College Submission
July 2021

Australian Medical Council accreditation of ACRRM Specialist Medical Programs and Continuing Professional Development Programs

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

Contents

Attachments

Standard 1: Program Context

1.1 Transition to College Led Training Advisory Committee – Terms of Reference
1.2 ACRRM and Commonwealth Government Compact
1.3 Accessing Primary Health Care in Rural and Remote Australia
1.4 Respectful Workplaces Framework
1.5 College Constitution
1.6 College Committees Terms of Reference
1.7 Sample Position Descriptions, College Councillors and Board Directors
1.8 *Assessment Venue Requirements and Arrangements Form*
1.9 Standards for Training Organisations
1.10 Standards for Supervisors and Training Posts
1.11 Accreditation Agreements with Training Organisations
1.12 Reconsideration, Review and Appeals Policy
1.13 Stakeholder Engagement Framework
1.14 Reconciliation Action Plan Innovate
1.15 ACRRM Annual Report 2020

Standard 3: Curriculum Content

3.1 *Rural Generalist Fellowship Curriculum 5th Ed*
3.2 *Fellowship Handbook*
3.3 *AST Handbooks*
3.4 Palliative Care AST Proposal
3.5 Course mapping to curriculum
3.6 *AST Research Project Proposal Form*
3.7 *Research Grant Guide, Grant Application (Education Research Grants)*
3.8 *Recognition of Prior Learning Policy*
3.9 *Leave from Training Policy*
3.10 *Application for Leave from Training*
3.11 *Access in Training Policy*

Standard 4: Teaching and Learning

4.1 *REST Course Outline* (Mandatory Course)
4.2 *Sample ACRRM Online Course - Radiology*
4.3 Plan and Progress Report

Standard 5: Assessment of Learning

5.1 *Fellowship Assessment Handbook*
5.2 *Special Consideration Policy*
5.3 *Academic Code of Conduct*
5.4 *Performance and Progression, Registrar in Difficulty, Remediation, and Assessment Eligibility Policies*
5.5 *Withdrawal Policy*
5.6 *Doctor in Training Review Process*
5.7 *Sample StAMPS Assessment Public Report*
5.8 *Sample MCQ Assessment Public Report*
5.9 Sample Candidate Feedback Report

Standard 6: Monitoring and Evaluation

6.1 Curriculum Review Report, Implementation and Consultation documents

6.2 College Monitoring and Evaluation Framework (2019-21)
6.3 Evaluation Annual Report 2020-21
6.4 ACRRM Member Survey Summary 2021
6.5 Samples - notification of program changes
6.6 Risk Registers – Training Organisation Quarterly Reports, VGPT planning, RGTS planning

Standard 7: Trainees
7.1 Selection Eligibility Guide (AGPT) and *ACRRM AGPT Application Guide*
7.2 *IP Application Guide*
7.3 *RVTS Application Guide*
7.4 Aboriginal and Torres Strait Islander health and medical workforce framework (Draft)
7.5 *Application for Training Special Consideration*
7.6 *Individual Training Placement Form*
7.7 Notice of Information BARS webinar
7.8 *Bullying, Harassment and Discrimination policy documents* (*Policy*, *Complaints Procedures*)
7.9 Guidelines for Supporting Members in Difficulty
7.10 *Complaints Policy*

Standard 8: Program Delivery
8.1 *Supervisor Training Resources*
8.2 Position Descriptions: Lead Assessor, Assessment Writer, Medical Educator
8.3 Employee Code of Conduct
8.4 Sample Training Post Accreditation reports

Standard 9: Continuing Professional Development
9.1 *ACRRM PDP Handbook 2020-22*
9.2 Sample Case Based Discussion Forum
9.3 *Summary of program review and development*
9.4 *ACRRM PD Retraining Policy*
9.5 ACRRM PD Remediation Policy

Standard 10: International Medical Graduate Assessment
10.1 Specialist Pathway Learning Plan

Tables and Figures

Standard 1: Program Context

Standard 3 Program Framework

Standard 4: Teaching and Learning

Standard 5: Assessment

Note: Some tables have been redacted from web publication of submission to protect member privacy

Education Provider Details

Name of College:	Australian College of Rural and Remote Medicine
Address:	Level 1, 324 Queen Street BRISBANE QLD 4000

Chief Executive Officer:	Ms Marita Cowie
Telephone number:	07 3105 8200
Email:	m.cowie@acrrm.org.au
Officer at College to contact regarding the submission:	Mary Jane Streeton
Telephone number:	07 3105 8204
Email:	mj.streeton@acrrm.org.au

Training programs offered

Fellowship offered: Australian College of Rural and Remote Medicine (FACRRM).
Countries in which offered: Australia
Awarding body: ACRRM

Verify submission reviewed

The information presented to the AMC in this submission is complete, and it represents an accurate response to the relevant requirements.

Verified by: (*Chief Executive Officer/executive officer responsible for the program*)	Ms Marita Cowie, Chief Executive Officer and Company Secretary
Signature:	
Date:	1 July 2021

Executive Summary

PART A: EXECUTIVE SUMMARY

The past three years have been a time of major change and transition for our College. They have seen a welcome focus on reforming national approaches to rural workforce development and General Practice training both of which are core to our College's work. Additionally, major changes are underway to the framework for continuing professional development management in General Practice.

College representatives are integral to sector reform processes at all levels to ensure the evolving context of our training continues to support our vision for *the right doctors in the right places with the right skills providing rural people with excellent healthcare*.

In tandem with these ongoing broader sector reforms the College has been undergoing a major internal transition to a larger scale and scope of its operations. The College continues to implement as many as possible of the system requirements for these new arrangements. Many core elements of our programs are subject to continuing negotiation regarding their fundamental design and in these areas the College is attempting to plan for contingencies and maintain quality standards within the status quo.

GP and Rural Generalist Training Reforms

The national framework for Commonwealth Government supported General Practice training is transitioning to direct management by the General Practice colleges. This is a stepped process expected to take full effect in the first half of 2023.

The College continues to work toward providing ACRRM Registrars with a single, integrated Fellowship Program which is consistent, quality-assured and fit-for-purpose. Currently Registrars train to ACRRM Fellowship through three pathways one of these, the Independent Pathway (IP), is delivered autonomously by the College and has been delivered as part of the accredited ACRRM Fellowship Program for almost fifteen years. The other two, Australian General Practice Training (AGPT) and Remote Vocational Training Scheme (RVTS) involve delivery through ten accredited training organisations. These organisations also have responsibility for training for the RACGP Fellowship. ACRRM Registrars usually represent a minority in trainee cohorts which has presented pervasive challenges to ensuring training adequacy and relevancy to the ACRRM curriculum for our Registrars.

ACRRM training supported through AGPT has involved management of key areas of delivery by the Regional Training Organisations (RTOs) through a head agreement with the Department of Health (DoH), subject to DoH training policies. Under the new arrangements the head agreement for ACRRM Fellowship training will be with ACRRM and training policies will be administered by the College in accordance with DoH requirements.

Aspects of training already transferred to College management include, marketing, selection, eligibility checks and enrolment, data management and reporting of enrolment and training progress, Medicare provider number processing, research grants administration and policies management.

Key elements of the new arrangements continue to be negotiated. These include, registrar placement, delivery of education program and registrar support, recruitment, management, accreditation and support of Supervisors and training posts, and, support and training associated with the cultural mentors program.

Aspects of the upscaling associated with transition that have been implemented include:

- Strengthened ACRRM Education Program
- Strengthened remediation and assessment support

- Major expansions to numbers, and formalisation of roles and appointment processes for clinical staff contributing to programs
- Key senior appointments to manage and oversee transition process and stakeholder collaborations
- Major upgrade and expansion to selection, enrolment, and training progression tracking systems

The College welcomes transition as moving toward a stronger Fellowship Program. Some key positive changes will include:

- Registrars and Supervisors will have more direct contact with, and support from their College
- ACRRM Education Program will provide a single education program standard which is mapped to the ACRRM curriculum and (by extension) assessment
- Enabling strong learning cohorts/peer networks dedicated entirely to ACRRM training/assessment, linking-up Registrars distributed in small numbers across vast distances
- Current policy rigidities will be addressed allowing flexibility to better align with the particularities of ACRRM Fellowship including the Rural Generalist model and rural/remote training contexts

The Rural Generalist Training Scheme (RGTS) will commence in 2021. The College has been granted up to 400 additional Commonwealth supported places over four years to deliver training on its IP program within this Scheme. Registrars selected and enrolled to the IP on RGTS places will benefit from additional funded support toward their training and training practice.

Implementation of the RGTS is providing the College with the opportunity to offer strengthened direct education delivery and supervisor services and to establish dedicated support staff in regional areas. This will provide a strong foundation for the College when responsibility for training delivery of AGPT Registrars transfers in 2023.

National Rural Generalist Pathway

The ACRRM Fellowship Program is designed to prepare and certify doctors as general practitioners proficient in the rural generalist scope of practice and developments in this area of practice are of signal importance to our College.

ACRRM maintains its principle position of the need for a national workforce of general practitioners in rural and remote communities with a defined and assessed broad practice scope to accommodate the lack of ready access to the full range of specialised services available in cities. This is the Rural Generalist practice model for which the ACRRM Fellowship is designed.

The College has taken a leadership role in progressing the Commonwealth Government's agenda to implement a National Rural Generalist Pathway (NRGP). The NRGP is a lining up of all the elements for a structured, nationally consistent, training and career pathway to grow the workforce of general practitioners with this scope. The College was a member of the initial National Rural Generalist Taskforce which provided advice on the requirements to implement the pathway. The National Rural Generalist Strategic Council has been established in 2021 to oversee implementation with the National Rural Health Commissioner as chair and the College as a member.

A key recommendation of the Taskforce Advice was to progress the recognition of Rural Generalist Medicine as a specialist field within General Practice. The College with the Royal Australian College of General Practitioners (RACGP) have applied for this recognition and are progressing through the Medical Board's Stage One assessment process. The College does not foresee this recognition as necessitating changes to its curricula and standards.

Another key element of the NRGP is the establishment/strengthening of Rural Generalist training/practice support programs in all States and Territories funded through their respective health departments. These programs all include a representative steering committee of which the College has membership. They include a Coordinating Unit which supports training to the Rural Generalist

model at prevocational and vocational levels. Most Clinical Leads for these programs are ACRRM Fellows and the College is actively working to engage with these developments at all levels.

National Policy and Workforce Reforms

Some key policy developments for the College have included:

- Establishment of *Compact* in 2018 with the Commonwealth Government recognising ACRRM as a national stakeholder in the advancement of rural health and a shared-commitment to work together toward this goal and toward the establishment of the NRGP.

- The National Medical Workforce Strategy - ACRRM has representative members on the Medical Workforce Reform Advisory Council which has been overseeing the Strategy's development and has been an active participant in broader consultation opportunities. The College welcomes the Strategy which is expected to appropriately recognise the need for whole-of-sector reform to address rural health inequities. Most expected reforms will have minimal effect on the College operationally as it already has in place rurally-oriented selection and training, it is expected however to lend recognition to the strategic role of the NRGP, the need for greater focus on generalist approaches to practice, and for better support for rural training throughout the sector.

- Telehealth MBS Item Numbers introduction. The College with the Rural Doctors Association of Australia (RDAA) successfully lobbied for the introduction of the telehealth Medical Benefits Scheme (MBS) item numbers in 2019 for general practitioner services in rural areas identified as high needs due to the drought. As part of the COVID-19 response, the College met regularly with the Rural Health Minister, jurisdictional state health department officers, the Chief Medical Officer and other peak bodies throughout 2020. A key outcome of these discussions was the adoption of the ACRRM/RDAA telehealth item number model for all general practitioners.

- The College President is an independent member of the Primary Healthcare Reform Steering Group which provides advice to the Health Minister in developing the Primary Health Care Ten-Year Plan, intended to set a vision and path to guide future primary health care reform, as part of the Government's long-term national health plan. Draft recommendations have been released for consultation.

- The DoH has expanded its investment in rural prevocational doctor training programs and the College is working closely with key stakeholders to ensure these strengthen the training pathway for ACRRM Registrars. These include:
  - The recently announced, John Flynn Prevocational Doctor Training Program.
  - The More Doctors for Rural Areas Program (MDRAP) which was implemented in 2019. This provides temporary, partial access to Medical Benefits Scheme (MBS) supported services, to Non-Vocationally Registered doctors in rural general practices prior to starting Fellowship training.
  - The Rural Generalist Coordinating Units (RGCUs) implemented in 2020. These are part of jurisdiction funded, programs in every state and territory to support Rural Generalist training particularly at the prevocational level. The College is part of the oversighting body for each of these and has dedicated senior staff to manage collaboration and engagement.

National CPD Framework

The College's new Continuing Professional Development (CPD) triennium framework has integrated key elements of the Medical Board's Professional Performance Framework (PPF) including incorporating outcomes measures and reflective practice. Recent legislation has removed the role of Colleges in submitting accreditation information to Medicare on behalf of members. The College continues to seek clarification on how the Medical Board will define its proposed 'CPD homes' which will have significant implications for our College and our relationship with our Fellows.

ACRRM Governance

The College governance structure is largely unchanged since the last accreditation report. The College has worked to improve Committee diversity and to extend representation of its Aboriginal and Torres Strait Islander members and rural and remote communities on its governance committees. ACRRM is continuing to consider mechanisms to better align its framework to its evolving role in the sector.

The College has established a strategy to advance Respectful Workplaces where our members work and train. This approach recognises expectations of Colleges to proactively work to support doctor wellbeing and to prevent and address incidence of Bullying, Harassment, Discrimination and Racism. The College recognises the added importance of these processes as it moves to a more direct support role for most ACRRM Registrars. This includes establishing a dedicated College Committee, a clear statement of principles and an associate stepped strategy to promote and educate our members on these issues.

COVID-19

The COVID 19 pandemic has had a relatively small impact on our College operationally as most activities are designed to be delivered to doctors in remote locations typically via digital technologies. Even processes that had been delivered in person, such as StAMPS (viva) exams, had included remote delivery options. Under lockdown restrictions the College thus needed to upscale established online delivery processes rather than create them. ACRRM was able to continue its assessment and selection process schedules entirely online and maintain its annual Fellowship completions. The ACRRM Education Program 5-day workshops were transformed to be delivered entirely online including procedural skills training activities and social activities with positive reviews from participants.

A key disruption for our members has been to their capacity to undertake skills training necessary for maintaining their continuing procedural practice. The College successfully advocated for the Government (through its Rural Procedural Grants Program) to support doctors that undertake online-based training (rather than in-person workshops) during the lockdowns. College in person courses have resumed. A recruitment drive has been undertaken and based on applications received, the College is hopeful of recruiting an additional 50-80 course instructors over the ensuing months. The extra staff will mean enough are based within every jurisdiction to ensure that jurisdictional border lockdowns will not prevent enough instructors' participation.

The pandemic's most significant impact from our College's perspective has been to the wellbeing of our members. At its peak there was considerable concern in rural areas and among our doctors that rural people would be cut off from life-saving resources available in urban centres. Many rural areas were not provided with sufficient Personal Protective Equipment (PPE) and the College with Rural Doctors Association of Australia (RDAA) financially supported efforts to get PPE sent to doctors in rural areas. The College leadership met weekly with the Chief Medical Officer and established weekly COVID 19 member newsletters and webinars conjointly with the RDAA (to maximise engagement). It also provided web-based resources and brochures on the available support and latest updates. The College Council met fortnightly via webinars to share information to keep Council members and their constituencies informed, to take ongoing pulse checks of events in each jurisdiction and with its represented groups (e.g., Registrars, Aboriginal and Torres Strait Islander members, junior doctors etc.), and to determine any appropriate actions.

1. Context of Training and Education

1.1 Governance

1.1.1	The education provider's corporate governance structures are appropriate for the delivery of specialist medical programs, assessment of specialist international medical graduates and continuing professional development programs.

The College sets Fellowship standards and provides training, specialist comparability assessment and continuing professional development associated with the ACRRM Fellowship skillset. ACRRM Fellowship facilitates doctors' eligibility for registration in the discipline of General Practice.

The ACRRM Fellowship has been designed to provide doctors with an extensive and distinct set of capabilities and skills that enable them to practice competently as general practitioners anywhere and to work safely and proficiently in the rural generalist model of practice. ACRRM selects doctors to its Fellowship programs that are likely to competently practice in rural areas and supports them to do so, both as Registrars and as Fellows.

