



# Rural Generalist Term

Standards for Supervisors  
and Teaching Posts



JUNIOR DOCTOR

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



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# The Australian College of Rural and Remote Medicine

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.

## Introduction

This document contains the Standards for Supervisors and Teaching Posts for Junior Doctor Rural Generalist Terms. These standards define the characteristics required of supervisors and posts in order to engage in training a junior doctor undertaking a rural community primary care or rural hospital term.

Junior Doctor urban hospital terms are accredited under separate standards by the relevant state or territory [Post Graduate Medical Council](#).

Separate ACRRM standards define the characteristics required of supervisors and posts in order to engage in ACRRM training during the Primary Rural and Remote and Advanced Specialised stages of training.

## Purpose

The standards have been designed to ensure that posts provide:

- safety for patients and junior doctors
- a teaching and learning environment for junior doctors and
- appropriate experience against the ACRRM Junior Doctor Core Clinical Training Curriculum and the Australian Junior Doctor Curriculum Framework.

Healthcare facilities and supervisors can use these standards for self-assessment prior to applying for accreditation, and also to inform the official accreditation application and assessment process.

## Using the Standards

The standards are grouped into standards for supervisors and standards for teaching posts. Under these two sections there are subsections and a set of standards for each as outlined below. Some standards have explanatory notes to provide additional guidance.

## Supervisors

The standards for supervisors contain criteria relating to:

- qualifications, experience and attributes
- commitment as a supervisor and
- commitment as a teacher.

## Teaching posts

The standards for teaching posts contain criteria relating to:

- clinical learning opportunities
- training resources
- clinical and office equipment
- orientation
- organisational management and
- evaluation of training within the post.

## The Accreditation Process

Accreditation of ACRRM supervisors and teaching posts is conducted at the regional level in conjunction with training organisations; including Regional Training Organisations, training hubs, hospital networks or individual hospitals.

Processes may differ from place to place but the following general steps apply for the accreditation of a supervisor and/or teaching post.

- The prospective teaching post conducts a self-assessment against the standards and contacts their local training organisation to discuss an interest in training.
- The local training organisation assesses the need for additional teaching posts and assesses the supervisors and teaching post against the standards.
- Supervisors and teaching posts deemed by the local training organisation to be suitable and to meet the standards are recommended to ACRRM for accreditation.
- ACRRM awards accreditation and specifies any restrictions that apply.
- Supervisors and posts may initially be awarded provisional accreditation for up to 12 months. Once accreditation is awarded the total accreditation period is for three years.
- The local training organisation provides orientation, training, support and monitors the teaching post.
- ACRRM publicises teaching posts on the ACRRM website, the information provided includes the name of the post, address and contact details.
- A grievance and appeals mechanism is available through the training organisation and [ACRRM](#).

## **Definitions**

ACRRM uses the following definitions in this document:

### **Standards**

When used in this document 'Standards' will refer to the Standards for Supervisors and Teaching Posts in Junior Doctor Rural Generalist Terms.

### **Junior Doctor**

When used in this document junior doctor is doctor who is in the first few years of their medical career in Australia. This includes doctors graduating from an Australian medical school or an international medical graduate entering Australia. The junior doctor may have provisional/limited registration or general registration.

### **Supervisor**

A supervisor is a doctor who provides supervision for registrars. This includes providing monitoring, guidance and feedback on matters of personal, professional and educational development in the context of the doctor's care of patients.

Junior doctors will have a number of types of supervision, each with different responsibilities. The types of supervisors are described below.

#### Clinical Training Coordinator

The Clinical Training Coordinator is responsible overall for ensuring that the junior doctor is adequately supervised during all junior doctor terms. The Clinical Training Coordinator is usually the Director of Medical Services (DMS) or Director of Clinical Training (DCT).

#### Principal Supervisor

A Principal Supervisor is accredited by ACRRM and is responsible for ensuring adequate supervision when the junior doctor is undertaking the Rural Generalist Term.

#### Additional Supervisor

An Additional Supervisor is a doctor with three or more years post graduate experience, who provides supervision for the junior doctor when the Principal Supervisor is not accessible.

### **Accredited teaching post**

A teaching post refers to the accredited environment in which the junior doctor trains and works under supervision.

# **1. Standards for Supervisors**

## **1.1 Clinical Training Coordinator**

The Clinical Training Coordinator has overall responsibility for ensuring that the junior doctor is adequately supervised during all junior doctor terms.

