

FELLOWSHIP



ADVANCED SPECIALISED TRAINING

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**ACADEMIC PRACTICE**

Australian College of  
Rural & Remote Medicine  
WORLD LEADERS IN RURAL PRACTICE



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*ACRRM acknowledges Australian Aboriginal People and Torres Strait Islander People as the first inhabitants of the nation. We respect the traditional owners of lands across Australia in which our members and staff work and live and pay respect to their elders past present and future.*

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## Introduction

Fellows of ACRRM receive specialist registration as a general practitioner with the Medical Board of Australia and can practise in any location throughout Australia.

ACRRM's standards and training also prepare doctors to be rural generalists.

A rural generalist is a general practitioner who has specific expertise in providing medical care for rural and remote communities. A rural generalist understands and responds to the diverse needs of Aboriginal, Torres Strait Islander and other rural communities; this includes applying a population approach, providing safe primary, secondary and emergency care as required and providing specialised medical care in at least one additional discipline.

Academic Practice is recognised as one of the additional disciplines in which a rural generalist may undertake Advanced Specialised Training (AST).

Advanced Specialised Training in Academic Practice is a training program that builds on ACRRM Core Generalist Training in Academic Practice.

## Rationale

Academic Practice has been defined as a branch of medicine pursued by doctors and other health professionals who engage in a variety of scholarly activities. While the traditional role of clinical academics is to provide clinical care, undertake research, and teach, academics today may also spend some of their time in managerial and representative roles.

Advanced Specialised Training in Academic Practice is considered a priority for rural and remote general practitioners for a number of reasons:

- as a fundamental element of credibility for any speciality field is a scientific evidence base that justifies the speciality's existence and promotes its contribution to clinical medicine
- to advance practical and theoretical boundaries of rural and remote medicine
- to undertake research projects relevant to the health of people in rural and remote Australia
- to build skills in critical appraisal and evidence-based implementation skills which enables transfer of evidence-based findings from other settings into the rural context
- to enable rural generalists to be trained in rural and remote locations
- to increase availability of rurally relevant education and training health resources.

## Credentials

A rural generalist who has completed the advanced specialised training program in Academic Practice can:

- work in a rurally orientated GP training organisation or university
- lead and contribute to rural research
- train and assess rural students and registrars
- develop educational resources
- contribute to curriculum, policy and standards development.

## Eligibility

Prior to undertaking this training, candidates must meet the following criteria:

- satisfactory completion of 12 months Core Generalist Training component of ACRRM Fellowship training or
- have completed postgraduate year two for those doctors who are not in Fellowship Training.

There is an assumption that candidates already have core generalist Academic Practice knowledge and skills, as outlined in the Rural Generalist Curriculum.

## Training

Advanced Specialised Training in Academic Practice requires a minimum 12 months full time or equivalent part time training in an ACRRM accredited training post. The training may be undertaken in two or more blocks or concurrently with Core Generalist Training.

Training will usually integrate academic practice experience with clinical practice experience, with approximately 50% in each practice area. Candidates seeking to undertake full time academic practice must seek permission from the College in advance.

## Education

Registrars are expected to average a minimum of four hours per week engaged in educational activities related to the AST. A record of education must be kept by the registrar and discussed with the Supervisor and Medical Educator regularly throughout training.

Registrars participate in education sessions provided by the training post related to research and clinical education.

Other education activities may include attending conferences or completing practical courses such as Train the Trainer, Teaching on the Run, Teach the Teacher. The courses will be discussed with and guided by the Academic Supervisor.

## Academic qualifications

Registrars undertaking Advanced Specialised Training in Academic Practice are generally working towards or have completed related academic qualifications. Possible courses include any Master of Public Health (MPH) programmes, particularly those incorporating a research component, and a range of other options, such as:

- Masters of Clinical Education by Flinders University
- Masters of Rural and Remote Medicine by James Cook University
- Graduate Diploma of Rural and Remote Medicine by James Cook University
- Masters of Health Professional Education by James Cook University
- Masters of Clinical Leadership by University of Tasmania
- Masters of Health Professional Education by Monash University

## Assessment

The assessments required for Advanced Specialised Training are additional to the assessments undertaken for Core Generalist Training.

Registrars must submit to their training organisation and ACRRM:

- AST Plan and Progress Report completed by registrar and supervisor every three months
- Academic supervisor reports with project proposal and completed project
- Report on the observation and feedback of five teaching/assessment activities (comparable to miniCEX requirement, for academic activities)

### Project

Registrars must successfully complete a Project, during the AST, that relates to Academic Practice.

Projects are a substantial piece of original work done by the registrar. Options for projects may include:

- research and development of a practical resource
- a research project that contributes to current knowledge in a particular discipline and relating to key learning objectives in the specific curriculum.

The academic standard expected for a completed project is at or near master's Level.