The College also provides broader member services such as advocacy, professional networking events and services, Continuing Professional Development (CPD) management and reporting services, and mental health and wellbeing support services. The College maintains a membership of over 5000 which typically comprises approximately 1000 medical students and 4000 doctors including 900 Registrars and 1900 Fellows. It has members in all states and territories.

Table 1.1 College Membership April 2021

College membership*			
Category	Total	Australia	International
Fellows (all)	1840	1804	36
Honorary Fellows	12	12	-
Retired Fellows	105	102	3
Registrars	927	914	13
All other members (predominantly prevocational doctors and members with other GP Fellowships)	861	820	41
Associate Members (predominantly medical students)	1283	1253	30

**Figures as at 23 April 2021*

College-led Training

The national framework for Commonwealth Government supported General Practice training is transitioning to direct management by the General Practice colleges. This is a stepped process expected to take full effect from January 2023.

The College continues to work toward providing ACRRM Registrars with a single, integrated Fellowship Program which is consistent, quality-assured and fit-for-purpose. Currently Registrars train to ACRRM Fellowship through three pathways one of these, the Independent Pathway (IP) is delivered independently by the College the other two Australian General Practice Training (AGPT) and Remote Vocational Training Scheme (RVTS) involve training delivery with ten accredited training organisations. Training Organisations also have responsibility for delivery of training to the RACGP Fellowship and ACRRM Registrars usually represent a minority of their trainee cohorts. This creates considerable challenges for the College in ensuring consistency, adequacy, and training relevancy to the ACRRM curriculum for our Registrars.

ACRRM training supported through AGPT has involved management of key areas of delivery by the Regional Training Organisations (RTOs) through a head agreement with the Department of Health (DoH), subject to DoH training policies. Under the new arrangements the head agreement for ACRRM Fellowship training will be with ACRRM and training policies will be administered by the College in accordance with DoH requirements.

Aspects of training already transferred to College management include:

- Marketing, selection, eligibility checks and enrolment
- Data management and reporting of enrolment and training progress
- Medicare provider number processing
- Registrars research grants administration
- Policies management

Specific elements of the new arrangements continue to be negotiated. Key areas still to be transitioned in some form are:

- Registrar placement
- Delivery of education program and registrar support
- Recruitment, management and support of Supervisors and training posts
- Support and training associated with the cultural mentors program

The Transition to College-led Training Committee was formed this year to progress the planned reforms. The group is co-chaired by the Deputy Chief Health Officer, Prof Michael Kidd and the National Rural Health Commissioner, A/Prof Ruth Stewart and includes representatives of both General Practice colleges, the Rural Doctors Association of Australia (RDAA), and the Australian Medical Association (AMA). This group has been meeting alongside the General Practice Training Advisory Committee which is focused more broadly on continuing operations.

Transition will not involve substantive change to the scope of operations as ACRRM has delivered accredited Fellowship training autonomously through its self-funded IP for almost fifteen years. Transition will require significant upscaling of operations and the College has been positioning itself for this over the past five years. ACRRM has strengthened its education program, its educators, education support and assessment teams, and its selection, enrolment, and training progression tracking systems. Key senior appointments have been made to implement the scaled-up operations and particularly to build relationships with regionally based training and health services and the new/expanded jurisdictional Rural Generalist training support programs.

The College welcomes transition as moving toward a stronger Fellowship Program. Some key positive changes will include:

- ACRRM Registrars and Supervisors will have a more direct line of contact with, and support from their College
- The ACRRM Education Program will be established as a single education program standard which is mapped to the ACRRM curriculum and (by extension) ACRRM assessment (Further detailed at *Standard 4*)
- Strong, sufficiently sized learning cohorts/peer-support networks entirely for ACRRM Registrars can be established which link up Registrars distributed in small numbers across vast distances all over Australia
- Current policy rigidities will be addressed allowing more flexibility to enable ACRRM Registrars to meet the complex training and work arrangements associated with attaining the rural generalist skillset in rural and remote locations.

A key challenge for the College will be to ensure strong collaboration with health services, training practices, Supervisors and other training support staff and organisations where our Registrars train. The training program's operational structures are continuing to be negotiated with the Department. The College has however been investing significant effort at multiple levels in building relationships, partnerships. It has made key appointments to drive this engagement and is planning internal governance structures to ensure appropriate representation in decision making. It is also building online systems to facilitate collaboration.

Attachment 1.1: TCLTAC Terms of Reference

Rural Generalist Training Scheme

The College has been granted 400 additional Commonwealth supported places over four years to deliver training within its IP program. The Scheme will use the same model in place for the Non-Vocationally Registered Fellowship Support Program (Non-VR FSP). It will select and enrol Registrars to its IP that will have places on the RGTS and these Registrars' training, and their training practices will benefit from additional funded support. Enrolments to the scheme will commence in the second half of 2021.

Implementation of the RGTS is providing the College with the opportunity to offer strengthened direct education delivery and supervisor services and to have dedicated support staff in regional areas. This will provide a strong foundation for the College when responsibility for training delivery of AGPT Registrars transfers in 2023.

National Rural Generalist Pathway, Rural Generalist Specialist Field Recognition and Rural Generalist Coordinating Units

The ACRRM Fellowship program is designed to prepare and certify doctors as general practitioners proficient in the rural generalist scope of practice and developments in this area of practice are of signal importance to our College.

- The College has had a leadership role in progressing the Commonwealth Government's agenda to implement a National Rural Generalist Pathway (NRGP). The rural generalist scope includes community-based General Practice, hospitals and other work settings, and systems coordination is needed to facilitate training, employment, and credentialed practice. The NRGP seeks to line up all the elements for a structured, nationally consistent training and career pathway to grow the workforce of general practitioners with this scope. The National Rural Health Commissioner has a brief to progress the implementation of the Pathway. The National Rural Generalist Strategic Council has been established in 2021 to oversee progress with the Commissioner as chair and the College as a member.

- In accordance with a key recommendation of the *National Rural Generalist Taskforce Report* (2018), the College with the Royal Australian College of General Practitioners (RACGP) has submitted a joint-application to the Medical Board of Australia to have Rural Generalist Medicine recognised as a specialist field within the discipline of General Practice. This work is overseen by the Rural Generalist Recognition Taskforce, chaired by the National Rural Health Commissioner with senior representatives from both General Practice colleges. The initial application was submitted in December 2019, and further actions and advice has been requested to be submitted in July 2021. It is hoped that this will be assessed to progress to Stage 2 assessment which would involve another approximately 18 months of assessment. The College does not foresee that professional recognition would necessitate changes to its curricula and standards. ACRRM maintains its principle position of the need for a national workforce of general practitioners in rural and remote communities with an assessed practice scope to accommodate the lack of ready access to the full range of specialised services available in cities. This is the Rural Generalist practice model and the basis of the ACRRM Fellowship design.

- A key element of the NRGP is the establishment/strengthening of Rural Generalist training/practice support programs in all States and Territories funded through their respective health departments. These programs all include a representative steering committee of which the College has membership. They also include a Coordinating Unit which supports training to the Rural Generalist model at prevocational and vocational levels. Most clinical leads for these programs are ACRRM Fellows and the College is actively working to engage with these developments at all levels.

Commonwealth Compact

In 2018 the College signed a Compact with the Commonwealth Government recognising it as a national stakeholder in the advancement of rural health and a commitment to work together toward this goal. The Compact was entered into and signed following a process of member consultation and in strict adherence to the College vision and values.

Attachment 1.2 ACRRM and Commonwealth Government Compact

National Medical Workforce Strategy

ACRRM has representative members on the Medical Workforce Reform Advisory Council which is overseeing the design of the National Medical Workforce Strategy. The College views this as a landmark reform framework for the future development of training and career pathways for its members and has been active in contributing to its consultations and development.

Primary Healthcare Reform Steering Group and Ten-Year Plan

The College President is an independent member of the Primary Healthcare Reform Steering Group which provides advice to the Health Minister in developing the Primary Health Care Ten-Year Plan, intended to set a vision and path to guide future primary health care reform, as part of the Government's Long Term National Health Plan. The College presented a research paper to the group on reform in the context of Remote People's Access to Primary Care. The Steering Group recommendations have been published for consultation.

Attachment 1.3 Accessing Primary Health Care in rural and remote Australia

Rural Prevocational Training

The DoH has expanded its investment in rural prevocational doctor training programs and the College is working closely with all relevant stakeholders to ensure these strengthen the training pathway for ACRRM Registrars.

- The Commonwealth Government is establishing the John Flynn Prevocational Doctor Program which will consolidate several current programs and provide expanded opportunities for rurally based prevocational training.

- The Government has also established the More Doctors for Rural Areas Program (MDRAP) by which doctors not Vocationally Registered working in rural General Practice can provide Medical Benefits Scheme supported services for a limited time before commencing Fellowship training. These doctors can meet their program education requirements by completing the *ACRRM MDRAP Education Program*, a bespoke suite of ACRRM online courses.

- The RG CUs (discussed above) are funded to support prevocational training preparatory to Fellowship training with ACRRM or with rural generalist pathways with the RACGP.

Non-Vocationally Registered Fellowship Support Program (Non-VR FSP)

The College has been provided with Commonwealth Government funding for a limited time to provide additional training support to eligible ACRRM Registrars. Eligible Registrars have been enrolling and training to ACRRM Fellowship through the (self-funded) IP with registered places in the Support Program. Registrars assessed as eligible to receive support through the program have received a financial subsidy toward their education program costs. In all other ways their selection, training and assessment experience has been the same as all other IP Registrars.

Respectful Workplaces Framework

The College has a comprehensive strategy to advance Respectful Workplaces wherever our members work and where training occurs. This approach recognises expectations of Colleges to proactively work to support doctor wellbeing and to prevent and address incidence of Bullying, Harassment, Discrimination and Racism. The College recognises the added importance of these processes as it moves to a more direct support role for most ACRRM Registrars.

In 2018, the College commissioned an expert consultant review of its policies and processes. From this work and its recommendations, the College now has an organisational framework detailing its appropriate operations to support respectful workplaces. Some key initiatives arising from this process include:

- *Respectful Workplaces Committee* - This group is led by the Immediate Past President, A/Prof Ewen McPhee and reports directly to Board. It oversees and advises on relevant activities across the College. The group has been meeting since 2018 and has been formalised this year from a working group into a permanent College Committee. It has a dedicated *webpage*.

- *College Respectful Workplaces Framework* - This details ACRRM's role to work to ensure that all work environments across our operations are respectful. It includes the basic principles that everyone in the workplace is responsible for preventing disrespectful behaviours, and a *no-wrong-door policy* so that any member who seeks ACRRM's help will be heard.

Attachment 1.4 Respectful Workplaces Framework

Development Plans, Strengths and Challenges

With the major expansion to training operations anticipated with the commencement of RGTS and College-led Training the College anticipates the establishment of a range of organisational structures and roles to ensure adequate representation. A critical challenge for governance going forward will be to ensure strong communication with training operations across the country. The College is progressing with plans to establish representation and sufficient focus on key areas including jurisdiction/regional level operations, supervision and Supervisors, and training post accreditation. These linkages are being reinforced through the development of bespoke online platforms to enable sharing of essential information with training practices, supervisors and educators, and other trainee placement and training delivery and support providers (internal and external) as these evolve.

The College is also looking at a range of models to appropriately accommodate Aboriginal and Torres Strait Islander peoples and communities within the Fellowship Program delivery and operations. The operational structures to support these are currently subject to negotiations with the DoH. The College is also working at an operational level to support an expansion in the scale and scope of members in governance positions. It has developed an online Onboarding Module to ensure new Committee members can receive orientation to the College and their role and responsibilities. The College is also incrementally rolling out position descriptions for all committee roles and has been moving to more formal processes for committee member recruitment and appointment.

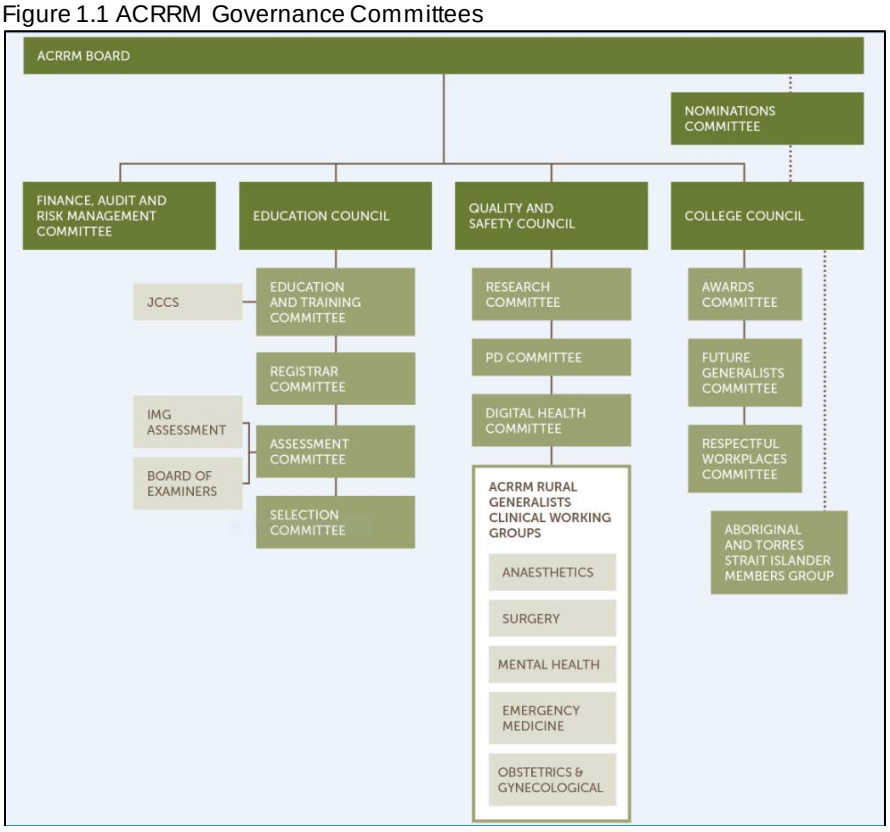
1.1.2	The education provider has structures and procedures for oversight of training and education functions, which are understood by those delivering these functions. The governance structures should encompass the provider's relationships with internal units and external training providers where relevant.
1.1.3	The education provider's governance structures set out the composition, terms of reference, delegations and reporting relationships of each entity that contributes to governance and allow all relevant groups to be represented in decision-making.

Governance Framework

The scope of the College's structure and functions are defined by its Constitution and these are implemented through the ACRRM Board and Committees structure. The CEO and College Committees are appointed by the Board. The Terms of Reference for the Board and the College Council are described by the College constitution and their respective Position Description documents. All other Councils and Committees have Terms of Reference.

The College's organisational framework supports delivery of governance requirements and lends leadership to the three core College functions: education and training; member representation, and, quality and safety standards. The structure is reflected at both the operational and the executive levels.

Figure 1.1 ACRRM Governance Committees



Board

The ACRRM Board is a skills-based body responsible for setting strategy, policy and standards. It receives reports and advice from the three Councils and other Committees as appropriate. The CEO and Censor in Chief are ex-officio members. The Board is constituted and operates in accordance with Australian Securities and Investments Corporation guidelines and requirements. The *College Constitution* comprises the terms of reference for both Board and Council.

The President (who is Board Chair) and the Registrar Director are elected (by all members and by registrar members respectively) the other Board members are appointed by the College Council on advice from the Nominations Committee. Board includes a community representative who was proposed by the Nominations Committee following a formal selection process.

The *Finance, Audit and Risk Management Committee* (FARM), provides support for the Board. It reports to the Board providing detailed oversight in these areas and manages the College Risk Register. The College's General Manager Corporate Services supports operation of this Committee. The CEO and General Manager Corporate Services are ex-officio members.

The *Nominations Committee* supports and advises the Board in fulfilling its responsibilities to ensure the Board and Council are comprised of the individuals best able to discharge their respective roles. It comprises nominees of the Board, Council, and a Registrar Committee representative.

The *Respectful Workplaces Committee* provides guidance on all issues related to promoting respectful places of work for all our members and ensuring respectful behaviours are upheld in all College activities.

