
Policy on Primary Rural and Remote Training

1. Purpose

The purpose of this policy is to outline the ACRRM requirements for Primary Rural and Remote Training (PRRT). It aims to:

- define the PRRT requirements;
- define the required learning outcomes; and
- define acceptable timing of PRRT.

The aim of PRRT is to progressively build a registrar's clinical and procedural skills in the rural and remote context.

2. Related Documentation

This policy should be read with reference to the following related documents:

- Fellowship: Vocational Training Handbook;
- ACRRM Primary Curriculum;
- Recognition of Prior learning policy and guide; and
- ACRRM Standards for Supervisors and Posts.

3. Policy

3.1 Timing and duration

Primary Rural and Remote Training (PRRT) comprises 24 months full-time or equivalent part-time experience in ACRRM-accredited rural or remote posts—including hospital, general practice, community, and other posts. 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 is training on a part-time basis.

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.

3.3 Learning outcomes

On completion of PRRT, the registrar is expected to 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. Over the course of PRRT the registrar is expected to be able to:

- manage undifferentiated acute and chronic health problems in an unreferred patient population;
- provide care to all age groups;
- provide continuing care for individuals with chronic conditions;

- provide extended continuity of care such as home visits, nursing home visits and hospital visits and other visits outside the practice premises;
- 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;
- participate in aspects of practice management including business aspects, quality and safety, time and resource management;
- deliver obstetric (antenatal and postnatal) care;
- undertake procedures in ACRRM Procedural Logbook;
- undertake a range of population health interventions at the practice and community level;
- participate in after hours care; and
- provide culturally secure healthcare to Aboriginal and Torres Strait Islander persons.

3.4 Location

The 24 months of primary rural and remote training must be undertaken in one or more settings that allow the registrar to develop the full scope of abilities described above. In the majority of cases, suitable training posts will be in rural or remote locations. However, some accredited posts may be in urban settings. Key features for determining the suitability of a post or posts are:

- sufficient experience in provision of continuing primary care, acute hospital medicine, after-hours work and population health;
- a broad spectrum of clinical conditions, discipline areas and patient types, including experience in providing care to Indigenous Australians;
- a comprehensive scope of clinical practice (cognitive and procedural), appropriate to the rural and remote setting which has less ready access to specialised diagnostic and referral services; and
- sufficient experience in the rural and remote community context of clinical medicine, professional and personal life.

In many cases, a single rural or remote practice may be accredited as a post that provides the complete package of training experience to support curriculum outcomes. For example, this may be a private rural or remote community general practice with clinical privileges at the local hospital; or a small hospital post that provides both primary and secondary care services; or an Royal Flying Doctor Service (RFDS) or Aboriginal community-controlled health service (ACCHS) post affording similar broad experience. In other cases, a composite accredited 'post' may be put together through employment in more than one practice setting. For example, a community general practice setting may be combined with sessional employment in a nearby rural ED; or an aeromedical retrieval job may be combined with comprehensive primary care in an ACCHS.

As a general guide, sufficient experience in unreferral, ambulatory primary care (initial, continuing, organised and comprehensive care for individuals, families and communities) requires no less than 6 months full-time or equivalent part-time experience over the PRRT period. The College recognises that such experience may be gained in a variety of practice models, including private community general practice, remote community clinics, small hospitals, ACCHSs, RFDS, the Australian Defence Force (ADF) and other settings. Similarly, sufficient experience in outer regional and remote community context requires no less than 6 months living and practicing medicine in a rural or remote community.

The suitability of training post combinations will be reviewed on a case by case basis.

3.5 Flexibility

The College **values flexibility** in training, particularly to support the retention of registrars in a chosen rural and remote community. Flexible solutions for PRRT may be approved by the College for an individual registrar or at a particular location on an ongoing basis. For instance, a remote hospital may provide a series of specialist terms across medical disciplines relevant to rural and remote medicine that might be combined with a community primary care term as a two year balanced package of ‘asynchronous’ PRRT experience. Similarly, periods of overseas experience with the Australian Defence Force, international medical relief organisations or in expedition medicine that is relevant to curriculum outcomes may be credited. A further key consideration in all atypical cases is the **balance of total clinical experience** for the individual registrar that is gained across core clinical training, primary rural and remote training and advanced specialised training phases. Planning is therefore particularly important and this is a core responsibility for the accredited training provider with the registrar (see responsibilities below). Flexible PRRT arrangements will be considered on a case by case basis.

4. Responsibilities

- 4.1 Registrars and Training Providers are required to ensure that during the PRRT time that the registrar works in a post and/or posts that provide a range of clinical experiences and responsibilities that cover the spectrum of illness, conditions, and situations usually encountered in medical practice in rural and remote settings (see above).
- 4.2 Registrars and training providers must ensure that the post is accredited by ACRRM for PRRT.
- 4.3 ACRRM is responsible for processing applications for accreditation of posts in a timely manner and listing all accredited posts on RRMEO.

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