All projects will require ethics approval. A candidate's project proposal and academic supervisor's report including details of ethics approval must be submitted to the College for review and approval by the Censor in Chief **before commencement** of the actual project.

Completed projects must include submission of a piece of assessable written work of approximately 4000–5000 words in length.

See the Fellowship Assessment Handbook for further information on the project requirements.

## Training posts

Training for the Advanced Specialised Training year in Academic Practice must take place in accredited placements that combine academic practice (teaching and research) with a clinical practice. This will generally require working in two or more posts. An appropriate post or combination of posts must be prospectively accredited by ACRRM.

Suitable posts for the academic practice component may include:

- General practice training organisation
- Rural Clinical School
- University

The clinical practice may be undertaken in any ACRRM accredited Core Generalist Training Post, or other posts as approved by ACRRM.

See Supervisor and Training Post Standards for further information.

## Supervision

Candidates undertaking AST in Academic Practice will require specific medical, professional and personal support and supervision arrangements.

This will include at least one:

*Specialist supervisor* – who is overall responsible for the clinical supervision of the registrar.

The specialist supervisor will usually hold a Fellowship with relevant qualifications and experience.

*Academic supervisor* - a doctor who is overall responsible for the academic supervision of the candidate and assists the candidate with the Academic Practice project.

The academic supervisor will hold an academic tertiary qualification and may hold a medical qualification.

See [Supervisor and Training Post Standards](#) for further information.

## Competencies

Rural Generalist competencies are grouped under the eight domains of rural and remote practice. They describe the key competencies that are required in each context of practice. They are described in the [Rural Generalist Curriculum](#).

The seventh domain includes the competencies in academic practice that are required to be met by all Rural Generalists prior to Fellowship.

The table below describes the competencies and the standard required in Core Generalist and Advanced Specialised Training.

Competencies		Core Generalist	Advanced Specialised
7.5	Participate in quality and safety improvement and risk management activities	<p>Facilitates root cause analysis and debriefing of colleagues following critical incidents</p> <p>Establishes and reviews processes to improve safety</p> <p>Undertakes regular audit and improvement activities</p> <p>Facilitates institutional quality and safety improvement and risk management activities</p>	Performs and presents clinical audit through: case finding, collecting data in an ethical manner, statistical analysis of data, identifying and implementing change, and monitoring
7.6	Teach and clinically supervise health students, junior doctors and other health professionals	<p>Works with peers and juniors to identify learning needs and develop and deliver an appropriate teaching session</p> <p>Acts as a supervisor with the support of more senior doctor</p>	<p>Has a comprehensive understanding of academic principles of teaching and learning, clinical supervision and assessment of academic performance</p> <p>Uses a structured approach to teach a skill or procedure</p> <p>Evaluates quality of teaching and learning for medical students, candidates or health professionals</p> <p>Provides direct and distance clinical supervision and support for other rural and remote health care personnel</p> <p>Understands the principles of feedback and assessment in clinical practice</p>
7.11	Critically appraise and apply relevant research	<p>Incorporates evidence-based decision making into clinical practice</p> <p>Plans and leads small research and quality improvement activities</p>	<p>Supports learners to develop their critical appraisal skills of the literature and other relevant information</p> <p>Plans and undertakes research and quality improvement activities</p> <p>Undertakes literature searches</p>



# Syllabus

The Core Generalist Training knowledge and skills for academic practice required by all rural generalists are defined in the Rural Generalist Curriculum. The Advanced Specialised Training academic practice knowledge, skills and attributes that build on this core are described below.

## Knowledge

- AS.K.1 Describe common qualitative methodologies, for example case study and action research
- AS.K.2 Discuss qualitative data collection techniques eg: surveys, focus groups, stakeholder consultations, key informant interviews
- AS.K.3 Describe common qualitative data analysis techniques such as thematic analysis, grounded theory
- AS.K.4 Describe and critique a common quantitative clinical research method, eg: cohort studies, case-control studies and randomised control trials
- AS.K.5 Explain statistical tests and terminology, eg: sensitivity and specificity: positive and negative predictive values: odds, risk and rate ratios: Chi squares, t-tests, p values
- AS.K.6 Describe key concepts including study power, numbers needed to treat, false positive and false negative, statistical versus clinical significance
- AS.K.7 Illustrate processes involved and the expected outcomes of a critical incident review
- AS.K.8 Describe illness through a biopsychosocial theoretical framework
- AS.K.9 Discuss safety, privacy and confidentiality of participants in your patient care, clinical teaching and research
- AS.K.10 Understand the range of ethical issues that arise in conducting research and the key factors for best practice in research ethics
- AS.K.11 Access, interpret and critically evaluate information pertaining to your learning needs from your specialty associations and colleagues, and specialty research journals, reference books, meetings and electronic databases
- AS.K.12 Discuss key (milestone) research undertaken on rural and remote medicine and rural health issues, including:
  - appreciate what use this research has served
  - appreciate how such research findings can influence government policy and medical training
- AS.K.13 Discuss the nature and scope of current research activities pertaining to rural and remote general practice, including:
  - workforce models
  - recruitment and retention
  - education/training
  - clinical improvements and innovations
  - psychology and sociology of rural communities