College Council
The College Council is the peak representative body for the College and reports to the Board. The Council is the lead forum for development of the College's strategic planning, policy, and advocacy. The CEO is an ex-officio member, and the staff policy officers attend meetings to provide support. The Council comprises:

- elected representatives from all states and territories
- Registrars committee representatives
- representatives of the Future Generalists (junior doctors and medical students) Committee
- a nominee of the Aboriginal and Torres Strait Islander Members Group
- a representative of the Rural Doctors Association of Australia
- a rural communities' representative
- All Board directors

The *Future Generalists Committee* which represents medical student and junior doctor members, and the *Aboriginal and Torres Strait Islander Members Group* which is open to members of the College who identify as Indigenous Australians, both have representation on, and report to the College Council.

Education Council and Committees
The Education Council oversights the education standards matters on behalf of the Board. Many operational aspects are further delegated to the Council's respective subcommittees (Assessment, Education and Training, IMG Assessment, Board of Examiners, Selection Committee). All these Committees are required to regularly report to the Council through their Chairs.

The *Registrars Committee* sits underneath the Education Council to reflect the important linkages between these two bodies. It also reports directly to the Board via the Registrar Director and to the College Council through its representatives on Council.

Quality and Safety Council and Committees
The Quality and Safety Council is one of the College's three peak governing bodies. It provides leadership in defining and contributing to the development of evidence-based standards which reflect highest quality care for the practice or rural and remote General Practice and rural generalist practice.

- The Council provides strategic oversight on issues related to health service quality and safety frameworks. It aims to ensure they are supported by a strong evidence base and reflect the distinctive circumstances and needs of our members and their practice communities.

- The Council also provides leadership on issues related to professional development and skills maintenance

The pairing of these dual roles is in recognition of the interdependence and growing importance of strong linkages between professional skills development and maintenance, and quality and standards frameworks for professional practice.

The Council oversights the *Research*, *Professional Development*, and *Digital Health Committees*, and the suite of working parties which provide strategic focus on evidence-based quality standards in key practice areas for our membership.

Committees Terms of Reference

The governing structures for ACRRM's training and education functions are defined by their respective Committee's Terms of Reference (TORs). These define each group's purpose, scope and activities, composition, member terms, expectations regarding member conduct, confidentiality and conflicts of interest, decision-making structures, delegations and reporting relationships. They are reviewed every two years and all TORs have been revised in the past twelve months. The College Constitution together with designated position description documents for all members comprise the TORs for the Board and College Council.

To ensure good communication with the internal operations for each Committee or Council, the terms of reference specify a designated responsible manager and key staff members are included as ex-officio Committee members.

College Committees' TORs recognise their respective roles in engaging with external organisations in a range of ways:

- The Constitution includes in the objects: "*accrediting organisations, programs, individuals, posts and medical practices to train medical practitioners in the field of rural and remote medicine*"

- The College Councilors' position descriptions include the following references to their role in liaising and representing members and also to representing the College to external forums:

  "The role of the College Council is to:
  - *provide an arena for ongoing review and involvement of stakeholders in the development of guidelines, processes, procedures, and policies of ACRRM …*
  - *be accessible to the Members for consultation on matters.*

  Members will be required to: …
  - *provide ongoing feedback and advice in relation to College services and advocacy on behalf of members*
  - *represent the College at meetings and stakeholder events, if required."*

- Committee TORs commonly include external engagement within their scope of activities. For example, the Education Council, Education and Training Committee and Assessment Committees all include in their scope: "*To provide representation of the College on external committees as and when appropriate and report back to the College through the designated channels."*

Attachment 1.5: College Constitution
Attachment 1.6: Committees Terms of Reference
Attachment 1.7: Sample Position descriptions College Councillors and Board members

1.1.4	The education provider's governance structures give appropriate priority to its educational role relative to other activities, and this role is defined in relation to its corporate governance.

The Corporate Governance structure which oversees the operation of the College's educational programs is outlined at *Standard 1.1.3*. The structure ensures the focus on education by having the Education Council as one of the three peak bodies reporting directly to the Board and the Quality and Safety Council holding a similar role and status. The College Censor in Chief is also an ex-officio member of Board and Council.

At the Constitutional level seven of the eleven objects set out in the College Constitution explicitly relate to its educational brief.

All elements of the ACRRM curriculum and training program framework and any substantive changes are subject to approval through the Education and Training Committee (ETC). All ACRRM courses and content are mapped to these frameworks. All decisions of the ETC are tabled with the Education Council and ultimately approved by the ACRRM Board.

The Education Council sets the assessment framework based on the guidance from the Assessment Committee. This includes the modalities and programmatic structure, conduct, scoring and benchmarks, systems for monitoring and quality assurance and appropriate training for assessors and invigilators. The Board of Examiners provides an organisational structure for certification of individual candidate assessment results for ACRRM Fellowship and Post-Fellowship assessments. Its determinations are reported to the Assessment Committee and are ultimately approved by Board.

1.1.5	The education provider collaborates with relevant groups on key issues relating to its purpose, training and education functions, and educational governance.

Curriculum and Standards Design

The curriculum is reviewed every five years. Reviews involve the following process:

- Environmental scan of comparable curricula and resources by other colleges and educational institutions for comparability and identification of potential gaps or areas for updating
- Review and development with content experts within the College. Progressive updates tabled with Education Committees for consideration and feedback.
- Drafts shared with all relevant specialties, educators, and health services and community stakeholders including public presentations wherever possible
- Stakeholder and expert feedback incorporated for further internal review
- Consideration and sign off from College Committees, Councils and Board.

Further detail of the most recent curriculum review is given at *Standard 6.1*.

For all major changes to policy, curricula and standards covering significant areas overlapping with other specialties a process of consultation is undertaken. Decision making regarding curriculum, standards, and training in the Advanced Specialised Training (AST) programs in some cases is managed through a formal collaboration, these include:

- The Consultative Committee for the Diploma of Obstetrics and Gynaecology (CCDOG) oversees the assessments necessary for successful completion of the Obstetrics AST. The Consultative Committee comprises representatives of ACRRM, Royal Australian and New Zealand College of Obstetrics and Gynaecology (RANZCOG) and RACGP.
- The Joint Consultative Committee (JCC) Anaesthetics oversees the assessments necessary for successful completion of the Anaesthetics AST. The Consultative Committee comprises representatives of ACRRM, Royal Australian and New Zealand College of Anaesthetics (ANZCA), and RACGP.
- The JCC Emergency Medicine (EM) provides a forum to discuss joint approaches to training and assessment for advanced skills in Emergency Medicine. The Consultative Committee comprises representatives of ACRRM, Australian College of Emergency Medicine (ACEM) and RACGP.
- The General Practice Mental Health Standards Collaboration (GPMHSC) similarly, provides a forum to discuss joint approaches to standards and comprises representatives of ACRRM, RACGP, Royal Australian and New Zealand College of Psychiatrists (RANZCP), Mental Health Australia and the Australian Psychological Society.

Training policies and training post accreditation standards are reviewed three-yearly, and these are approved through College committees after a consultation process and ultimately by the Board.

The College has a national process for accrediting the Training Organisations which deliver training to ACRRM Registrars on the AGPT and the RVTS training pathways. This was previously the Bi-College Accreditation Process. With the General Practice colleges' transition to College-led training the Bi-College structure has been discontinued. ACRRM has continued the accreditation cycle applying the same standards and similar processes. The assessments are by the Accreditation Reference Group comprised of all relevant operational managers, the Director of Training and the Censor in Chief, and representation by the Registrar Committee. Assessment includes reviewing Training Organisation reports against the standards and associated evaluation, feedback, and survey data. Accreditations are ultimately approved by Board.

Education Delivery

The College engages with Supervisors and training posts through the practice accreditation process and through their ongoing engagement with ACRRM Training Officers, Medical Educators, and the Director of Training. In the RVTS and the AGPT much of this engagement is done through the accredited Training Organisations. The College is developing a strategy going forward for more structured and supported engagement as it moves to College-led Training. This is further detailed at *Standard 8.1.1*.

The College has an ongoing program of regular engagement with all its Training Organisations at training officer, manager, and executive management levels. The Training Organisation's engagement with the College is also an assessed requirement of their accreditation.

The College has formal relationships with, and, going forward will work increasingly with the jurisdictional Rural Generalist Coordinating Units (RG CUs) to support its Registrars' training in their respective regions. The Units take different forms across jurisdictions and are in different stages of maturity. Units and associated structures have/are being established in all states and territories and the College is represented on the peak overseeing forum for each of them.

1.1.6	The education provider has developed and follows procedures for identifying, managing and recording conflicts of interest in its training and education functions, governance and decision-making.

Conflict of Interest considerations are relevant to a broad cross-section of the activities of the College and the following general approach to addressing these is integral to all College endeavours.

There are clear instructions and procedures for all governance structures. Board Directors are required to make a written declaration of interests which is maintained in a register by the Company Secretary. Directors are asked to update any changes to their interests as soon as practical and a formal review of the register is conducted annually. Committee Terms of Reference include a clause requiring member's appropriate conduct with respect to Conflict of Interest. The Governance Onboarding online course which going forward, all chairs and other senior representatives of College Committees will undertake includes instruction on Conflict of Interest.

All College meeting agendas have a standing Declaration of Conflicts of Interest item at the beginning of the agenda. It reads:

> *"Declaration of conflict of interest*
> *Any member of the Board who stands to be advantaged or disadvantaged by a decision on a particular matter of the Board has a conflict of interest. The advantage or disadvantage may be a direct or indirect pecuniary or non-pecuniary. If a member of the Board becomes aware that they have, or may have, a conflict of interest in a matter being considered, or about to be considered, they must, as soon as practicable, disclose the nature of that interest to the members of the Board. The Chair must cause the declaration to be recorded in the Minutes of the meeting. The Board must decide if the declared conflict of interest should preclude the member from participating in discussions of the matter. The member is not entitled to vote on the issue of whether they can participate in the discussion or not."*

In addition, a 'Conflict of Interest' clause is contained as a standard item within terms of reference (i.e., ***"****The Committee shall cause minutes to be made: …Of any conflict of interest noted by the members of the Committee…").*

The College has a designated senior officer responsible for ensuring that all Committee support officers understand the College requirements with respect to declaration of conflict of interest and other matters or protocols with respect to conducting and recording meetings.

In all College activities College staff or senior representatives leading College activities are required to:

- Identify occasions where conflict of interest conditions are pertinent to an activity
- Provide an opportunity for all relevant parties to declare any interest they may have in the outcome of that activity
- The lead officer involved with the activity considers whether there is a conflict and if so, the mechanisms by which the conflict can be mitigated against or avoided.
- The activity proceeds based on these determinations. The nature of the declaration of interest is noted and management of the issue is recorded in the minutes or proceedings of the meeting. This typically involves the person with the perceived or real conflict of interest to abstain from discussion and decision and absent themselves from the discussion. There may be instances where the Chair feels the conflict can be managed in other ways.

Some examples of the College Conflict of Interest procedures include the following:

- Panellists for interviews of IMG candidates for the ACRRM Specialist Pathway are sent an email two weeks prior to their interview with details of the applicants to be interviewed and a notice that the College needs to be informed of any Conflict of Interest. On the day of the interview each panel member signs a Declaration Form in which they are required to confirm that they have no Conflict of Interest in assessing the interviewees.

- Panels for College Selection interviews (as with all Committee meetings) commence with an explicit agenda item to call for all panellists to declare an interest. The Director of Training or their most senior representative present will determine the appropriate course of action for any interests that may be declared. Similarly, prior to undertaking assessment, all assessors must review a list of candidates and declare an interest. The College does not allow assessors to conduct assessments of any candidate for whom they have a real or perceived relationship that might influence their independent judgement.

- Assessment leads are appointed through a documented selection process. The process considers competencies, knowledge, skills and potential Conflicts of Interest.

- For Reconsideration, Review and Appeals applications, reviews cannot be undertaken by a Medical Educator/Assessor that has been a part of the training /assessment process in question.

- The *Assessment Venue Requirements* advise that an invigilator can cannot have a conflict of interest with the candidate and they are required to declare this on the *Venue arrangements form*

- The *Academic Code of Conduct* references appropriate conduct with respect to conflicts of interest.

- Supervisors cannot have a Conflict of Interest with their registrar.

- The College makes the final decision regarding accreditation of posts and Supervisors. This addresses the potential conflict of interest with training organisations accrediting own posts.

- Suppliers provide equipment for education workshops but are not able to speak at the workshop or have a booth.

- For training services carried out by the accredited Training Organisations in the AGPT and RVTS, the *Training Organisation Standards* apply which specify:
  "1.1.4 The training organisation has developed and follows procedures for identifying, managing and recording conflicts of interest in its training and education functions, educational governance and decision-making. This is assessed in the TO accreditation process."

Attachment 1.8 Assessment Venue Requirements and Arrangements Form

1.2 Program Management

1.2.1	The education provider has structures with the responsibility, authority, and capacity to direct the following key functions: • planning, implementing, and evaluating the specialist medical program(s) and curriculum, and setting relevant policy and procedures • setting and implementing policy on continuing professional development and evaluating the effectiveness of continuing professional development activities • setting, implementing, and evaluating policy and procedures relating to the assessment of specialist international medical graduates • certifying successful completion of the training and education programs.

The ACRRM Board maintains ultimate responsibility for setting all policy and standards. The delegation of responsibilities for governance and operational policies is set out in the College Policy Register. This also sets out the review process and requirements and is centrally managed by a designated manager.

The College Council (which includes the Board Directors) undertakes a strategic planning process annually which includes an environmental scan of the health sector and its evolving needs. It also involves a review of the College Annual Evaluation Report with dedicated consideration of the College programs' reflectiveness of community needs. This is built into the Strategic Plan and implemented through the College Committees and the General Managers. All Committee TORs include a requirement to review and implement information regarding evaluation activities. All Committee TOR purpose statements specify their commitment to progressing the College's mission and strategic objectives which reflect the College vision for supporting delivery of excellent healthcare to people in rural and remote areas.

Going forward the College has introduced a Succession Planning process which requires each Committee to undertake an annual process of considering their member composition in terms of the required skills, diversity and stakeholder representation as appropriate to their purpose, and to plan and make subsequent appointments accordingly. All TORs enable committees to invite or co-opt additional members or visiting experts as required to address any gaps.

Training Programs

The Education Council oversees the education standards matters on behalf of the Board. Many operational aspects are managed by the Council's respective Committees (i.e. Assessment, Education and Training, Board of Examiners, IMG Assessment, Registrars). These Committees report regularly to the Board via the Council and all decisions are ratified by Board.

All Committees and Councils are supported by appropriate staff advisors, either the relevant manager and/or the General Manager Education Services and the Censor in Chief and/or the Director of Training. The Education Council includes a Community Representative. The Board of Examiners receives reports from the Lead Assessors after all major assessments. All Committee TORs include a provision to invite any additional persons to attend meetings to provide expert advice as required.

The various training pathways have differing arrangements with respect to aspects of training delivery.

- Training on the IP is managed entirely through the College Education Services Team overseen by the General Manager, Education Services. The General Manager is supported at the management level by the Director of Training, the Assessment, Accreditation and Standards and Training Managers. A team of 10 training officers, and 20 Medical Educators are assigned to Registrars to provide education and educational support and assessment and remediation support as required. The formal education program is delivered by the Education Development Team in association with the Medical Educators.

- Assessment on all pathways is overseen by the Assessment Manager with the support of a team of Assessment Officers, seven Lead Assessors and 54 Assessors/Assessment writers. The Censor in Chief works with the Director of Training and the related Governance committees in providing overall guidance and making determinations.

- Training on the RVTS is managed in collaboration with RVTS administration and the DoH.

- Training on the AGPT is managed in collaboration with the respective RTOs and the DoH.

Figure 1.2 Current management structures across training pathways

ACRRM application, selection,* enrolment, MBS processing		
IP	AGPT	RVTS
Includes: - Self-funded places - Non-VR FSP supported places - RGTS supported places	Transitions to College-led in 2023	
Annual intake approx. 150	Annual intake approx. 150	Annual intake approx. 10
- ACRRM education program - ACRRM training officers - ACRRM educators - ACRRM placement/ supervisor management	- RTO education program - RTO educators - RTO registrar placement/ supervisor management	- RVTS education program - RVTS educators - RVTS registrar placement/ supervisor management - RVTS selection
ACRRM Curriculum, Training Standards, Training Post Accreditation, Assessment		
ACRRM Fellowship		

**Excludes RVTS*

Accredited Training Organisations, Supervisors and Training Posts

For Registrars training on the AGPT and RVTS, ACRRM Fellowship training occurs with these organisations as the principal providers of their training services. The College upholds education standards for these Registrars through its continuous system of accreditation according to the Standards for Training Organisations. The accreditation and support for Supervisors and training posts for these Registrars are principally managed by the accredited training organisation and approved by the College.