### **1.1.1 Qualifications, experience and attributes**

Clinical Training Coordinators have appropriate qualifications, experience and attributes.

- 1.1.1.1 The Clinical Training Coordinator is usually the Director of Medical Services (DMS) or Director of Clinical Training (DCT).
- 1.1.1.2 The Clinical Training Coordinator does not require accreditation by ACRRM.

### **1.1.2 Commitment as a Clinical Training Coordinator**

Clinical Training Coordinators demonstrate commitment to the role.

- 1.1.2.1 Clinical Training Coordinators ensure that the junior doctor has the pre-requisite skills to undertake the Rural Generalist Term.
- 1.1.2.2 Clinical Training Coordinators ensure that an accredited Principal Supervisor is available.
- 1.1.2.3 Clinical Training Coordinators ensure that the junior doctor is prospectively provided with relevant information about the term.
- 1.1.2.4 Clinical Training Coordinators ensure that the Principal Supervisor has contact details of whom to contact if concerns arise during the Rural Generalist Term.

## **1.2 Principal Supervisor**

The Principal Supervisor is responsible for ensuring adequate supervision when the junior doctor is undertaking the Rural Generalist Term.

### **1.2.1 Qualifications, experience and attributes**

Principal Supervisors have appropriate qualifications, experience and attributes for ACRRM accreditation.

- 1.2.1.1 Principal Supervisors hold current Specialist or General registration with the National Medical Board of Australia, without any imposed restrictions, conditions, or limitations.

1.2.1.2 Principal Supervisors are a Fellow of ACRRM or have other relevant experience and qualifications (see appendix1).

1.2.1.3 Principal Supervisors have not less than five years full-time experience in rural or remote general practice or other relevant rural or remote specialist practice.

The following experience may be counted as rural:

- experience in a rural or remote environment classified MMM 4-7 or MMM 3 on a case by case basis
- rural and remote experience during vocational training
- experience in a location that was rural when the doctor worked there but is no longer considered rural
- comparable overseas rural or remote experience.

1.2.1.4 Principal Supervisors demonstrate completion of their College professional development program for the previous triennium and active participation in activities for the current triennium.

1.2.1.5 Principal Supervisors participate in supervisor training and other activities to further develop supervision, teaching and mentoring skills.

- This involves attendance at supervisor or teacher training. Examples may include workshops, online clinical forums, courses or conferences.
- The training may be provided by relevant organisations such as General Practice training organisations, hospitals, the College, other Medical Colleges or universities.

1.2.1.6 Principal Supervisors are appropriate role models, exhibiting a high standard of clinical competence, and professional values in relation to patient care.

1.2.1.7 Principal Supervisors possess personal attributes suitable to undertaking a supervisory role, including:

- well developed communication and interpersonal skills
- self awareness
- open mindedness
- reliability
- being innovative, resourceful and flexible
- an understanding of their own limitations with the ability to refer on when necessary.



## **1.2.2 Commitment as a Principal Supervisor**

Principal Supervisors demonstrate commitment to the role.

- 1.2.2.1 Principal Supervisors demonstrate an understanding of the supervision requirements for junior doctors and ensure that the junior doctors are supervised appropriately at all times during the Rural Generalist Term to ensure patient safety and adequate apprenticeship-style learning opportunities.
- 1.2.2.2 Principal Supervisors ensure that supervision is available to the junior doctor when the junior doctor is working. This may be provided by the Principal Supervisor or an Additional Supervisor, who is a doctor with three or more years post graduate experience.
  - A supervisor must be accessible to the junior doctor either on site, by telephone, radio, or other electronic means at all times when the junior doctor is working. This includes all sites and if the junior doctor is on call.
  - Supervision is graded in relation to Medical Board supervision requirements and the assessed competence of the junior doctor.
  - When the additional supervisor is off site they should be close by. The required response time required will differ depending on the junior doctor and the local environment.
- 1.2.2.3 The Principal Supervisor organises an accredited additional Principal Supervisor to cover while on leave.
- 1.2.2.4 The Principal Supervisor ensures that the junior doctor is provided with an appropriate orientation to the term.

## **1.2.3 Principal Supervisors commitment as a teacher**

Principal Supervisors are actively engaged in clinical practice in the health care facility and demonstrate a commitment to assisting the junior doctor to learn.

