitted to:  
Vocational Training  
Australian College of Rural and Remote Medicine  
GPO Box 2507  
Brisbane QLD 4001
2. Applications are assessed by the ACRRM Censor for sufficiency, authenticity, currency, validity, reliability and amount/type of RPL to be granted.
3. Registrars are notified in writing of the outcome of their application.

Processing of applications typically takes 3 to 8 weeks. An appeals mechanism is available to unsuccessful applicants for up to 3 months from the date of notification and will be considered in accordance with the College's Appeals Procedure.

## Training Pathways

There are three training pathways which enable a registrar to complete the necessary training and assessment required to obtain Fellowship of ACRRM.

### VOCATIONAL PREPARATION PATHWAY

This model operates within the regionalised training environment funded by the Australian Government and auspiced by General Practice Education and Training (GPET) Limited. The registrar undertakes training towards FACRRM through a Regional Training Provider (RTP) in the Australian General Practice Training program (AGPT).

ACRRM registrars training on the Vocational Preparation Pathway are required to:

- (a) Successfully gain a position and enrol in the AGPT program administered by GPET.
- (b) Complete and submit an ACRRM Enrolment Form.
- (c) Train with an ACRRM-accredited Regional Training Provider, which will provide:
  - (i) a broad range of clinical experience in rural medicine and related specialties in approved training posts and practices;
  - (ii) approved Training Supervisors for each stage of the training program;
  - (iii) a dedicated rural training advisor cognisant of ACRRM's processes and standards;
  - (iv) support in the development of written training goals and a plan for experiential learning;
  - (v) structured learning and assessment opportunities; and
  - (vi) ongoing feedback and review opportunities to gauge training progress.

- (d) Demonstrate achievement of all learning outcomes and training requirements within a four-year full-time equivalent period.
- (e) Successfully complete ACRRM's assessment requirements.

Further information regarding the AGPT Program eligibility criteria, enrolment process, and application forms can be viewed and downloaded at [www.agpt.com.au](http://www.agpt.com.au).

### REMOTE VOCATIONAL TRAINING SCHEME (RVTS)

The Remote Vocational Training Scheme (RVTS) was established in 1999 as a joint training initiative of ACRRM and the RACGP. The Program receives funding from the Commonwealth government and is managed by an independent company, The Remote Vocational Training Scheme Limited.

The RVTS provides vocational training for isolated rural general practitioners who, under ordinary circumstances, could not undertake training except by leaving their communities. Vocational training is delivered almost entirely by distance education.

The *ACRRM Standards for Teaching Posts and Teachers in Rural and Remote Medicine* incorporates criteria and indicators specifically designed for, and applied to, the RVTS. The standards underpin the delivery of the program, which ensures that this structured program broadly replicates the Vocational Preparation Pathway utilising distance education and remote supervision.

ACRRM registrars undertaking the RVTS training pathway are required to:

- (a) Successfully gain a position, and enrol, in the Remote Vocational Training Scheme.
- (b) Train with RVTS, which will provide:
  - (i) clinical experience in rural medicine and related specialties

- in approved training posts and practices;
  - (ii) approved Training Supervisors (using remote supervision) for each stage of the training program;
  - (iii) support in the development of written training goals and a plan for experiential learning;
  - (iv) structured learning and assessment opportunities; and
  - (v) ongoing feedback and review opportunities to gauge training progress.
- (c) Demonstrate achievement of all learning outcomes and ACRRM training requirements within a four-year full-time equivalent period.
  - (d) Successfully complete ACRRM's assessment requirements.

Further information regarding RVTS Program eligibility criteria, enrolment process, and application forms can be viewed and downloaded at [www.rvts.org.au](http://www.rvts.org.au).

### INDEPENDENT PATHWAY

The ACRRM Independent Pathway will suit experienced practitioners who are motivated and prefer self-directed learning. While assessment standards are as rigorous as those in other ACRRM pathways, this pathway is a very flexible way for registrars to meet the requirements for vocational competency in general practice, particularly in rural and remote communities.

To be considered, you must be working in a practice that is, or can be, accredited by ACRRM.

You can apply directly to ACRRM for entry to this pathway. If accepted, you will be responsible for arranging your Medicare provider number, and for nominating your supervisor/mentor prior to starting on the pathway.

As ACRRM receives no government funding or other subsidy for the Independent Pathway, all registrars pay full fee. At the time of publication, registrars were not entitled to direct financial assistance through the Commonwealth's training incentives.

ACRRM generally has one intake per year for the Independent Pathway and places are limited. Shortlisted applicants are interviewed by an expert panel to assess their capacity to successfully complete the pathway.

Recognition of Prior Learning (RPL) can reduce the time taken to achieve the required knowledge and competencies. If you apply for RPL, a formal assessment of your experience will be made after your enrolment in the pathway is confirmed.

ACRRM's online teaching and learning environment is considered one of the world's most advanced and accessible resources for practitioners in rural and remote communities. Independent Pathway registrars will have 24-hour, 7-day access to this resource — called Rural and Remote Medical Education Online (RRMEO) — to learn, train, interact, plan, and record experiences.

Fellowship is not automatically granted on the completion of your training. You need to apply to ACRRM for Fellowship. Please see 'Fellowship of ACRRM (FACRRM) Award on page 12.

## Special Circumstances

### DEFERRAL OF TRAINING

In general, the College expects successful applicants to commence their training immediately after they are accepted. Registrars cannot defer their enrolment unless their training provider (RTP, RVTS or ACRRM) formally approves.