The College accredits all Supervisors and training posts either directly on the IP or in collaboration with the accredited training organisations applying its accreditation standards.

Attachment 1.9 Standards for Training Organisations
Attachment 1.10 Standards for Supervisors and Training Posts
Attachment 1.11 Training Organisation Accreditation Agreements

Continuing Professional Development

The Professional Development (PD) Committee has responsibility for monitoring and advising on the development and implementation of policy and standards in the PDP. The Committee is authorised to report on PDP activities and certify compliance. The Committee reports regularly to the Quality and Safety Council and to Education Council as required.

The Professional Development Program (PDP) and the Professional Development Committee are supported by the General Manager (Quality and Safety) and by the PDP and Grants Manager and their staff team.

International Medical Graduates

ACRRM has expertise and organisational capacity in International Medical Graduate (IMG) Assessment. This capacity has been developed in recognition of the importance of IMGs in providing services to rural and remote Australia.

The IMG Assessment Committee provides advice on issues related to Specialist IMG assessment. It is supported by the Assessment Manager and its membership includes representatives of the Education Council, the Assessment, people actively involved in specialist assessment, and people who have successfully completed IMG assessment.

The College's assessment team oversees assessment of candidates specialist comparability and supports their progress on the Specialist pathway. They also coordinate assessments of IMG candidate's credentials and suitability for specialist specific positions in supervised, limited registration, General Practice settings.

The IMG Assessment Committee oversights these programs and reports to the Education Council. Through cross-membership arrangements it works closely with the Assessment Committee to ensure alignment of assessment approaches.

Fellowship certification

The College has a clear process in place for assessing and certifying candidates for award of Fellowship:

- The College is advised that a registrar has successfully completed all training and assessment requirements by submission of a Completion of Training application containing relevant information and certification from the relevant training provider. The Completion of Training application includes a declaration from the registrar that there are no current or past professional matters or proceedings that would reflect on their good standing or suitability to be admitted as a Fellow.

- The Censor in Chief reviews the Completion of Training information and refers to the training provider and/or registrar if information requires clarification. Once satisfied that all the requirements have been satisfactorily met, the Censor in Chief recommends the candidate for Fellowship.

- The approved forms are sent to the CEO's office and prepared for tabling at the next College Board meeting.

- The Board considers the candidates being recommended for admission. The censor in Chief is a non-voting ex-officio member of the Board and is available to respond to any questions or concerns from the Board. Once the Board is satisfied with the applications it resolves to admit the new Fellows.

- All candidates that have received Board approval for award of Fellowship are advised accordingly as soon as possible following the Board meeting. Candidates are also provided with the appropriate forms to have their Fellowship recognised by Medicare.

- The College provides appropriate certification to Medicare and registers the Fellow on the professional development program. A Fellowship Certificate is then prepared, and an additional certified copy is sent to the new Fellow so they can submit this to Ahpra. The College then notifies Ahpra of admission of new Fellows.

1.3 Reconsideration, Review and Appeals Processes

1.3.1	The education provider has reconsideration, review and appeals processes that provide for impartial review of decisions related to training and education functions. It makes information about these processes publicly available.
1.3.2	The education provider has a process for evaluating de-identified appeals and complaints to determine if there is a systems problem.

The ACRRM Reconsideration, Review and Appeals Policy relates to grievances against decisions made by the College. The policy with a diagrammatic explanation of the process is available on the ACRRM *website*.

The new policy was introduced in September 2017 and reviewed in February 2019. The review noted that the new process appeared to have had its intended effect of giving members access to alternative, low impost avenues to formally reassess College decisions. The review found that no substantive change was required but that there was a need to make the policy easier to read and understand and in particular to ensure it could be easily understood by applicants from linguistically diverse backgrounds. Based on these recommendations, the policy wording was revised and simplified and a clear language, flowchart-based explanation of the process is now available with the policy on the website.

Appeals processes are also available for ACRRM Registrars in relation to decisions made by an accredited training organisation. Each accredited training organisation has a policy which is publicly available. At a minimum, each training organisation's policy is accessible through the training organisation website. These policies and processes are monitored through the Training Organisation Accreditation process. Registrars training on the AGPT pathway can follow the *AGPT Appeals policy* if they remain dissatisfied following the RTO appeals process. AGPT appeals made by an ACRRM registrar which relate to a clinical decision by the RTO are referred to ACRRM to be heard. The *AGPT website* provides information on the process and link to relevant policies.

RVTS has a *Reconsideration, Review and Appeals Policy* which relates to decisions made by RVTS. This applies to ACRRM Registrars training on the RVTS pathway.

Note: Tables Redacted for member privacy

Policy Review and Evaluation

The policy is reviewed three-yearly. As the College had introduced a new policy the most recent review in 2019 included a comprehensive consultation and assessment process.

The process review involved the following:

- A brief scan of equivalent policies in six broadly comparable medical colleges (ACEM, RACP, RACGP, RACS, RANZCOG, RANZCP). There was some diversity in terms of what areas each policy covered. The complexity and length of the documents and the nature of their processes were largely comparable. It was noted that all of these, bar one was unchanged since the development of the current ACRRM policy which involved a more detailed scan. The only recently revised policy as for the ACEM.

- Policy outcomes since the commencement of the policy to the present were reviewed.

- People with key roles in the development and delivery of the process and people who could potentially apply to the process were identified, as well as a number of people who had made application through the process.

- A survey was sent to the people identified. The survey provided the opportunity to submit open-ended responses to general questions about the acceptability of the process (i.e. *Do you consider it a sound and acceptable process?, Do you see any specific problems with the process?, Do you have any suggestions on how it might be improved?, Do you have any other comments to make about the process?*). It included a link to the policy and asked respondents to broadly identify their role with respect to the policy. 11 replies were received (two process applicants, four college staff with roles in administering the policy, three college members with roles in administering the policy, two Registrars who had not made application under the policy).

- The survey replies were compiled and summarized in the review report to Board including de-identified free text quotes. Given the small number of replies received these were not presented as consensus positions but as important feedback informed by direct involvement and/or direct interest in the process.

- Based on all information reviewed key areas for consideration were identified and possible actions were proposed for consideration.

- *Review findings and outcomes:* The review determined that there was no requirement for substantive changes to the policy. It found there was need for simplification to the wording of the current policy to make it easier to read and understand. It was also felt that additional plain language explanatory materials should be available for potential users. It was noted that this would be particularly useful for potential applicants from linguistically diverse backgrounds. Accordingly, the policy wording has been revised and simplified. Supporting explanatory information including a flowchart of the process is now included on the *website*.

Process for identifying systems issues

The College continuously monitors and reflects on reviews and appeals. The CEO records all applications and outcomes of requests for Review, Reconsideration or Appeal and all are tabled with the College Board. All outcomes are recorded in a single database to enable tracking of outcome trends.

There are limitations on the College's capacity to effectively monitor trends. The number of applications processed by the College is small making it difficult to draw statistical inferences. Additionally, as the College has moved to a staged system of processing requests that may lead to Appeals, statistical trends are difficult to measure against past outcomes which arose from a system with only an Appeal process option. The College has received one appeal application since the implementation of the new policy, and this was upheld.

Key observations over the past three years regarding these activities are as follows:

- There does not appear to have been any change in the general patterns in numbers and types of applications received in the past three years.

- The new policy and its procedures appear to be providing a degree of process efficiency. Of the 52 requests that have been received all have been able to be resolved without escalating to the appeal review panel process. The majority (i.e., 36) of these have been resolved at the lowest (Reconsideration) level (i.e. at the lowest possible cost to the applicant and the least administrative compliance).

- Most request applications have been upheld. Three determinations to overturn College decisions have occurred at the Review level with the minimum impost to applicants.

- In terms of general trends, the Core Generalist Training (CGT) Structured Assessment Using Multiple Patient Scenarios (StAMPS)* assessment continues to be the main area for reconsideration requests. This is probably due to the comprehensiveness of the exam as well as the fact that it is generally the final exam piece for Registrars seeking to complete training. It should be noted that from a safety and quality assurance point of view this is also arguably the most significant assessment hurdle in ensuring our Fellowed doctors are sufficiently prepared to be able to provide comprehensive primary care in rural and remote communities. Of the nineteen cases considered over the past three years, related to this assessment all have been upheld.

  The CGT StAMPS assessment continues to be an area of considerable focus for the College. The College has worked to ensure:

  - Reasons for high numbers of complaints about decisions are understood
  - Reasons for relatively low pass rates are understood
  - Actions are taken to ensure all Registrars understand and can be optimally prepared for the assessment.

  The College has undertaken several reviews in recent years and has improved its understanding of what circumstances are most likely to lead to success or failure in the assessment. This has led to key changes including:

  - Instructional *StAMPS online course* developed
  - Policy change on when Registrars can sit the assessment (i.e. after successful completion of MCQ)
  - Targeted support program for Registrars in difficulty which has shown exceptional results
  - Introduction of new Behaviourally Anchored Rating Scales (BARS) scheme to make assessment more transparent, mathematically defensible, and to provide clearer feedback. This has been implemented for CGT StAMPS. The College will monitor the implementation of the new system and consider whether this can be appropriately extended across the other StAMPS and other assessment modalities

(The review and associated initiatives are further detailed at *Standard 5.1.1*)

Attachment 1.12 Reconsideration, Review, and Appeals Policy

1.4 Educational Expertise and Exchange

1.4.1	The education provider uses educational expertise in the development, management and continuous improvement of its training and education functions.
1.4.2	The education provider collaborates with other educational institutions and compares its curriculum, specialist medical program and assessment with that of other relevant programs.

The College operates in the rural and remote medical training context in which collaboration is essential and common practice. Educational collaboration occurs as rural practitioners commonly hold multiple roles including as academics, training Supervisors, and office bearers in training and workforce organisations. The College has coevolved with the national infrastructure of academic rural and remote medicine including rurally based medical schools, the network of rural clinical schools, and, the academic departments of rural and remote medicine and these overlapping networks continue to be the basis for development and delivery of its educational programs.

* Formally known as Primary Care StAMPS (PC StAMPS)

Education expertise in Governance Committees

Members with educational expertise hold key roles in governance to ensure expert input into Committee decision-making.

- The College Censor-in-chief requires academic standing and is an ex-officio member of the Board, Education Council, College Council, Board of Examiners, and Research Committee.

- The Education Council Chair is held by members with academic positions. Current chair, Dr David Rosenthal holds an Associate Professorship with Flinders University. The Education Council chair has membership of the Quality and Safety Council, the Board of Examiners, Assessment Committee and Professional Development Committee.

- The Research Committee (chaired by Prof Jonathan Newberry) oversees research activities across the College and the development of the Academic Practice AST and its membership includes leading researchers in rural health and rural General Practice, including representatives from the rural clinical schools and international academics.

- The Assessment Committee is chaired by Prof Tarun Sen Gupta a leading academic in medical education assessment. A comprehensive assessment workshop is conducted by the Assessment Committee, College Medical Educators, College Censor in Chief and College assessment staff every two years.

- Curriculum development and review is conducted by appropriately constituted teams and approved through the Committee structures.

- Educational consultants are contracted as needed to assist with pedagogy, instructional design, and outcome mapping.

Educational expertise in education activities

The College Censor in Chief is an experienced medical academic and member of staff. The Censor in Chief contributes to decision-making as required to ensure educational integrity across the College's educational endeavours. The Director of Training Dr Greg Gladman is also an experienced medical educator who has a permanent role with the College and is available to provide leadership and guidance to staff, Medical Educators and Supervisors as required to ensure education principles are upheld. Some other key leadership roles include:

- Dr Sandra Mendel who supports ACRRM Selection
- Dr Chris Carroll, Case Based Discussion (CBD) Assessment Lead
- Deepak Doshi, Multi-Choice Question (MCQ) Assessment Lead
- Dr Eugene Wong, StAMPS Assessment Lead
- Dr Peter Arvier, EM StAMPS Assessment Lead

The College also draws on its pool of experienced, trained clinicians to contribute as Medical Educators, instructors, assessors, and assessment developers to act as required across its education delivery activities. The services provided by these doctors include assisting with:

- delivery of vocational training
- delivery of courses
- development of assessment products
- delivery of StAMPS and CBD assessments
- review of curricula and assessment
- review of applications for specialist assessment and vocational training assessment
- delivery of supervisor training workshops
- provision of training for new contributing clinician
- delivery of skills workshops and courses

All contributors to these roles hold Fellowship and many of them hold academic positions with Universities and Rural Clinical Schools. A robust clinical recruitment framework has been put in place to ensure appointments to all positions for clinical contributors are based on skills, diversity and requirements across assessment and training modalities. Clear position descriptions and reporting structures have been introduced to drive performance and accountability. Alongside this work training resources are being developed to assist particularly the assessor roles in understanding their respective modalities.

Attachment 8.2: Position Descriptions: Lead Assessor, Assessment Writer, Medical Educator

Collaborations with educational institutions (national and international)

Collaborating with other educational institutions is integral to any core College functions and ACRRM proactively engages with other institutions wherever this may add value to its activities.

- The College is a member of the Council of Presidents of Medical Colleges (CPMC) and all its adjunct committees. The College's established process for curriculum development and standards review involves seeking the input of relevant specialties where there are significant areas of overlapping content with their discipline.

  Some key collaborations include:
  - With the Australian and New Zealand College of Anaesthetists (ANZCA) and RACGP on the Joint Consultative Committee for Anaesthetics (JCCA) including working with these organisations to plan the development of a Diploma in General Practice Rural Anaesthetics
  - With the Royal Australian and New Zealand College of Obstetrics and Gynaecology (RANZCOG) and RACGP on the Conjoint Committee for the Diploma of Obstetrics and Gynaecology
  - With the Australasian College of Emergency Medicine (ACEM) and the RACGP on the Joint Consultative Committee (Emergency Medicine) (JCCEM)
  - With the Australian Medical Acupuncture College (AMAC) and the RACGP on the Joint Consultative Committee for Medical Acupuncture (JCCMA)
  - With the General Practice Mental Health Standards Collaboration (GPMHSC) which includes ACRRM, RACGP, RANZCP, the Australian Psychologists Association and Mental Health Australia. This work has helped to inform the mental health content in the curriculum and the Mental Health AST.

- The Research Committee facilitates continuous engagement with educational institutions through its membership in its Terms of Reference that:

  "The Committee should include ……. at least:
  - *One academic from Federation of Rural Australian Medical Educators (FRAME)*
  - *One academic from University Departments of Rural Health (UDRH)*
  - *One member of Australian Association of Academic Primary Care (AAAPC)."*

  Attachment 1.6 Committee Terms of Reference (see Research Committee)

- The College partners with universities and other educational institutions in a wide range of initiatives and special projects. For example, the College has a Memorandum of Understanding (MoU) with the University of Western Australia to reflect a joint commitment to work together to support rurally based General Practice and rural generalist training in that state. The collaboration is supported by a staff member employed as a joint appointment between the two organisations.

- The College takes a collaborative approach to driving the digital health agenda for the benefit of its members and its education and CPD programs. It worked with the Australian Digital Health Agency (ADHA) to develop a guide for rural doctors to incorporate digital health best practice into their work. It is a partner in the ADHA Communities of Excellence in Digital

Health program and Immediate Past President Dr Ewen McPhee is a project clinical lead, heading a *pilot program* in Emerald. ACRRM also hosts the Digital Health Innovation Forum which includes over fifty industry stakeholder groups including colleges, and health professional associations, government agencies and health departments.

International collaborations

- The College has MOUs related to mutual recognition arrangements in place with the College of Family Physicians Canada (CFPC), Royal New Zealand College of General Practitioners (RNZCGP), Division of Rural Hospital Medicine in New Zealand (RHMNZ), and the Rural Generalist Program of Japan (RGPJ). The RGPJ commenced in 2017. It trains subspecialist qualified doctors working on remote islands to provide broad scope medical care and retrieval services based on the ACRRM Fellowship curriculum.

- ACRRM is developing an MOU to support its work with *Rocketship* a not-for-profit organisation dedicated to supporting medical education and training throughout the Pacific Islands applying the principles of best practice rural and remote medicine. The group uses the ACRRM Fellowship curriculum to train doctors for work as broad scope rural generalist doctors.