- 1.2.3.1 Principal Supervisors demonstrate an understanding of the training requirements for the junior doctor as described in the Australian Junior Doctors Curriculum Framework and the ACRRM Junior Doctor Core Clinical Training Curriculum.
- 1.2.3.2 Principal Supervisors provide or facilitate access to structured and work-integrated educational activities during the term.
  - Teaching does not necessarily need to be provided onsite; the junior doctor can be directed to and encouraged to participate in appropriate education activities provided by others included education provided by the junior doctors supplying hospital.
  - Work-integrated activities may include just-in-time teaching.
- 1.2.3.3 Principal Supervisors ensure that the junior doctor has a learning plan and that exposure to activities relevant to the learning plan is facilitated.

- 1.2.3.4 Principal Supervisors ensure that the junior doctor is observed providing patient care and is provided with feedback on performance.
- 1.2.3.5 Principal Supervisors ensure that a Supervisor report is provided for the junior doctor at minimum at the end of the term and ideally mid-term.
- The Principal Supervisor collates information from the Additional Supervisors and members of the allied health team working with the junior doctor.
  - The supervisor report is shared with the junior doctor and sent to the Clinical Training Coordinator.

## 2. Standards for Teaching Posts

This section outlines the standards required of teaching posts for ACRRM junior doctors undertaking Rural Generalist Terms. These standards focus on the ability of the post to contribute to junior doctor developing the necessary knowledge, skills and learning outcomes in the Australian Junior Doctors Curriculum Framework and ACRRM Junior Doctor Core Clinical Training Curriculum.

The standards are concerned with issues surrounding clinical learning opportunities, clinical and training resources, facilities and equipment, organisational management and evaluation.

Where other accreditation organisations for example Postgraduate Medical Councils, ACHS, GPA or AGPAL have assessed standards which are comparable to some of the standards for posts, then the accreditation certificate may contribute to the evidence provided to demonstrate compliance.

### 2.1 Clinical learning opportunities

Teaching posts provide clinical learning opportunities relevant to rural and remote practice.

2.1.1 The post is a rural community primary care service or a rural hospital.

Rural posts will be categorised Modified Monash Model Category (MMM) 4-7. [See Doctor Connect webpage](#). Some posts categorised as MMM 3 may be suitable; these will need to be assessed individually.

2.1.2 Teaching posts provide adequate but not excessive patient workload for the junior doctor.

2.1.3 Teaching posts provide opportunities to be part of, and learn through, being a member of a health care team.

2.1.4 Teaching posts provide opportunities for the junior doctor to become familiar with the principles of quality assurance, clinical audit, and peer review and to participate in the clinical audit cycle.

2.1.5 Teaching posts provide opportunities for the junior doctor to take on positions of community advocacy and leadership as appropriate.

2.1.6 Teaching posts provide opportunities for junior doctors to be involved in teaching others in the post.

2.1.7 Teaching posts, particularly in community practice, offer the opportunity for the junior doctor to be involved in a clinical learning environment that may include parallel consulting, observed patient consultation, direct observation of procedural skills, case discussion, etc.

## 2.2 Training resources

Teaching posts provide appropriate clinical and training resources for the junior doctor.

2.2.1 Teaching posts provide easy access to relevant, up to date clinical resources for the junior doctor while working.

- This may include textbooks, journals, evidence based guidelines, and training modules.
- Resources may be online or hard copy provided they are up to date. In general, resources are considered up to date if published within the past five years.

2.2.2 Teaching posts provide access to contact details for other avenues for support and information.

- Junior doctors are provided with contact details of health professionals, allied health workers and other rural doctors to enable them to form wider support networks and avenues for gaining information and advice.

2.2.3 Teaching posts provide access to equipment and connectivity to the internet for participation in education activities.

- Access to broadband/satellite connectivity for education webinars and forums or similar onsite or nearby e.g. hospital or Rural Clinical School is essential for junior doctors training.

## 2.3 Clinical and office equipment

Teaching posts are suitably equipped with clinical and office equipment sufficient to allow the junior doctor to practise competently and to learn new skills.

2.3.1 Community primary care posts provide a dedicated patient consultation room for the junior doctor that is suitably equipped.

- This room must have adequate equipment and resources for safe practice.
- If the junior doctor is required to move from room to room, then a place should be provided to store equipment and resources as well as a means to move them easily, e.g. a container on wheels, trolley etc.
- Ideally the allocated consultation room should also be available to the junior doctor for study and educational sessions.

