



Core Clinical Training

Standards for Supervisors
and Teaching Posts



FELLOWSHIP

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



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1. Overview of the ACRRM Vocational Training Program

The Australian College of Rural and Remote Medicine (ACRRM) is one of two medical colleges in Australia accredited to determine and uphold the standards that define and govern competent independent medical practice in the specialty of general practice. ACRRM is particularly focussed on standards that apply to appropriate and safe practice in rural and remote contexts. The ACRRM Vocational Training Program is a four-year integrated program of clinical learning and experience. All training must take place in accredited posts. Registrars can apply to enter the training program after completing one intern year.

The program consists of three stages of learning and experience:

- Core Clinical Training (CCT) involves a 12-month experience in an accredited metropolitan, regional, or rural hospital.
- Primary Rural and Remote Training (PRRT) involves 24 months experience in ACRRM-accredited rural or remote posts including hospital, general practice, community, and other posts.
- Advanced Specialised Training (AST) involves at least 12 months experience in one of ten ACRRM-specified disciplines.

ACRRM training pathways

There are three pathways to achieve Fellowship of ACRRM:

- The Vocational Preparation Pathway (VPP) is delivered by Regional Training Providers in the Australian General Practice Training program.
- The Remote Vocational Training Scheme is delivered by Remote Vocational Training Scheme (RVTS).
- The Independent Pathway is delivered by ACRRM.

2. Core Clinical Training

Over the course of total junior doctor experience (PGY1 and 2), the registrar must have undertaken terms in:

- general surgery;
- general internal medicine;
- obstetrics and gynaecology;
- paediatrics;
- anaesthetics; and
- emergency medicine.

Terms in accredited rural hospitals offering 'integrated' clinical experience across surgery, internal medicine, emergency care, paediatrics and other disciplines can count towards Core Clinical Training requirements. In such situations the total mix of experience in specified discipline areas across PGY1 and 2 needs to be considered.

The majority of Core Clinical Training should be completed prior to entering Primary Rural and Remote Training.

3. Core Clinical Training Posts

This document contains the Standards for Supervisors and Teaching Posts in Core Clinical training. These standards are based on the Confederation of Postgraduate Medical Education Councils (CPMEC) Prevocational Medical Accreditation Framework for the Education and Training of Prevocational Doctors 2009.

Separate ACRRM standards apply to teaching posts and supervisors for Primary Rural and Remote Training and each of the Advanced Specialised Training disciplines.

Training for the Core Clinical Training must be undertaken in a hospital accredited by the state or territory Post Graduate Medical Council or be accredited by ACRRM against the standards contained in this document.

Hospitals holding a Post Graduate Medical Council accreditation for some but not all terms/rotations may seek accreditation for the remaining Core Clinical terms for example anaesthetics. In this situation the hospital term would be only required to demonstrate meeting Standard 6.3 Hospital Term or Discipline.

4. The Accreditation Process

Accreditation of ACRRM supervisors and teaching posts is conducted at the regional level in conjunction with a training provider and ACRRM.

The steps involved in the accreditation of an Core Clinical Training Post are as follows.

1. The prospective teaching post conducts a self-assessment against the standards and submits a written application form to the regional training provider.
2. The training provider submits the completed application form to ACRRM.
3. ACRRM issues provisional accreditation for a period of 12 months if the post satisfactorily demonstrates in the written application that it has met the ACRRM standards. Posts with provisional accreditation can train registrars.
4. The training provider schedules a visit to the post within 12 months.
5. The Regional Training Provider will submit the surveyor report to ACRRM and, if satisfactory, a certificate of full accreditation will be issued approving the teaching post and supervisor/s for a period of up to three years.
6. A grievance and appeals mechanism is available if needed.
7. ACRRM publicises practices with provisional and full accreditation to all potential registrars and rural doctors via its on online education site www.rmeo.com.

5. Definitions

ACRRM uses the following definitions.

Registrar

An ACRRM registrar is any doctor training towards Fellowship of ACRRM.

Supervisor

A supervisor is the doctor responsible for the day to day performance of a registrar. The supervisor-registrar relationship forms the cornerstone of the enhanced apprenticeship model of learning.

Supervision involves providing 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. A teaching post may be comprised of one or more sites that meets these standards.

6. Standards for Core Clinical Training Posts

Hospitals seeking accreditation as a Teaching Post for ACRRM Core Clinical Training are required to meet all the standards and criteria outlined in this document.