- ACRRM works globally to define the Rural Generalist scope and maximise access to medical care in locations remote from urban-styled facilities and is a leading member of an international movement towards this end. ACRRM's World Summit on Rural Generalist Medicine in 2013 lead to the development of the International Consensus Statement on Rural Generalist Medicine (endorsed by three international medical professional organisations and national medical professional organisations from seven countries). ACRRM hosted the third World Summit on Rural Generalist Medicine in April 2017 (attended by over 200 delegates from over 20 countries). ACRRM is a member of the WONCA Rural Health Working Party. It is major supporter and participant in all its annual World Rural Health Conferences including hosting the 2017 conference. The ACRRM Curriculum was cited by the most recent World Rural Health Conference *Bangladesh Declaration* as exemplar for rural health curricula.

Comparison with other relevant programs 2018-2021

The College has conducted desktop reviews of its curriculum over the past three years in association with its stepped process of curriculum revision firstly for each of the AST programs and subsequently over 2019-2020, as part of the process to review the primary curriculum and integrate all programs into a single Fellowship Rural Generalist Curriculum.

The process for the full curriculum review was informed by the work commissioned by the Office of the Rural Health Commissioner by Mod Med Ltd in 2019. The Mod Med team undertook a review of the ACRRM Fellowship curricula and the Fellowship of RACGP curricula for the purposes of defining the essential framework for a Rural Generalist curriculum. The review found that the ACRRM curriculum defined the broad set of competencies described by the Rural Generalist model and integrated the rural context throughout its program, while the FRACGP identified more generic competencies and infrequently referenced the rural context and the non-mandatory FARGP program integrated defined advanced skills and more frequently referenced the rural context.

The Education Council held a comprehensive face to face Curriculum Workshop in 2019 to provide initial guidance and parameters for the Fellowship Curriculum Development process. This was facilitated by education consultants, which included Council members, registrar representatives, a nominee of the Aboriginal and Torres Strait Islander members group, and senior education services managers, and clinical educators and assessors. The review included consideration of:

- The relative merits of time based and competency-based training (looking particularly at the College of Family Physicians of Canada (CFPC) model) which led to an ultimate determination to adopt a mixed model approach.
- Explored the concept of Entrustable Practice Activities (EPAs) and how this might work. This included a review of the work of the CFPC and the RANZCP. This led to a commitment to develop EPAs, these are currently in planning stages.
- Reviewed alternative program structure models including ACEM, RACP Occupational and Environmental Medicine, RACP General Physician, RANZCOG, and the Canada Royal College of Physicians and Surgeons. This informed the determination to create a single curriculum which clearly mapped the learning progression from CGT level to AST level learnings.

The regular review of each AST curricula which occurred in a staged process over 2016 to 2018 involved a comparison with the relevant specialty/specialties curricula for each of these which was further informed by consultation with the relevant speciality college and/or Joint Consultative Council.

Palliative Care demonstrated meeting the College criteria for being included as Advanced Specialised Training option (see paper presented to Education Council). The curriculum was developed by a team of Fellows with expertise in Palliative Care drawing on the literature and other Palliative Care curricula. The College of Physicians, ACRRM members and ACRRM accredited training organisations was invited to provide feedback.

The College reviewed the codified list of comparable overseas specialist qualifications in General Practice or family medicine. The *codified list* determines the eligibility for specialist IMGs to apply for assessment on the College Specialist Pathway. The review commenced with developing *criteria for inclusion on the codified list*, all qualifications were then reviewed against these criteria.

1.5 Educational Resources

1.5.1	The education provider has the resources and management capacity to sustain and, where appropriate, deliver its training and education functions.
1.5.2	The education provider's training and education functions are supported by sufficient administrative and technical staff.

Staff and resources

The College is undergoing a rapid expansion and transition and staffing arrangements are currently subject to continuing changes. It has over 90 operational staff, and 80 staff with key clinical roles, such as Medical Educators, assessors and assessment writers with specified role descriptions. A further around 80 clinicians contribute as course instructors and content experts and around 50 contribute as interview panel assessors. The College also contracts some operational support services including information technology support, human resources, and legal services as required.

The operational areas and their respective functions, staff and resources are listed below. The College from time to time engages external consultancies and staff on contractual arrangements particularly for major new projects and specialist functions.

These structures and key staff are shown graphically at *Figure 1.3* below.

Office of the Chief Executive

This area is responsible for overseeing operations of the College including the governance structures. It also is responsible for strategic planning, policy, and advocacy. These staff members also play a role in supporting all areas of the College with strategic initiatives. It comprises:

- CEO
- Executive Manger
- Administrative support staff
- Censor-in-chief
- Policy Officers
- Executive Manager (Responsible for transition planning)
- Rural Generalist Development Manager (Supporting RGTS implementation)
- Human Resources Manager (currently recruiting)

Education Services

This area is the largest in the College it is responsible for all Registrar training, assessment, and curriculum development activities. It comprises:

- General Manager (Education Services), Executive Assistant
- Training Manager, Training Coordinator, 10 Training Officers
- Assessment Manager, Assessment Coordinator, four Assessment Officers
- Educational Standards and Accreditation Manager, and Accreditation Coordinator
- Director of Training, Clinical Lead (IP)
- 20 Medical Educators
- Seven Lead Assessors, 14 Assessors, 40 Assessment writers and examiners
- Planning and development team (two staff members)

For ACRRM Registrars on the AGPT the College delegates delivery of most of the training services and some aspects of the training post accreditation to ACRRM-accredited RTOs.

On the RVTS, the RVTS staff members take a similar role to the RTOs in supporting delivery of training services and accrediting posts for ACRRM Registrars.

Quality and Safety

This area is responsible for the development, promotion, and oversight of quality standards relevant to the practice of our members. The area incorporates standards development, research activities, telehealth and TeleDerm programs, courses development and delivery, as well as operations of the professional development program and procedural grants program management. It comprises:

- General Manager (Quality and Safety)
- Professional Development and Grants Manager and four member team
- Telehealth Coordinator, Project Officer
- Administrative support staff
- Courses Manager (responsible for delivery of webinars and face-to-face courses) and three member team
- Education Development Manager (responsible for development and quality assurance of course content and online courses and other educational resources), project officers, instruction designers, and education coordinator

Corporate Services

This area includes all central business operations including ongoing development of its data management systems and its online educational resources, and online learning and communications platforms. It includes:

- General Manager (Corporate Services)
- Finances Services Manager and finance team (three staff)
- Business Systems Manager and business analysts team (15 analysists and designers)

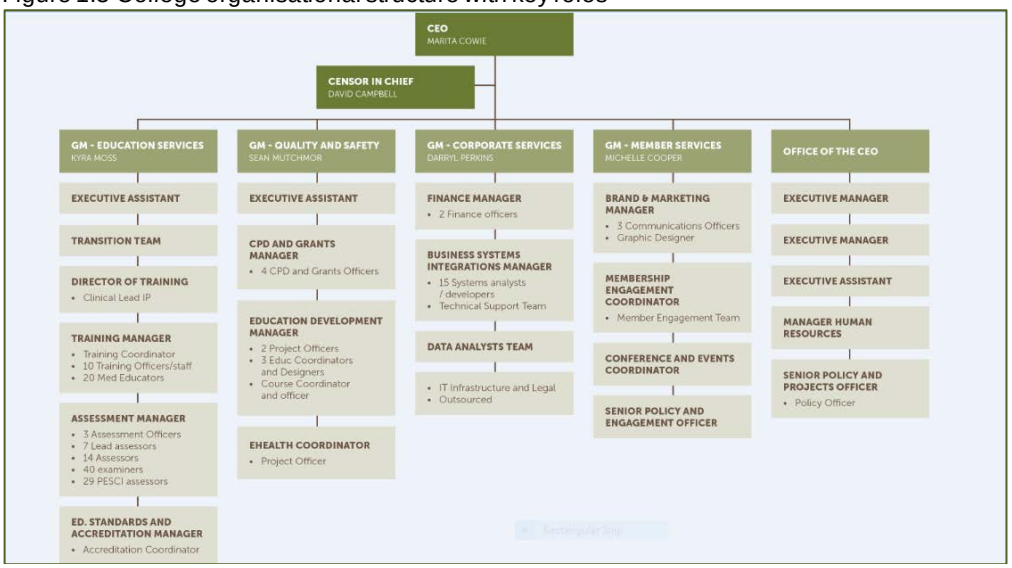
- Technical support team (four staff)
- Legal (contracted consultants)
- Information Technology (supported by contracted consultants)

Member Services

This area is responsible for the provision of College events and conferences, marketing and communications, membership management, and training selection and enrolment. The area includes:

- General Manager (Member Services)
- Manager Communications and communications team (five staff)
- Member Services Coordinator and team (four staff)
- Member Engagement Team Leader (includes events/conferences, selection process coordination)
- Senior Policy and Engagement Officer

Figure 1.3 College organisational structure with key roles[†]



Strengths, Challenges and Plans for Development

The key challenge for the College going forward is to upscale operations associated with both the introduction of RGTS and College-led Training.

The College is strongly positioned to meet these challenges as it has been working toward them for the past five years and is building on a mature national training program with continuing experience in all key aspects of its delivery.

It is recognised that information systems will be a critical element of the viability of the expanded operations and considerable resource is currently being directed to these developments. The College is overhauling its systems to manage the expanded operations. This provides an opportunity to ensure strong alignment with the new prevocational training framework learning portfolios and the new Professional Performance Framework requirements for CPD.

Systems development is also focussed on developing a range of parallel platforms which will enable data sharing between the College central operations and key delivery units and partners

[†] Note: Appointments and roles are subject to ongoing changes

including supervisors and training posts and practices, training organisations and other contracted/collaborating agencies such as the Rural Generalist Coordinating Units. This will facilitate effective collaboration in Registrar placement, progress tracking, support, and general engagement/communication across the training network.

Meeting increasing scale of operations

The College continues to increase its staff engaged in educational work in line with projected continued increases in its members, registrar numbers and the number of participants in its PDP.

Some of the key areas of expansion since 2017 have been:

Expanded Education Services support staff including:

- Training Officers expanded from four to 10
- Medical Educators team expanded from six to 20
- Lead Assessors team expanded from one to seven
- Practice accreditation team expanded

Expanded staff to develop the information systems to support the expanded training operations including:

- Business Analysists and Software developers team from five to 15

Education development team to build the education program, resources, and content:

- Education Development Manager and five-member Education Development team of instructional designers and project officers all new positions

Expanded central operational staff to manage the expanded scale and scope of operations including the following new positions:

- Executive Manager (Office of CEO)
- Human Resources Manager
- New projects planning - project officers (four new positions)
- Policy Officer

The nature and scale of further appointments to manage the RGTS and the College-led Training are subject to ongoing negotiations with the DoH.

Plans for further expanded operations

- It is envisaged that the expanded operations will include designated staff within regional locations to facilitate local collaborations including people to hold clinical leadership roles. Further appointments to ensure increased direct engagement and support for Registrars and Supervisors will be a priority area.

- A clinical recruitment framework has been put in place to facilitate transparent appointments to all clinical lead positions based on skills, diversity and requirements across assessment and training modalities. Alongside this recruitment model, clearer position descriptions, reporting structures and contracts with set tenure have been introduced to drive assessor and educator performance and accountability.

1.6 Interaction with the health sector

1.6.1	The education provider seeks to maintain effective relationships with health-related sectors of society and government, and relevant organisations and communities to promote the training, education and continuing professional development of medical specialists.

The College views effective collaboration as essential to meeting its organisational goals. College undertakings commonly involve this approach at the strategic development and operational levels.

Structures and processes to facilitate engagement

ACRRM has well established practices of engaging with appropriate partner groups in all major undertakings. Since 2014, the College has introduced several initiatives which provide structure and strategic oversight to these.

The College's '*External Stakeholder Strategic Engagement Framework'* provides a blueprint and the principles and approaches entailed are reflected in all its engagement plans.

A Strategic Engagement, senior position has been created and it is this officer's role to oversee the implementation of the strategy. The Strategic Engagement policy officer also has a role in oversighting members and staff members' representation of external committees. This includes ensuring College members undertaking representative activities are appropriately supported and that College staff who engage with external stakeholder groups during their operational activities are assisted to effectively represent the College. New position descriptions have been developed for all College staff and where appropriate these have included strategic engagement performance goals and measures.

Our members currently represent the College on over 100 committees both national and across all states and Territories.

Attachment 1.13: College External Stakeholder Engagement Framework

Collaborations with Jurisdictions

The College contributes to health services and policies at multiple levels and has representatives on almost 50 jurisdictional committees and forums across all states and territories. These interactions facilitate ongoing discussion about how the education programs and health services can support their shared goals.

- In accordance with the Commonwealth Government funding arrangements, all states and territories have established a representative forum with oversight of their Rural Generalist Coordinating Unit and its funded activities to support Rural Generalist training at the prevocational and vocational level. The College CEO and/or senior members are represented on each of these bodies and most of their program Clinical Leads are College Fellows. Engaging with these organisations many of which are in their establishment phase has involved considerable time and resource for the College. A staff manager position has been created with a specific brief to engage with these organisations.

- ACRRM is a member of the coordinating body for the Murrumbidgee Rural Generalist Training Scheme which is a Commonwealth Government pilot for funding vocational training which is coordinated between the health services and the General Practice clinics as will inform national determinations regarding funding models.

- The College is a partner with Queensland Government's Office of Rural Health in the delivery of its rural prevocational training through the Rural Generalist Junior Doctor Training Infrastructure Fund (RJDTIF) and provides a bespoke Rural Generalist Foundations online education program to support this. This is in the process of being expanded and the College

will continue to work with Office in these developments. The program is also used in the health departments' Queensland Country JDocs program which involves urban prevocational doctors doing rotations in rural health services. (Note: The RJDTIF will transition to the John Flynn Prevocational Doctor Program).

- ACRRM staff engage with health services at the local level to facilitate training post accreditation and operations. The College also accredits courses providing by hospital services across the country to be automatically recognised toward meeting requirements in its PDP.

Collaboration with Community and Consumer Groups

The College is progressing its Rural and Remote Community Stakeholder Engagement strategy through several initiatives.

- Appointment of community representatives to relevant College councils and committees – in addition to appointments to the Board and College Council, a community representative has been appointed to the Education Council. Work is under way to secure community representation on the Quality and Safety Council, with consideration being given to how best to secure meaningful community input to a number of Committees.

- The College is establishing a Community Reference Group. This will commence as a relatively informal discussion forum, with plans to extend its scope in the future. A number of community members have already registered to participate and there are plans to schedule the first meeting in the next few months. Further recruitment of members will be undertaken in conjunction with face-to-face meetings with a number of stakeholder organisations, staring with the Isolated Childrens' Parents Association (ICPA) national conference in July 2021. The eventual aim is that the Reference Group will provide advice regarding community need and serve as a communication conduit between the College and the broader rural community.

- The College continues to build relationships with a number of rural community and consumer organisations including the National Farmers' Federation; the Country Womens' Association; ICPA and the Rural and Remote Health Group of the Consumers' Health Forum.

Aboriginal and Torres Strait Islander peoples' representative groups

Within the College ACRRM adopts the principle of 'no about us without us' and refers relevant policy documents, standards and decisions to it Aboriginal and Torres Strait Islander Members Group for input. It has a designated officer that provides a point of contact for its Aboriginal and Torres Strait Islander members as required.

The College has a Reconciliation Action Plan (RAP) Innovate in place with Reconciliation Australia defining its commitment to Aboriginal and Torres Strait Islander people which references its commitment to building strong partnership with Indigenous community and sectoral representative groups.

- ACRRM draws on its key strategic partners at AIDA for advice and collaboration on major issues related to Aboriginal and Torres Strait Islander Health. The College is a signatory to the shared MOU between the CPMC and AIDA and regularly meets with AIDA to progress operational matters.

- The College is a member of Close the Gap Steering Committee.

- The College works with the Indigenous General Practitioners Registrars Network (IGPRN) to support training for its Indigenous Registrars and with the AGPT Aboriginal and Torres Strait Islander Mentors Network to support cultural safety and mentoring for its AGPT Registrars.

- The College also has strong links with NACCHO, Leaders in Medical Education (LIME) and the Indigenous Health InfoNet.

Medical Schools and prevocational groups

The College is committed to vertical integration and engages with and supports medical school students and junior doctors to pursue their interest in careers in the profession.