### PART-TIME TRAINING

Registrars are able to undertake training on a part-time basis, subject to ACRRM approval. Training time is calculated and accumulated on a pro rata basis.

### LEAVE FROM THE TRAINING PROGRAM

Registrars seeking extended leave from the training program are required to advise ACRRM in writing before commencing that leave.

## Accreditation of Training Posts

ACRRM's teaching standards ensure educational quality in the College's program. Though rigorous, the application of the standards have the flexibility to accommodate the learning needs and special circumstances of registrars undertaking vocational training in rural and remote work settings.

All vocational preparation must be undertaken in an ACRRM-accredited post or practice. This ensures that registrars on any of ACRRM's vocational preparation pathways will receive high-quality education and training experiences, teaching, supervision, mentoring, and support.

The College will liaise closely with RTPs, GPET, the RVTS, and other education providers, to ensure they are aware of ACRRM's preferred training practices.

A comprehensive database of accredited posts and practices is available through the RRMEO website at [www.rrmeo.com](http://www.rrmeo.com). The database can be searched by town, state, RRMA, institution and type of post.

## Rural and Remote Medical Education Online (RRMEO)

ACRRM has developed an interactive educational platform, Rural and Remote Medical Education Online (RRMEO), to deliver online education resources and to assist registrars to monitor and manage their training.

RRMEO comprises:

- an educational inventory database with access to online modules, training posts and events;
- an extensive range of online learning activities;
- an electronic learning planner to assist in tracking learning activities and monitoring progress;
- an administration management system; and
- a localised customer support system.

ACRRM's online educational modules available on RRMEO have been specifically mapped to the *ACRRM Primary Curriculum*. These modules fulfil the curriculum requirements and are directly relevant to rural general practice. All registrars are required to complete at least four online RRMEO modules during their vocational training.

## Membership of ACRRM

The ACRRM Vocational Training Program requires registrars to be financial Registrar members of the College. Registrars in the Vocational Preparation and RVTS pathways are required to pay a fee to become a Registrar member of the College. For Independent Pathway registrars, fees and charges include College membership for the first year of training.

Registrar membership entitles a registrar to the following benefits:

- copies of ACRRM standards documents, training manuals, curricula and publications;
- 24-hour/7-day access to ACRRM's web-based medical education platform, Rural and Remote Medical Education Online (RRMEO) for medical education, standards, research, training resources, and educational modules;
- access to a personal learning planner to record activities and monitor progress towards learning goals;
- access to clinical guidelines (exclusive to ACRRM members), which can be downloaded from RRMEO to PDAs and computers;
- access to Radiology Online, a web-based advice and education resource for rural and remote medical practitioners. Members enrolled in Radiology Online can submit digital x-ray images to obtain professional feedback, review online cases, peruse a condition index, and access educational resources and discussion forums;
- enrolment in ACRRM's Radiology Program, an approved Radiology quality assurance program for practitioners applying to Medicare Australia for a remote area exemption;
- access to Tele-Derm, an online resource designed primarily to give rural and remote medical practitioners advice on diagnosing and managing skin disease;
- access to Tele-Tox, an online resource designed primarily for rural and remote medical practitioners to gain rapid access to advice on toxinology, diagnosis and management of envenomation in rural and remote general practice settings;
- discount rates to attend ACRRM events;
- opportunities to participate in policy development and representational activities;
- subscription to College newsletters; and,
- 1800 Free call phone access to College staff from anywhere in Australia.

## Fellowship of ACRRM (FACRRM) Award

### Receiving the Award of Fellowship of ACRRM

To receive the Award of the Fellowship of ACRRM, registrars are required to complete all training requirements and make an application for Completion of Training. Submission of the Application for Completion of Training initiates the process to receive the award of Fellowship of ACRRM.

### The Completion of Training Process

1. Registrars are eligible to apply for Completion of Training upon successful completion of:
  - all formative and summative assessment components;
  - required training time in accredited posts;
  - four Rural and Remote Medical Education Online (RRMEO) modules; and
  - two ACRRM approved emergency courses.

*An Application for the Completion of Training* can be obtained from the ACRRM website at [www.acrrm.org.au](http://www.acrrm.org.au)

2. Applications for Completion of Training should be submitted to:
 

Vocational Training  
Australian College of Rural  
and Remote Medicine  
GPO Box 2507  
Brisbane QLD 4001
3. Applications are:
  - assessed by the ACRRM Vocational Training Team;
  - reviewed by the ACRRM Censor and noted for review by the Censor Subcommittee;
  - reviewed by the Censor Subcommittee and recommended for Fellowship of ACRRM;
  - ratified by the Board for Fellowship of ACRRM.

4. Registrars are notified in writing of the outcome of their application.
5. An appeals mechanism is available to unsuccessful applicants for up to 3 months from the date of notification and will be considered in accordance with the College's Appeals Procedure.

Processing of applications by the Censor Subcommittee and ACRRM Board (both of which meet six times a year) typically takes 6 to 10 weeks.

Successful registrars for the Fellowship of ACRRM are added to the College's Vocational Training Register and sent a Fellowship of ACRRM Certificate. Medicare is advised of the registrar's change of status for Vocational Recognition and subsequently issues the new Fellow with an A1 Medicare provider number.

Successful registrars are required to participate in an ACRRM-approved program of ongoing professional development to maintain professional standards and Fellowship status.