Hospitals holding a Post Graduate Medical Council accreditation for some but not all terms/rotations may seek accreditation for the remaining Core Clinical terms for example anaesthetics. In this situation the hospital term would be only required to demonstrate meeting Standard 6.3 Hospital term or discipline.

6.1 Criterion 1: Governance Standards

Governance, organisation and administration of the training and education programs should include:

Indicator	Description
6.1.1	An organisational structure with appropriately qualified staff, sufficient to meet the objectives of Core Clinical Training. This includes access to educational support personnel to plan, organise and evaluate the education and training.
6.1.2	A delegated manager with executive accountability for training.
6.1.3	An oversight committee which is resourced and empowered to ensure that institutional policies for training are developed and implemented. The committee will have representation from all medical education stakeholders including registrars.
6.1.4	Provision of appropriate balanced clinical exposure and non-clinical educational opportunities for registrars.
6.1.5	Support for all personnel involved in the training program with evaluation of teaching performance where appropriate.
6.1.6	Appropriate planning and resources to support current and future needs of the training and education program.
6.1.7	Systematic communication protocols between units, facilities and networks to optimise outcomes of education and training programs.
6.1.8	<p>Documented policies and procedures to manage workload, welfare, safety and substandard performance.</p> <p>This should include policies for:</p> <ul style="list-style-type: none"> • Attendance at Facility Education Programs and release from duties • Supervision • Orientation • Ward call • On call • Assessment • Remediation • Registrar wellbeing • Governance of training • Procedures <p>This should include procedures for:</p> <ul style="list-style-type: none"> • Rostering • Accessing professional development opportunities • Feedback • Term evaluation

6.1.9	Compliance with relevant national, state or territory laws and regulations pertaining to junior doctors.
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6.2 Criterion 2: Training Program

The training and education program will have the following features.

Indicator	Description
6.2.1	A Director of Clinical Training or equivalent with responsibility for quality of training who works in collaboration with unit and term supervisors.
6.2.2	A structure incorporating learning objectives and clinical experiences consistent with ACRRM Core Clinical Training requirements.
6.2.3	A flexible, accessible training program, delivered in paid time.
6.2.4	Consistent with best practice educational principles including : <ul style="list-style-type: none"> • a mixture of didactic and experiential learning • opportunities to practice skills and receive feedback • self-reflection activities
6.2.5	Easy access to educational resources including: <ul style="list-style-type: none"> • a library with up to date journals, reference books and the ability to conduct inter-library loans • 24 hour internet access • access to printer at all times • designated skills area
6.2.6	A programmed orientation to both the facility and to the current unit.
6.2.7	Supervision by qualified medical staff with appropriate competencies, skills, knowledge, authority, time and resources to participate in training or orientation programs.
6.2.8	Assessment processes applied equally to all registrars that occur at appropriate intervals including observation of clinical skills.
6.2.9	On-going evaluation of the training program both at facility and unit level, including collection of feedback from registrars and their supervisors. This data should be used for continuous improvement.
6.2.10	Professional development activities to provide staff involved in training with opportunities to support the quality and development of training.
6.2.11	Consideration of the welfare of registrars as it impacts on their education and training.

6.3 Criterion 3: Hospital Term or Discipline

The hospital term will have the following features:

Indicator	Description
6.3.1	Offer generalist rather than subspecialist skills in one of the required terms for Core Clinical Training: emergency medicine, general surgery, general internal medicine, obstetrics and gynaecology, anaesthetics, or paediatrics.
6.3.2	Supervisors have an awareness of core clinical skills and knowledge required in ACRRM training as outlined in the ACRRM Primary Curriculum.
6.3.3	Provide appropriate quality, quantity and scope of clinical experience to enable registrar to develop competence in clinical activities appropriate to that term.
6.3.4	Facilitate procedural skill development and certify procedures in the ACRRM Procedural Skills Logbook.
6.3.5	Provide a comprehensive ward orientation and handover prior to commencement of clinical duties.
6.3.6	Supervisor and registrar collaboratively develop a learning plan for the term.
6.3.7	Provide a range of formal and informal learning opportunities such as case presentations, tutorials, skills workshops, grand rounds, audit meeting.
6.3.8	Roster allows for participation in education activities.
6.3.9	Each term has an allocated term supervisor with appropriate skills, knowledge, competencies, time and resources.
6.3.10	Registrar is provided with a list of the additional supervisors within that term. The list should include the supervisors current appointment e.g. VMO.
6.3.11	Appropriate level of supervision is provided whenever the registrar is working including when on-call.
6.3.12	Supervisor provides at minimum midterm and end of term feedback to the registrar. Feedback will include input provided by all doctors observing doctors performance.