Internally the College has a Future Generalists Committee comprised of junior doctor and medical student members. The group has a specific term of reference to engage with external organisations and is currently formalising its links with the National Rural Health Student Network, the Australian Medical Students Association (AMSA) - Rural Committee and the General Practice Registrars Association Student Group through dedicated representatives on the committee. The Future Generalists are represented on the College Council and Respectful Workplaces Committee. They also deliver a student stream at the College's annual (RMA) conference.

The Future Generalists supported by ACRRM staff, also regularly represent the College at careers events with Universities and for prevocational doctors in health services.

The College has relationships with the Rural Clinical Schools and Integrated Rural Training Hubs often coincidentally as College leaders, senior Fellows, Supervisors and Medical Educators commonly also have appointments with these organisations. College training typically occurs alongside their training - and regional training structures typically include representation from both the colleges and the universities. The Rural Generalist Coordinating Units operate in every jurisdiction and their governance organisations have Rural Clinical Schools and the Colleges represented.

The College has a Memorandum of Understanding (MoU) with the University of Western Australia to facilitate collaboration in the training of medical students, prevocational doctors and Registrars in rural and remote locations. The agreement is supported by a joint-appointment Training Support Officer based in Western Australian.

Peak Rural Health Organisations

The College's key partnership is with the Rural Doctors Association of Australia (RDAA) and with its jurisdictional affiliate organisations. This relationship is formalised in a MOU. The College works closely with the National Rural Health Alliance (NRHA). ACRRM is represented on the NRHA Council and Board.

Rural Workforce Agencies

It also supports the Rural Health Workforce Agencies (RWAs) within each jurisdiction and is on the Board of several of these. The RWAs operate the MDRAP for which the ACRRM Online Courses suite can be undertaken to meet the scheme's education requirements.

Primary Healthcare Networks

The College actively seeks opportunities to engage and partner with Primary Healthcare Networks (PHNs). The College has direct membership of three rural PHNs, North Queensland PHN (where it has a seat on the Board) and Tasmanian PHN and the Murrumbidgee PHN. The College communicates and liaises with all rural and regionally based PHNs to ensure members interests are understood and opportunities for collaboration are maximised.

Colleges/Professional Organisations

- ACRRM interacts with other medical colleges extensively in pursuing its activities. Its principal forums for this are through the Council of Presidents of Medical Colleges (CPMC), GPTAC and through the joint consultative and conjoint committees that are in place for anaesthetics,

obstetrics and gynaecology, and emergency medicine. Over and above these interactions the College endeavours to engage with its fellow colleges and professional organisations wherever appropriate. Staff participate in inter-collegiate groups on a range of issues included Professional Development Programs; Practitioner Health and Well-Being; and Climate Change and Health.

- As the College for Rural and Remote Medicine, ACRRM recognises that working effectively with your local rural healthcare team is a key aspect of its members' practice. ACRRM highly values its strong relationships with groups such as National Aboriginal Community-Controlled Health Organisation (NACCHO), CRANAplus, the Indigenous Allied Health Australia (IAHA) and the Society of Australian Rural and Remote Allied Health (SARRAH). The Rural Health Ministers' regular rural roundtable forums are also an opportunity for regular interaction across the key rural health professional bodies.

International

- The College continues to build on its strategic agreements with comparable professional organisations in other countries. Memoranda of Understanding and similar agreements are now in place with the College of Family Physicians Canada (CPC); the Division of Rural Hospital Medicine in New Zealand (RHMNZ); the Royal New Zealand College of General Practitioners (RNZCGP); and the Rural Generalist Program of Japan.

- The World Rural Health Conferences and associated Rural Generalist Medicine Summits continue to provide a forum for ongoing engagement. The College has taken a lead role in all of these including this year when it hosted both the Summit and the Conference in April 2017. The World Rural Health Conference attracted approximately 1000 delegates from 40 countries and the Rural Generalist hosted over 200 delegates from 23 countries.

1.6.2 The education provider works with training sites to enable clinicians to contribute to high-quality teaching and supervision, and to foster professional development.

The College works with jurisdictions at the government, departmental and health service level to support them to deliver and support teaching and learning in ACRRM programs. An important aspect of this is through its representation on credentialing committees and forums.

As a significant amount of ACRRM registrar training occurs in hospitals, the College works with health services to accredit training posts and Supervisors for ACRRM Fellowship training.

ACRRM PDP online courses, webinars and skills workshops are available to all members who may be Fellows of ACRRM or RACGP. With the anomaly of COVID 19 the numbers of face-to-face events have reduced but previously around 800 rural doctors each year took part in around 40 separate training events. These are typically held in training centres across the country which can be relatively easily accessed by rural doctors. These focus on key skills sets for rural and remote practice including advanced life support, rural obstetric emergencies, and advanced mental health skills. The College manages the Procedural Rural Grants Program which supports ACRRM Fellows to undertake CPD in their advanced procedural skills as required to maintain their credentialed practice.

The General Practice Supervisors Association (GPSA) is financed by the government to support Supervisors to provide quality training in General Practice clinics and the College works with the Association to support them to provide resources and training events for ACRRM Supervisors. The College also provides dedicated Supervisor training resources and events (see *Standard 8.1.3*).

1.6.3 The education provider works with training sites and jurisdictions on matters of mutual interest.

- The College works with the Commonwealth DoH in all areas of importance to its mission. It is represented on over 50 national committees including, the General Practice Training Advisory

Committee (GPTAC) through which it contributes to leadership of the AGPT and the TCLTAC which is progressing plans for national GP training transition. Through membership of Medical Workforce Reform Advisory Committee (MWRAC) it is contributing to development of the national workforce strategy which will provide the framework for its education programs.

- The College meets continuously the various jurisdictional health departments to discuss issues as they arise. It is represented on almost 50 official committees, working parties and forums across the various jurisdictions. These include training, credentialing and clinical advisory groups and project working groups. These groups provide forums for liaison on issues of common interest. Additionally, the College regularly makes submissions to departments and arranges meetings to discuss matters of interest as they arise. As outlined above a key forum for engagement is the new Rural Generalist Coordinating Units and governance structures in each state and territory.

- At the local training practice level, the College engages with Supervisors through its training post accreditation activities and through structured interactions between Supervisors with the Director of Training, Medical Educators, and College Training Officers. It also engages with Supervisors as contributing College Fellows and members and participants in its PDP program, workshops, conferences, webinars, and other educational and networking activities.

1.6.4 The education provider has effective partnerships with relevant local communities, organisations and individuals in the Indigenous health sector to support specialist training and education

Since its inception, Aboriginal and Torres Strait Islander communities particularly rural and remote communities has been viewed as integral to the College mission and its foundation curriculum, standards and structures all reflect this. The College has in place its *RAP Innovate* with Reconciliation Australia defining and tracking its ongoing commitment to reconciliation.

The College has many links to Aboriginal and Torres Strait Islander health service sector. Its key partners are listed below:

- The College has established its Aboriginal and Torres Strait Islander Members' Group which acts as both a mentoring and support group to nurture prospective and support doctors through to Fellowship and beyond, and secondly to act as a reference group to help frame College positions on all issues of specialty relevance to Aboriginal and Torres Strait Islander health. The group has a designated officer who provides support, administration, and a liaison point to support strong communication between the members, staff and governance. (Further detailed at *Standard 7.1.3*)

- The College has strong links to the Aboriginal and Torres Strait Islander healthcare sector by virtue of almost 150 ACRRM members working in Aboriginal Medical Services and Aboriginal Community-Controlled Health Services and most of our members, as rural doctors, having patient populations with a significant number of Aboriginal and/or Torres Strait Islander peoples.

- The College has been closely associated with the Australian Indigenous Doctors' Association (AIDA) from its inception in the same year as ACRRM's. A key interaction has been its provision of ACRRM courses by joint AIDA/ACRRM members at AIDA's conference every year.

- ACRRM works with the Indigenous General Practice Registrars Network (IGPRN) to deliver training workshops to our Indigenous Registrars supported by ACRRM Medical Educators and ACRRM Fellows who are Aboriginal as instructors. ACRRM works with the AGPT Cultural Educators and Mentor Network that provide cultural safety training and mentoring to Registrars on the AGPT and regularly meets with network representatives and presents at meetings about its work and program developments.

- The College is a member of the *Close the Gap* Campaign Steering Committee and participates in their activities and events and supports their promotional campaigns.

- ACRRM works with NACCHO and its jurisdictional branches and other key groups such as the Indigenous HealthInfonet of which it is a participating members and Leaders in Medical Education (LIME). The College attends and presents at workshops and events of all these groups and takes part in initiatives such as the Victorian Aboriginal Community-Controlled Health Organisation (VACCHO) GP Workforce Working Group.

- As outlined below these strong partnerships have enabled the College to deliver training across its 90 accredited training posts in Aboriginal Medical Services.

Attachment 1.14 ACRRM RAP Innovate

1.7 Continuous renewal

1.7.1	The education provider regularly reviews its structures and functions for and resource allocation to training and education functions to meet changing needs and evolving best practice.

ACRRM continuously reviews and adjusts its structures, functions and policies to ensure its activities keep pace with the changes in the primary care sector. It also aims to maintain their relevancy to the changing needs of its members and their communities. It responds to new challenges and opportunities to improve access to quality care especially for people in rural and remote communities.

Governance and Organisational Restructure

The College replaced its foundation constitution in 2014, its governance structures in 2015, and its organisational structure in 2016. The new Constitution enabled a reorganisation of the governance structures of the College. It has involved moving from a representational Board to establishing a skills-based Board which operates in coordination with a representative College Council.

The governance review led to introduction of a Quality and Safety Council and a reorganisation of the reporting committees. The new organisational structure was designed to better align people and resources to strategy and governance; and to better meet the challenges of expanded membership and operations.

The College is continuing to look at ways to better align its governance and organisational structures to meet its rapidly evolving context.

Strategic Planning

The College conducts an annual review of the College's Strategic Plan. This is a two-day face-to-face workshop undertaken by the Board and College Council together with all the College's most senior managers. The review considers key evaluation outcomes and reports across all areas of the College's operations identified as of strategic importance. It includes an analysis of changes in the political, organisational, technological, and professional environment in which the College operates. The revised strategic plan is then incorporated into business planning process. Key issues identified are also referred to the relevant committees for policy and/or operational considerations.

Internally all business units develop annual budget and workplans which are required to incorporate the strategic planning outcomes. These are tabled with the College's, Executive Leadership Team (ELT) for consideration. Once approved, they are referred to the Finance and Risk Management (FARM) Committee for their consideration and ultimately to the Board for approval.

Continuous quality improvement

The College Board and committees engage in a continuous dialogue regarding the wider strategic and reform agendas that may impact on General Practice standards or requirements particularly in rural and remote contexts. Ultimate decision-making rests with the College Board.

The outcomes of annual evaluation and other key surveys are disseminated to the Executive Leadership Team (ELT), key staff and relevant College Committees to inform ongoing decision making. The College also responds to issues arising from policy forums; from regulatory and operational external committees on which ACRRM is represented; and from feedback received from program stakeholders, members, and their communities. Typically, issues or proposed initiatives which arise through these processes are brought to the relevant College manager and then on to the relevant College Committee for consideration and progressing.

The Policy Officers and Executive Leadership have responsibility to ensure strategic initiatives or emerging issues requiring attention are progressed by the College and tabled with the College Board and Council. The College committees review their respective Terms of Reference every two years and undertake a regular review of their scope and processes. All staff members are subject to regular performance reviews and staff position descriptions are also regularly reviewed.

Attachment 1.15: ACRRM Annual Report

Standard 1: Documents to be provided	
☒	College's governance structure with key committees and lead members indicated. (See *Figure 1.1*)
☒	Terms of reference and membership of training and education committees. (See Attachment 1.6)
☒	Any formal agreements between the education provider and other entities concerning the delivery of training (See Attachment 1.12)
☒	Conflict of interest policy relevant to training and education functions (See *Standard 1.1.6*)
☒	Reconsideration, review and appeals policy (See *website* and Attachment 1.13)
☒	A diagram showing the education provider's staffing structure. (See *Figure 1.2*)
☒	Most recent Annual Report. (See Attachment 1.15 and *website*)
☐	Reports of any relevant reviews.

2. Outcomes of Training and Education

2.1 Educational purpose

2.1.1	The education provider has defined its educational purpose which includes setting and promoting high standards of training, education, assessment, professional and medical practice, and continuing professional development, within the context of its community responsibilities.

ACRRM was founded by rural doctors with the specific goal of providing General Practice standards, training and continuing professional development appropriate for the context of rural and remote practice in Australia. The College accepts responsibility for serving rural and remote communities and actively considers and promotes this in all aspects of its activities.

The College vision and purpose statements are reflected throughout the College's operations and provide the basis for its evaluation and ongoing quality improvement efforts. The College's vision is:

> *"The right doctors, in the right places, with the right skills, providing rural and remote people with excellent health care."*

Its Mission statement is:

> *"To be a vibrant professional home for members that delivers inspiration, collegiality, value and social accountability."*

Its Purpose statement is:

> "*To set professional standards for practice, lifelong education, support and advocacy for specialist general practitioners and rural generalists."*

While broader than just educational in scope, these statements demonstrably form the basis of the College's Fellowship programs. For ACRRM, educational purpose is rooted in the belief that quality in medical education reflects its capacity to enable and inspire doctors to effectively address their communities' health service needs. ACRRM's educational goals are further described by the 'principles' of the Fellowship curriculum, namely:

1. Grounding in professional standards
2. Responsiveness to community needs
3. Responsiveness to rural and remote context
4. Integrated rural pathway
5. Competency based approach
6. Focus on experiential learning
7. Relevance to practice
8. Validity, reliability, and educational soundness
9. Appropriateness and acceptability of delivery and assessment methods
10. Contribution to improving workforce capacity

Changes since last Accreditation

The College has changed its purpose statement along with its mission and visions statements since the last accreditation.

The previous College purpose statement was:

> *"To provide leadership, training and support for Rural Generalist doctors that promote effective systems of care for their communities."*

The new wording is intended to provide a more clear and specific statement of College key functions while the new College 'vision' and 'mission' statements reflect the College's more aspirational and conceptual aims. The wording does not, and was not intended to reflect any change in focus.

The following changes have been made to the curriculum principles:

- "Outcomes focus" replaced with "Competency based approach": This reflects a change in the approach to assessment further detailed at *Standard 5*
- "Integrated rural pathway" and "Contribution to workforce capacity" added: both included to better incorporate the strong principles that have always underpinned the curriculum design
- "Use of information technology" removed: this was considered to be covered by principle (9)
- Articulation with advanced studies: this was considered to be an important but non-core principle.

Attachment 3.1: ACRRM Fellowship Curriculum

2.1.2	The education provider's purpose addresses Aboriginal and Torres Strait Islander peoples of Australia and/or Māori of New Zealand and their health.

For ACRRM meeting the needs of Aboriginal and Torres Strait Islander peoples is implicit to meeting its vision, mission and purpose to serve communities in the rural and remote context. Aboriginal and Torres Strait Islander peoples are disproportionately represented in rural and remote communities and a key distinguishing aspect of rural and remote practice is that these peoples typically represent a substantial proportion of the doctors' practice population.

For example, the curriculum principle *"Responsive to the rural and remote context"* is detailed as:

> "*Focuses on the key features that define rural and remote generalist medical practice and distinguishes it from urban models of generalist medical practice. This includes working across primary and secondary care, emergency medicine, Aboriginal and Torres Strait Islander health, and independence in decision-making and models of collaboration and support across extensive geography."*

Indigenous health issues are one of the eight domains of the Fellowship Curriculum which has a related set of competencies:

> *"Work with Aboriginal, Torres Strait Islander, and other culturally diverse communities to improve health and wellbeing"*

There is also a dedicated Learning Area – *Aboriginal and Torres Strait Islander Health.* Additional content relevant to this Domain and to Indigenous health is incorporated in other clinically-based Learning Areas to maintain the strengths-based focus of the dedicated Learning Area.

The Learning Area and the Domain competencies are defined in the curriculum and mapped to all content covered in education delivery and in a defined proportion of assessment content.

Further detailed at Standard 3 and Standard 5

The College's Monitoring and Evaluation Framework incorporates training and health workforce outcomes for Aboriginal and Torres Strait Islander communities in its *Project Logic Map*, the overarching key evaluation questions as well as in the detailed program targets.