2.3.2 Teaching posts provide timely access to the essential clinical equipment as appropriate for the type of facility.

- See appendix 3 for Recommended list of equipment for rural or remote general practices
- Hospitals posts should have ACHS accreditation
- See Recommended [Minimum Standards for small rural hospital emergency departments](#)

2.3.3 Teaching posts provide clear and adequate systems for clinical records and registers.

The teaching post at a minimum has:

- Medical records which are comprehensive and legible, with information easily retrievable
- Records which contain an up to date health summary and copies of referral letters and reports
- Community Primary Care facilities have adequate patient records system including health screening and recall systems.

2.3.4 Teaching posts provide adequate access to diagnostic and medical services.

- The teaching post should have access to radiology, pathology and other diagnostic services
- Results should be available within a reasonable timeframe
- There should be access to consultant medical services (including Telehealth services) and to appropriate neighbouring hospitals and allied health and community services. See [www.ehealth.acrrm.org.au](http://www.ehealth.acrrm.org.au)

## 2.4 Orientation

Teaching posts provide information for junior doctors detailing how the post organises orientation to the post, teaching, learning and supervision.

2.4.1 The teaching post prospectively provides the junior doctor with information on:

- community profile
- health services profile
- position description
- roster
- accommodation information

2.4.2 The teaching post provides an onsite orientation including:

Introduction to the facility

- introductions to staff, including roles and special interest areas
- sight junior doctors identification
- check medical registration and indemnity insurance
- tour of facility

Junior doctors responsibilities

- a description of duties
- weekly roster
- supervisory/support staff and how to contact during and after hours
- issues that require urgent notification, who and how to notify
- issues that require non urgent notification, who and how to notify
- process if contact cannot be made with supervisor for an urgent matter

Workplace processes

- appointment system (where relevant)
- ward rounds
- ordering and following up of tests
- medical records

- recalls systems
- local recognition and response system (including escalation processes and pathways)
- information on referral services
- an explanation of formal and informal protocols including:
  - emergency equipment and protocols
  - protocols of initiation of codes
  - protocols for initiation of duress alarms
  - patient and doctor complaint management process
  - managing other doctors' patients
  - handover protocols when a doctor is on leave

#### Teaching and Learning

- agreeing a learning plan with junior doctor
- set date for end term supervisor report
- internet access
- educational resources
- educational activities available to junior doctor e.g. local events, online classrooms, online modules
- doctor wellbeing and safety measures

## 2.5 Organisational management

Teaching posts have clear and adequate organisational management arrangements.

2.5.1 Teaching posts ensures the junior doctor has an appropriate employment arrangement.

The employment arrangement takes into account:

- learning/training opportunities
- the junior doctor's professional ability and professional recognition in Australia and
- is in line with any employer/employee relationship required by the employer.

2.5.2 Teaching posts ensure that the junior doctor, supervisor and teaching post are covered by appropriate insurance and medical registration with the Medical Board of Australia.

2.5.3 Teaching posts provide time for educational release activities in accordance with the junior doctor's requirements for training.

2.5.4 Teaching posts comply with Workplace Health and Safety regulations.

This includes but is not limited to ensuring:

- fatigue management and safe working hours
- safe work environment including protection from physical abuse, harassment and bullying
- safety travelling and
- safety after-hours.

2.5.5 Teaching post administrative and clinical staff are informed of the function and needs of the junior doctor and encouraged to include the junior doctor in aspects of administration and management where appropriate.

- 2.5.6 Teaching posts have a policy/protocol available concerning the appointment system, Telehealth consultations, home visits and responding to emergencies, and the supervision of junior doctors in such situations.

## **2.6 Evaluation of training within the post**

Teaching posts evaluate the training within the post and are able to demonstrate how information is gathered, analysed and acted upon to improve the quality of training.

- 2.6.1 Teaching posts regularly seek junior doctors' views on the quality and suitability of the training environment provided by the post.
- 2.6.2 Teaching posts provide formal feedback on the progress of the junior doctor to the supplying hospital, and other organisations as relevant, and to ACRRM on request.
- 2.6.3 Teaching posts allow and encourage junior doctors to provide feedback to the supplying hospital and ACRRM on the training environment provided by the post and the supervisors.