- AS.K.14 Explain the role of research and clinical audit against context-relevant benchmarks in the continuous quality improvement of a rural/remote medical practice

## **Skills**

- AS.S.1 Support learners to access appropriate and current sources of information in response to clinically generated primary care questions
- AS.S.2 Support learners to develop their critical appraisal skills of the literature and other relevant information to assist in decision making related to patient management
- AS.S.3 Apply a working knowledge of mixed methods research relevant to your research question, including at least one qualitative method
- AS.S.4 Communicate effectively the results of relevant research to peers, learners and the community in terms that can be easily understood
- AS.S.5 Undertake a literature search of relevant medical information sources, including online databases, Cochrane Collaboration articles and journal publications relevant to rural and remote medicine
- AS.S.6 Communicate effectively the results of relevant research to peers and colleagues for example within the context of a journal club or clinical meeting
- AS.S.7 Use self-reflection and personal practice audit, to document and evaluate the efficacy of changes made in your own clinical teaching performance and patient care
- AS.S.8 Perform and present clinical audit through: case finding, collecting data in an ethical manner, statistical analysis of data, identifying and implementing change, and monitoring progress
- AS.S.9 Manage patient privacy issues relating to clinical audit data storage and communication
- AS.S.10 Participate in and use the results of case presentations in which the learner has a clinical role, as a basis for identifying steps leading to improvements in their clinical performance
- AS.S.11 Use questioning and role modelling to challenge learners to develop the predisposition and skill of self-assessing their own performance as a basis for defining their learning needs, and for identifying opportunities inherent in everyday clinical practice
- AS.S.12 Analyse learner's errors (near misses or adverse events) using root cause analyses, and ensure learning from an event through discussion in a non-punitive environment
- AS.S.13 Set aside time to incorporate learning into worktime, and identify key professional groups, conferences and professional journals you will subscribe to
- AS.S.14 Define the outcomes (knowledge, skills and attitudes) that would be expected of a learner at the end of an education session, outcomes that consider the current knowledge level of the learner, their curriculum needs, their motivation, and capacity to learn, and their social and cultural background
- AS.S.15 Use a structured approach to teach a skill or procedure to a medical student, which includes explanation, then demonstration, then observation of performance and feedback
- AS.S.16 Facilitate clinical simulation including development of an emergency scenario, providing clinical oversight and facilitating the debriefing process
- AS.S.17 Develop written or online resources for patients, learners and/or the community on common problems or investigations, using clear, concise and appropriate language

and a degree of complexity that ensures patients and learners in the health field understand and are informed

- AS.S.18 Support clinicians to develop plans for a medical student's or junior colleague's clinical attachments that include an orientation, scheduled learning opportunities and sessions, and involvement in supervised patient care
- AS.S.19 Support clinicians to reliably assess juniors when required, by effective implementation of assigned assessment tools, observing performance, and recording honest and fair judgments of their performance and giving effective feedback
- AS.S.20 Provide resources to accompany presentations to learners (students, peers, other staff, and patients) that are clear, factually correct, up-to-date, relevant, and at a level appropriate for the learners
- AS.S.21 Evaluate quality of teaching and learning for medical students, candidates or health professionals
- AS.S.22 Engage with community members to assess health service needs and gaps which may be amenable to appropriate research activities, and include suitable community agencies and individuals in the research process
- AS.S.23 Demonstrate the principles of respectful engagement of disadvantaged and culturally diverse groups in setting research and education priorities
- AS.S.24 Demonstrate respect for self-determination through the development of meaningful research partnerships and active contribution of community
- AS.S.25 Draw on a global view of evidence to develop locally responsive health education solutions
- AS.S.26 Consciously develop your mentoring strategy, including setting aside time for mentoring
- AS.S.27 Provide feedback which: identifies strengths and areas of improvement, relates to expected learning, is timely, specific, descriptive, detailed and honest, and includes guidance for improvement
- AS.S.28 Provide advice and guidance to others with respect to issues such as: short term learning issues, what it is like to be a registrar and long-term career goals
- AS.S.29 Take a leadership role in developing and nurturing a '360-degree team' strategy for the formative and summative assessment of yourself and others
- AS.S.30 Provide direct and distance clinical supervision and support for other rural and remote health care personnel
- AS.S.31 Use distance learning technologies in education, such as videoconferencing and asynchronous web-based programs

## **Attributes**

- At.1 Accountability
- At.8 Honesty
- At.12 Patience

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