Further detailed at Standard 6

2.1.3	In defining its educational purpose, the education provider has consulted internal and external stakeholders.

The College's vision, purpose and values were determined by the College Council which is the College's peak representational body. The vision and purpose reflect continuity with its previous

mission and purpose also approved through this process. The new wording intended only to be more precise. The principles set forward in the Fellowship Curriculum are built on these same fundamental positions. The principles of the Fellowship Curriculum have been part of the extensive consultation that has occurred as part of the latest review of the curriculum detailed at *Standard 6.1*.

2.2 Program outcomes

2.2.1	The education provider develops and maintains a set of program outcomes for each of its specialist medical programs, including any subspecialty programs that take account of community needs, and medical and health practice. The provider relates its training and education functions to the health care needs of the communities it serves.
2.2.2	The program outcomes are based on the role of the specialty and/or field of specialty practice and the role of the specialist in the delivery of health care.

Program Outcomes based on healthcare needs in community

The fundamental premise of the ACRRM Fellowship development and design is to provide a standards framework describing a practitioner able to effectively and optimally contribute to meeting the breadth and depth of medical needs of people in rural and remote areas in the context of relative remoteness from an urban breadth of healthcare facilities, staff and services. This underlying purpose is evident in all aspects of the Fellowship curriculum.

The program outcomes were developed in response to the well-evidenced distinctions, access challenges and ongoing unmet needs of rural and remote communities. Although the fundamental issues have not changed substantively, the program outcomes' have continued to reassess their relevance and evolve in response to the changing environment. This occurs as part of the curriculum review process (detailed below) and also as part of the wider College continuous quality improvement through its Monitoring and Evaluation Framework which specifically considers these issues. (Further detailed at *Standard 6*).

Program Outcomes

- The revised Fellowship Curriculum defines an ACRRM Fellow - as a medical specialist who has been assessed as meeting the requisite standards for providing high-quality Rural Generalist medical practice. This involves being able to:
    - provide and adapt expert primary, secondary, emergency and specialised medical care to community needs
    - provide safe, effective medical care while working in geographic and professional isolation
    - work in partnership with Aboriginal, Torres Strait Islander peoples and other culturally diverse groups
    - apply a population approach to community needs.
- The Domains of practice describe the contexts of rural and remote practice.
    1. *Provide expert medical care in all rural contexts: this includes a patient-centred approach, diagnosis, management and teamwork.*
    2. *Provide primary care: this includes whole patient care, longitudinal care, first point of care, undifferentiated presentations, care across lifespan, acute and chronic care and preventive activities.*
    3. *Provide secondary medical care: this includes inpatient management, respond to deteriorating patient, handover, safe transfer and discharge planning.*
    4. *Respond to medical emergencies: hospital and prehospital, resource organisation, initial assessment and triage, emergency medical intervention and patient evacuation.*

5. *Apply a population health approach: community health assessment, population level health intervention, statutory reporting and disaster planning.*
6. *Work with Aboriginal, Torres Strait Islander, and other culturally diverse communities to improve health and wellbeing: strengths-based, respect and understanding*
7. *Practise medicine within an ethical, intellectual and professional framework: ethical practice, clinical documentation, quality and safety, professional obligations, continuous learning, leadership, teaching and research.*
8. *Provide safe medical care while working in geographic and professional isolation: resourcefulness, independence, flexibility, technology, professional network and extended practice.*

- The Fellowship Curriculum presents its program outcomes in the context of the following definitions to describe the Fellowship discipline of General Practice and its relationship to the distinctions of the professional scope and identity of ACRRM Fellows.

  The General Practitioner is the doctor with core responsibility for providing comprehensive and continuing medical care to individuals, families and the broader community. Competent to provide the greater part of medical care, the general practitioner can deliver services in the primary care setting, the secondary care setting, the home, long-term residential care facilities or by electronic means – wherever and however services are needed by the patient within their safe scope of practice. ACRRM Fellows receive specialist registration as a General Practitioner with the Medical Board of Australia and can practise in any location throughout Australia. ACRRM's curriculum and training program also prepares doctors to be Rural Generalist medical practitioners. An ACRRM Definition of General Practice is given in its Position Paper *Defining the Speciality of General Practice Position Statement*

  A Rural Generalist medical practitioner is a General Practitioner who has specific expertise in providing medical care for rural and remote or isolated communities. A Rural Generalist medical practitioner understands and responds to the diverse needs of rural communities: this includes applying a population approach, providing safe primary, secondary and emergency care, culturally engaged Aboriginal and Torres Strait Islander peoples' health care as required, and providing specialised medical care in at least one additional discipline.

This definition for a Rural Generalist Medical Practitioner is informed by the definition agreed by the National Rural Generalist Taskforce and then tailored to the language used in the College Curriculum.

Rural Generalist Medicine is the provision of a broad scope of medical care by a doctor in the rural context that encompasses the following:

- *Comprehensive primary care for individuals, families and communities*
- *Hospital in-patient care and/or related secondary medical care in the institutional, home or ambulatory setting*
- *Emergency care*
- *Extended and evolving service in one or more areas of focused cognitive and/or procedural practice as required to sustain needed health services locally among a network of colleagues*
- *A population health approach that is relevant to the community*
- *Working as part of a multi-professional and multi-disciplinary team of colleagues, both local and distant, to provide services within a 'system of care' that is aligned and responsive to community needs.*

The definition for Rural Generalist Medicine is the *Cairns Consensus Statement*, developed and endorsed by the delegates of the World Summit on Rural Generalist Medicine, Cairns, 2014

Program Outcomes Review Process

The Curriculum including its Program Outcomes was reviewed during 2018- 2020 as part of the regular five-year review cycle.

The review of program outcomes was informed by:

- Two College Council Strategic Planning Workshops
- Workshop with representatives from accredited training organisations
- A program of presentations to external stakeholders for feedback
- Written feedback from broad range of external and internal stakeholders
- A review of national and international College and other discipline-related curricula (these are further detailed at *Standard 1.4.2*)

Changes since the last Accreditation

The following definitions around program outcomes were added to the Fellowship Curriculum in the latest revision:

- Definition of a Rural Generalist
- Definition of Rural Generalist medicine
- Description of a Fellow of ACRRM

These additions reflect recognition that Registrars in undertaking Fellowship training, would benefit from a clear description of their program outcome as a practitioner with as associated set of work-related capacities.

The references to the rural generalist model of practice provide a more specific description of the model of practice for which the curriculum will ideally prepare them. In completing the program, Fellows will have been trained and assessed across the breadth of the minimum general practice scope with distinctive and additional elements to all program assessment, they will have completed, additional mandatory training terms, and an additional program of training and summative assessment related to their selected advanced specialised field. They are thus more appropriately represented as full scope general practitioners that have attained a distinctive and advanced professional (rural generalist model) skill set, and the revised curriculum definitions more instructively reflect this. This clarity regarding the professional outcomes has also been viewed as important given the broader context whereby Registrars are commonly training on jurisdiction sponsored, Rural Generalist training pathways and in some jurisdictions, seeking to be employed under the 'Rural Generalist' industrial award.

All of the above changes are designed to provide clearer instruction on the nature of the Fellowship and Fellowship program. None are viewed as significantly changing the program outcomes.

2.3 Graduate Outcomes

2.3.1	The education provider has defined graduate outcomes for each of its specialist medical programs including any subspecialty programs. These outcomes are based on the field of specialty practice and the specialists' role in the delivery of health care and describe the attributes and competencies required by the specialist in this role. The education provider makes information on graduate outcomes publicly available.

The Graduate Outcomes are given by the Competencies listed in the Fellowship Curriculum.

They are grouped under the eight domains of rural and remote practice and describe the key competencies that are required in each context of practice. The Curriculum also provides a framework for the levels that should be met at progressive stages of training. The competencies are detailed below.

1.	***Provide expert medical care in all rural contexts***
1.1.	*Establish a doctor-patient relationship*
1.2.	*Use a patient centred approach to care*
1.3.	*Diagnose and manage common and important conditions in rural primary, secondary and emergency settings*
1.4.	*Obtain a relevant and focused history using a logical and structured approach aiming to rule in and rule out relevant differential diagnoses within a patient's presentation*

1.5. Perform an appropriate physical examination, across all age groups, elicit clinical signs and interpret physical findings
1.6. Appropriately order, perform and interpret diagnostic investigations
1.7. Ensure safe and appropriate prescribing of medications and non-pharmacological treatment options
1.10. Formulate an appropriate management plan, incorporate specialist practitioner's advice or referral where applicable
1.10. Demonstrate commitment to teamwork, collaboration, coordination and continuity of care
1.10 Provide patient care in the home, nursing home and other sites away from the main health service

2. Provide primary care
2.1 Apply diagnostic reasoning to undifferentiated health problems in an un-referred patient population
2.2 Provide patient care across the lifespan from birth through to end of life
2.3. Manage common presentations and conditions in primary care
2.4. Provide longitudinal care, managing individual's diverse range of problems across extended time periods
2.5. Perform primary care diagnostic and therapeutic procedures
2.6. Effectively manage time pressure and decision fatigue during General Practice consultations
2.7. Provide continuous, consistent and coordinated chronic disease management for individuals with chronic conditions
2.8. Undertake preventive activities such as screening, immunisation and health education in opportunistic and programmatic ways
2.9. Provide cost conscious care for patients, the service and the health care system
2.10. Provide general and specific health checks, medical assessments and travel medicine consultations

3. Provide secondary medical care
3.1. Manage common conditions requiring inpatient care, in appropriate settings
3.2. Maintain a clinically relevant plan of fluid, electrolyte and blood product use with relevant pathology testing
3.3. Perform secondary care diagnostic and therapeutic procedures
3.4. Recognise and respond early to the deteriorating patient
3.5. Communicate effectively with the healthcare team, including effective handover
3.6. Anticipate and judiciously arrange safe patient transfer to other facilities
3.7. Undertake early discharge planning, involving the multi-disciplinary team

4. Respond to medical emergencies
4.1. Recognise severe, acute and life-threatening conditions and provide initial resuscitation and stabilisation
4.2. Provide definitive emergency management across the lifespan in keeping with clinical need, own capabilities, local context and resources
4.3. Perform emergency diagnostic and therapeutic procedures
4.4 Interpret common pathology, imaging and other diagnostic modalities relevant to emergency management
4.5. Activate or support emergency patient retrieval, transport or evacuation when needed
4.6. Provide inter-professional team leadership in emergency care that includes resource allocation, risk management assessment, quality assurance, team debriefing and self-care
4.7. Utilise assistance and/or guidance from other specialist practitioners and services as required

5. Apply a population health approach
5.1. Analyse the social, environmental, economic and occupational determinants of health that affect the community
5.2. Describe the local community profile, including health, age groups, ethnicity, occupations
5.3. Apply a population health approach that is relevant to the community profile
5.4. Integrate evidence-based prevention, early detection and health maintenance activities into practise at a population level
5.5. Fulfil reporting requirements in relation to statutory notification of health conditions
5.6. Participate in disaster planning and implementation of disaster plans, and post-incident analysis and debriefing

6. Work with Aboriginal, Torres Strait Islander, and other culturally diverse communities to improve health and wellbeing
6.1. Understand diverse local health practices and their benefits for communities
6.2. Apply principles of partnership, community ownership, consultation, capacity building, reciprocity and respect to health care access and delivery, health surveillance and research

6.3.	*Deliver culturally safe care‡ to Aboriginal and Torres Strait Islander peoples and other cultural groups*
7.	***Practise medicine within an ethical, intellectual and professional framework***
7.1.	*Work within relevant national and state legislation and professional and ethical guidelines*
7.2.	*Keep clinical documentation in accordance with legal and professional standards*
7.3.	*Provide cost effective patient care through judicious use of resources by balancing own duty to individual patients with own duty to society*
7.4.	*Manage, appraise and assess own performance in the provision of medical care for patients*
7.5.	*Participate in quality and safety improvement and risk management activities*
7.6.	*Teach and clinically supervise health students, junior doctors and other health professionals*
7.7.	*Recognise unprofessional behaviour and signs of the practitioner in difficulty among colleagues and respond according to ethical guidelines and statutory requirements*
7.8.	*Contribute to the management of human and financial resources within a health service*
7.9.	*Provide leadership in professional practice*
7.10.	*Engage in continuous learning and professional development*
7.11.	*Critically appraise and apply relevant research*
8.	***Provide safe medical care while working in geographic and professional isolation***
8.1.	*Demonstrate resourcefulness, independence and self-reliance while working effectively in geographic and professional isolation*
8.2.	*Develop and apply strategies for self-care, personal support and caring for family*
8.3.	*Establish a community network while maintaining appropriate personal and professional boundaries*
8.4.	*Establish, maintain and utilise professional networks to assist with safe, optimum patient care*
8.5.	*Provide safe, effective clinical care when away from ready access to specialist medical, diagnostic and allied health services*
8.6.	*Use information and communication technology to assist in diagnosis, monitoring and provision of medical care or to facilitate access to specialised care for patients*
8.7.	*Identify and acquire extended knowledge and skills as may be required to meet health care needs of the local population*

Changes to Graduate Outcomes

The main changes from the latest curriculum review are to the framework or structure in which the information is presented. These changes were made in response to developments in medical education including the shift towards competency based medical education and the work of the

---

‡ **Cultural safety for Aboriginal and Torres Strait Islander Peoples**

Cultural safety is determined by Aboriginal and Torres Strait Islander individuals, families and communities.

Culturally safe practice is the ongoing critical reflection of health practitioner knowledge, skills, attitudes, practising behaviours and power differentials in delivering safe, accessible and responsive healthcare free of racism.

To ensure culturally safe and respectful practice, medical practitioners must:

a. Acknowledge colonisation and systemic racism, social, cultural, behavioural and economic factors which impact individual and community health
b. Acknowledge and address individual racism, their own biases, assumptions, stereotypes and prejudices and provide care that is holistic, free of bias and racism
c. Recognise the importance of self-determined decision-making, partnership and collaboration in healthcare which is driven by the individual, family and community
d. Foster a safe working environment through leadership to support the rights and dignity of Aboriginal and Torres Strait Islander people and colleagues.

Culturally safe and respectful practice is also important for all communities.

From the Medical Board of Australia, Good medical practice: a code of conduct for doctors in Australia: October 2020

Australian National Rural Generalist Taskforce. The most notable change is that all Fellowship Core and Advanced knowledge, skills and attributes have been included in a single curriculum.

The following new elements were added:

- A new domain around providing expert medical care in all rural and remote contexts. This was included to ensure coverage of a discrete set of foundational practice skills.
- Indicators of progression for each competency – these are intended to aid Registrars to plan and self-assess their training progress
- Attributes – these provide a broad conceptual reference to define attitudinal and character-based aspects of the Fellowship standards
- Additional Learning Areas:
  - Foundations: History taking, Physical examination, Differential diagnosis, Investigations, Procedural Skills, Diagnostic imaging, Pharmaceuticals
  - Can Med Roles: Communicator, Collaborator, Leader, Health Advocate, Scholar, Professional
  - Other: Chronical Disease, Genetics, Occupational Health

The additional Learning Area items have enabled clearer incorporation of the knowledge, skills and aptitudes related to essential medical skills and non-clinical aspects of the practitioners role. They have allowed for clearly defined inclusion of important areas such as responding to domestic violence, patient-communication, and self-care, and clinical areas of emerging importance.

An important addition to the revised Curriculum has been the Competency Standards Framework. This provides a breakdown of the stages of attainment of each competency in progressing toward attainment of Fellowship standard. The progression framework defines the competency standards associated with both the Core Generalist level and the Advanced Specialised level. Core Generalist level needs to be attained in all areas. The advanced level needs to be attained in at least one of the 12 Advanced Specialised Training (AST) program disciplines. The Framework provides a helpful guide to Registrars and educators on learning progression and assessment readiness (See *ACRRM Fellowship Curriculum* pages 11-26). This Framework informs the *Supervisor Report* and *MiniCEX* rating.)

There were no significant changes to what is required to be taught, learned, or assessed, or to the scope or depth of competencies, knowledge and skills. There are no changes to training program requirements.

Standard 2: Documents to be provided	
☒	Program and graduate outcomes for each of the specialist medical training programs. (See Attachment 3.1 *Fellowship Curriculum*)
☒	Statement of purpose (See *College Website*)

3. Training and Education Framework

3.1 Curriculum framework

3.1.1	For each of its specialist medical programs, the education provider has a framework for the curriculum organised according to the defined program and graduate outcomes. The framework is publicly available.