# Appendix 1

## Assessing experience and qualifications for supervisor accreditation

The following points scale is used to assess experience and qualifications for doctors who do not hold a FACRRM for the purpose of accrediting supervisors for Primary Rural and Remote Training.

1. Fellowship of an AMC accredited Australian or New Zealand Professional College (or recognised equivalent), e.g. FRACGP, FACEM.
  - Maximum of 8 points available in this category
  - 8 points are awarded for holding a Fellowship
  - 6 points are awarded for doctors who were grand parented onto the Vocational Register or the Specialist Register but who do not hold a Fellowship
2. Rural Experience - Time spent in rural and/or remote clinical practice.
  - Maximum of 6 points available in this category
  - Supervisors must have minimum 5 years rural experience
  - 2 points can be allocated for every five years spent, up to a maximum of 15 years
3. Current Hospital Clinical Privileges
  - Maximum of 4 points available in this category
  - 1 point for each of Obstetrics and Gynaecology, Anaesthetics, Surgery, Emergency Medicine and General Practice
4. Further tertiary level training relevant to Rural and Remote Medicine
  - Maximum of 4 points available in this category
  - Graduate Certificate = 1 point
  - Graduate/Post Graduate Diploma = 2 points
  - Masters Degree = 3 points
  - Professional Doctorate, MD or PhD = 4 points
5. Completion of courses relevant to rural and remote practice within the last 5 years
  - Maximum of 6 points in this category
  - Emergency courses accredited for PDP or training for example EMST, APLS, ALSO, PHTLS, REST, ELS = 1 point each
  - Other state-based trauma and acute care courses as accredited for ACRRM's PDP. For example, Radiology and Ultrasound skills based training = 1 point each
6. Leadership and Academic Activity.
  - Maximum of 6 points in this category
  - Development of, or leadership in, the relevant specialty or a relevant specialty field of rural and remote medicine at a national or international level = 1 point
  - Ongoing contribution to undergraduate or postgraduate education delivery (including supervision) = 1 point for up to 5 years and 1 point for every additional 5 years
  - Ongoing contribution to undergraduate or postgraduate education development (including medical education, contribution to developing education resources, standards, curriculum) = 1 point for every 5 years
  - Ongoing contribution to undergraduate or postgraduate assessment = 1 point for up to 5 years and 1 point for every additional 5 years
  - Five publications as primary or secondary author in national or international peer-reviewed scientific journals/books/scientific proceedings = 1 point

A score of 16 points or above meets the requirements for accreditation as a Supervisor.

A score of 14 -15 points may be considered for accreditation as a supervisor on a case by case basis by ACRRM.



## Appendix 2

### Recommended list of essential equipment for a rural or remote general practice services

It is recommended that rural or remote community primary care posts provide onsite or timely access (e.g. at local hospital) to the essential equipment listed below.

Auriscope	Positive pressure oxygen/bag + mask
Baby scales	Pregnancy testing
Contaminated waste disposal	Pulse oximeter
Dangerous drugs register book	Refrigerator minimum-maximum thermometer
Dangerous drugs storage	Sharps disposal
Dressings	Spacer Device for Meter Dose Inhalers
Ear syringe and/or cerumen loops	Specimen collection – tourniquet, syringes & needles, transport swabs, viral culture media, urine containers, paediatric urine bags.
ECG (or availability for use)	Sphygmomanometer – standard, large paediatric cuffs
Emergency bag	Sterile equipment – sterile disposables, sterilisation onsite or offsite
Emergency drugs	Specula – aural and nasal
Endotracheal tubes – laryngeal mask or equivalent seal mask/airway protection device	Stethoscope
Eye examination – staining, mydriatic, local anaesthetic	Suction
Eye charts for VA and colour vision assessment	Suture instruments + LA
Gloves – disposable and sterile	Syringes and needles – disposable
Guedal airways – preferably disposable	Thermometer
Glucometer	Torch
Height/weight scales	Tourniquet
IV access	Tuning fork
IV fluids	Urinalysis – BHCG, Blood protein glucose ketones/multistix
Laryngoscope	Vaginal specula
Liquid nitrogen	Vaccination refrigerator
Magnifying loupe	X-ray viewing facilities
Measuring tape	
Nebulising air pump/mask – adult & paediatric	
Ophthalmoscope	
Pap smear equipment	
Patella hammer	
Peak flow monitor	