ACRRM Fellowship Curriculum

The ACRRM Fellowship Curriculum defines the core competencies which must be attained to produce graduates who can function as safe, confident, and independent doctors in the Australian health system across a full and diverse range of General Practice especially in rural and remote environments.

The curriculum includes:

- a Core Generalist standard that must be met by all Fellows, and
- an Advanced Specialised standard which must be attained in at least one of the twelve Advanced Specialist Training (AST) fields.

The ACRRM Fellowship Curriculum is organised on the following basis:

- Eight Domains of rural and remote practice - These describe the different contexts of General Practice in which Fellows may work, particularly in the rural and remote clinical context

- 59 Competencies - These are listed by each Domain. The Competencies describe the observable abilities that require the integration of multiple areas of knowledge, skills and attributes. These define the professional capacity expected at successful completion of training and comprise the graduate outcomes.

- Competency Standards - These provide further detail of the level of competency required and indicators of stages of progression toward Fellowship standards. They define the level of competency required at Core Generalised level and the higher level to be attained at the Advanced Specialised level in each of the AST areas.

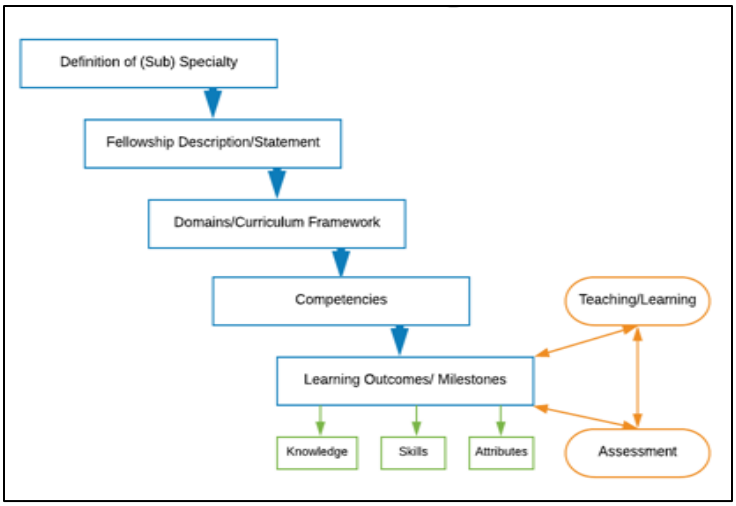
- Competency Blueprint - This provides a conceptual map of the Learning Areas associated with each Competency within each Domain.

- 20 Attributes - These are the suitable attributes for a doctor working in the Fellowship field of practice. They describe the appropriate professional approaches characteristic of the doctor in their practice.

- 37 Learning Areas - Each Learning Area describes the associated knowledge, skills and attributes to be attained both at the Core Generalised level and where relevant at the Advanced Specialised Level. They include both clinical and non-clinical areas and the roles of a doctor defined in the CanMEDS framework.

  A summary of the Fellowship Program is given at *Table 3.1*.

Figure 3.1 Fellowship Curriculum Framework



Changes to curriculum over past 5 years and planned future changes

The revised edition of the ACRRM Fellowship Curriculum was implemented in 2021. It has been undergoing a process of revision since 2018. The College has reported on this ongoing process in every annual report over this period.

The training program was previously described as having three components: Core Clinical Training, Primary Rural and Remote Training and Advanced Specialised Training. The first two components were merged and now called Core Generalist Training. The terminology aligns with the Curriculum components.

Significant policy development has occurred in 2019 to provide greater clarity for all stakeholders around training program requirements. The policies are published on the College *website*.

Entrustable Professional Activities (EPAs) are being considered for implementation in the next few years. As EPA's are based on the work that Registrars do, rather than the discrete skills they attain, it is expected that these will strengthen the Fellowship Program's capacity to prepare Registrars for the realities of specialist practice and the quality assurance associated with award of ACRRM Fellowship.

Advanced Specialised Training Programs

There are 12 extended or advanced areas of specialised training which have designated AST programs. These are not formal subspecialties. They describe fields of practice scope involving advanced skillsets that build upon the broad and advanced competencies that are required of all Fellows at Core Generalised level. Each AST program has an associated set of requisite activities and standards to be met for successful completion including a designated assessment program.

As outlined above the AST competencies are built into the Fellowship Curriculum Competency Standards framework to demonstrate the progression expected of Registrars from attaining core generalised level skills through to advanced specialised skills.

The 12 AST fields have been identified as describing skillsets with which a local General Practice doctor may significantly improve access to quality care for people in rural and remote areas. They have been defined through an evidence-based approach, recognising rural and remote communities' needs and preferences, potential to deliver safe, high quality care, and the importance to rural patient health and safety of local area provision. The AST fields are:

- Aboriginal and Torres Strait Islander Health
- Academic Practice
- Adult Internal Medicine
- Anaesthetics
- Emergency Medicine
- Mental Health
- Obstetrics and Gynaecology
- Palliative Care
- Paediatrics
- Population Health
- Remote Medicine
- Rural Generalist Surgery

The curriculum for each AST is integrated within the Fellowship Curriculum as outlined above. The education and assessment requirements for each AST are detailed in the *ACRRM Fellowship Program Handbook*.

AST Criteria

The College criteria for introducing any new AST option to the Fellowship program are as follows:

- *Is there a community need, if yes, how has this been identified?*
- *To what extent is this area of practice included in the Curriculum, and is there advanced scope/ greater complexity that would confer endorsement of this advanced scope for rural community and/or hospital practice?*
- *Is it a component of an existing AST?*
- *Are there existing qualifications that could be utilised?*
- *Where does it fit within health service delivery (are there positions?)*
- *What percentage of the rural community would require this type of medical care?*

New AST in Palliative Care

In 2020 the College introduced a twelfth AST program in the field of Palliative Care. The initiative to develop the new program was a response to considerable feedback to the College from members that this was an area of need. A group of palliative care 'experts' submitted a proposal to the Education Training Committee addressing the AST criteria set by the College (see above). The Committee undertook a process of considering the proposal based on its merits and on a review of evidence of need for the specialty. The Education and Training Committee recommended that the program be considered, and this was endorsed by the Education Council and approved by Board. The curriculum was subsequently developing applying a development based on available curricula and evidence and refinement with the benefit of member expertise and further refinement based on a program of stakeholder consultation.

Attachment 3.1 *Fellowship Rural Generalist Curriculum 5th Ed*
Attachment 3.2 *Fellowship Program Handbook*
Attachment 3.3 *AST Handbooks*
Attachment 3.4 Palliative Care AST Proposal

3.2 The content of the curriculum

3.2.1	The curriculum content aligns with all of the specialist medical program and graduate outcomes.

The Fellowship Curriculum Program Outcomes are reflected in the curriculum domains and the Fellowship Curriculum Competencies associated with each of the Curriculum Domains represent the Graduate Outcomes. These are mapped to the Learning Areas in the Competencies Blueprint.

All educational resources and activities produced or accredited by the College are mapped to the ACRRM curriculum. All accredited activities can be *searched* for by curriculum areas. and this information is presented as part of the participant interface.

As outlined in the Fellowship Assessment Handbook, assessment items are mapped to the curriculum in accordance with the Assessment Blueprint.

The framework for training delivery which involves education programs delivered by a range of different training organisations means that Registrars education experience is not always well aligned to the College's curriculum content and it is difficult to ensure consistency. The development of the ACRRM education program for Registrars training in the IP is providing a comprehensive bespoke experience for these Registrars and assisting the College to establish a clear benchmark for external training organisations of the content areas that need to be covered in order for Registrars to attain requisite Fellowship standards.

From 2023 the College Education Program will be delivered to all ACRRM Registrars.

Attachment 3.5 Course mapping to curriculum

3.2.2	The curriculum includes the scientific foundations of the specialty to develop skills in evidence-based practice and the scholarly development and maintenance of specialist knowledge.

The application of evidence-based approaches is reinforced throughout the competencies, Domains and Learning Areas of the curriculum. Learning Area 26. '*Scholar*' details the knowledge, skills and attributes related to key aspects of the scientific foundations which are mapped on the Competencies Blueprint to the observable competencies linked to each of the Domains. These are covered mainly under the Domain: *Practice medicine within an ethical, intellectual, and professional framework.*

3.2.3	The curriculum builds on communication, clinical, diagnostic, management and procedural skills to enable safe patient care.

The skills are all reinforced though out the competencies and Learning Areas of the curriculum.

Some key hours at which they are a focus include:

- *Learning Area 1. History Taking, 2. Physical Examination, 3. Differential Diagnosis, 4. Investigations*
- *Learning Area 5. 'Procedural Skills'*
- *Learning Area 32. 'Communicator'*

These fundamental skills are all integral to achieving the observable competencies related to each Domain and are mapped through the Competencies Blueprint.

3.2.4	*The curriculum prepares specialists to protect and advance the health and wellbeing of individuals through patient-centred care. This practice advances the wellbeing of communities and populations and demonstrates recognition of the shared role of the patient/carer in clinical decision-making.*

These concepts are reinforced across the curriculum competencies and their associated learning areas.

The curriculum domains which set the context of care encapsulate these key concepts. For example,

Domain 1 specifically references competencies such as *Patient-centred care* and *establishing a doctor-patient relationship.*

Domain 2 references competencies such as *whole of patient care*

Domain 5 includes reference to *evidenced based prevention* and a *population health approach.*

Domain 6 includes references to *applying principles of partnership, community ownership, consultation, capacity building, reciprocity and respect to health care access and delivery, health surveillance and research* and to delivering *culturally safe care.*

Domain 8 includes references to *identifying and acquiring extended knowledge and skills as may be required to meet healthcare needs of the local population*

More detailed descriptors of the learnings associated with these competencies are documented in the defined Learning Areas which are based on the CanMEDS framework that include:

- Health advocate and Leader – these provide detail of the expected knowledge, skills and attributes of Fellows to be able to proactively progress the health and well-being of patients and communities

- Communicator – these provides detail of the knowledge, skills and attributes to support a strong doctor patient relations and in particular a shared patient/carer role in clinical decision-making

3.2.5 The curriculum prepares specialists for their ongoing roles as professionals and leaders.

These concepts are reinforced across the curriculum competencies and learning areas.

The ACRRM educational program trains its doctors to understand their practice in terms of the needs and the available resources of their workplace and their community. It provides instruction in the principles of good management and administration and challenges Registrars to exert leadership in their healthcare team. The program also emphasises the importance of working effectively within the healthcare team and maximising effectiveness through utilising digital health and other technologies. The abilities detailed in the domains emphasise the value of effective teamwork, leadership, consideration of, and responsiveness to community needs, the themes include:

- Medical leadership in a hospital team
- Community health assessment
- Working with groups to improve health outcomes
- Resourcefulness, flexibility, teamwork and technology, responsiveness *to context*

Domain 7, *Practise medicine within an ethical, intellectual and professional framework* incorporates much of the content related to professional behaviours and those associated with taking a leadership role.

Given the important role of the General Practitioner with the Rural Generalist model of practice often holds in rural healthcare teams, capacity to demonstrate leadership is considered particularly important and is mentioned for example under Domain 2, *"Provide inter-professional team leadership in emergency care that includes resource allocation, risk management assessment, quality assurance, team debriefing and selfcare".*

The Learning Area of 'Professional' provides detailed specifications related to the knowledge, skills and attitudes associated with attaining capacity to practice to high professional standards. The Learning area of 'Leader' similarly details the learning requirements for attaining capacity to show professional leaders as practicing Fellows.

3.2.6 The curriculum prepares specialists to contribute to the effectiveness and efficiency of the health care system, through knowledge and understanding of the issues associated with the delivery of safe, high quality and cost-effective health care across a range of health settings within the Australian and/or New Zealand systems.

The entire Fellowship design has been built to describe the standards and skillset for a model of care which can effectively and efficiently address the significant issue of access to care for people in rural and remote areas.

The Domains are designed to reflect the skills and competencies needed within the range of health settings in which Fellows practice. This structure ensures that the effectiveness and efficiency considerations relevant to these contexts are given particular attention. This approach is reinforced through the assessment program which is heavily weighted through Mini Clinical Evaluation Exercise (MiniCEX), CBD and the StAMPS assessments to determine Registrars' capacity to provide services within the exigencies of the clinical context including considerations of costs and resources and staff availabilities.

The model recognises the need for effective healthcare teams, for a resourceful and flexible approach to scope of practice which is responsive to communities' needs, for capacity to work with digital health and other technologies and can be practiced in a relatively low resource and staff base. These themes are particularly evident in Domain 8, *Provide safe medical care while working in geographic and clinical isolation.*

3.2.7 The curriculum prepares specialists for the role of teacher and supervisor of students, junior medical staff, trainees and other health professionals.

Domain 7 *Practise medicine within an ethical, intellectual, and professional framework* includes a competency: "*Teach and clinically supervise health students, junior doctors and other health professionals".*

The Learning Area *Scholar* which includes the following:

"CG.S2. Apply teaching skills, including:
- *provide direct and remote clinical supervision and support to junior medical staff, students and nurses*
- *teach health students, junior doctors and other health professionals*
- *teaching patients e.g. how to use glucometer, puffers, administer injectable treatment, titrate their insulin*
- *plan and deliver a learning activity*
- *provide feedback to enhance learning and performance"*

The ACRRM Standards for Training Organisations includes this standard which is explicitly supported in the curriculum:

"3.1.7 The training organisation prepares Registrars for the role of teacher and supervisor of students, junior medical staff, trainees and other health professionals."

The accreditation process ensures that training organisations assist Registrars to develop these skills.

3.2.8 The curriculum includes formal learning about research methodology, critical appraisal of literature, scientific data and evidence-based practice, so that all trainees are research literate. The program encourages trainees to participate in research. Appropriate candidates can enter research training during specialist medical training and receive appropriate credit towards completion of specialist training.

- The ACRRM Fellowship Curriculum includes a Learning Area "Scholar'' based on the CanMEDS concept. This describes knowledge, skills and attributes for taking a scientific approach to medical practice. It is blueprinted to the Domains and Competencies against which education content and assessment are mapped.

- On the AGPT and RVTS pathways, the accredited training organisations are responsible for delivering learning activities to meet the College curricula. The College requires these organisations to demonstrate that:

  "*the learning program includes formal learning and research methodology, critical appraisal of literature, scientific data and evidence-based practice, and so all Registrars are research literate. The training organisations encourage Registrars to participate in research.*" (Standard 3.1.4)

  ACRRM ensures that these training organisations are meeting this requirement through the Training Organisation Accreditation Process.

- ACRRM provides all training for Registrars on the IP. Its training program provides structured learning sessions on survey design, and statistical analysis in the program's education program. These are provided in person and online to enable viewing by the widest possible audience. Self-directed learning and support options are also available for Registrars who wish to pursue research skills.

- ASTs in Academic Practice, Aboriginal and Torres Strait Islander Health, Remote Medicine and Population Health have a project as the main assessment. Research is one of the project options. Specific information is found in each curriculum and general information is provided in the Project Guide.

- ACRRM offers five Academic Posts each year which provide a 0.5 FTE salary, research funding and professional development funding.

- Registrars who undertake research projects (as part of their AST) are offered support through the Research Committee and are encouraged and supported to publish and to present their project, including at RMA (the College's Annual Conference).

Attachment 3.6 Project Proposal Form AST
Attachment 3.7 Research Grant Guide, Grant Application (Education Research Grants)

3.2.9	*The curriculum develops a substantive understanding of Aboriginal and Torres Strait Islander health, history and cultures in Australia and Maori health, history and cultures in New Zealand as relevant to the specialty(s).*

The Fellowship curriculum has a dedicated domain to address these issues, namely:

"Domain 6: Work with Aboriginal, Torres Strait Islander, and other culturally diverse communities to improve health and wellbeing"

It also has a dedicated Learning Area:

"Aboriginal and Torres Strait Islander Health"

Over 2020 the College has worked particularly with the assistance of its Aboriginal and Torres Strait Islander Members Group to review and update its curriculum to reflect a more contemporary strengths-based approach to Aboriginal and Torres Strait Islander people's health.

To achieve this goal the Aboriginal and Torres Strait Islander Health Learning Area incorporates only the aspects of the curriculum relevant to Indigenous Health which deal with cultural safety and approaches to understanding of Indigenous cultures and mechanisms for working effectively with Aboriginal and Torres Strait Islander patients, families and communities.

Issues related to aspects of clinical practice which may have specific considerations when applied to Aboriginal and/or Torres Strait Islander peoples are covered in their respective clinical Learning Areas and mapped to the Domain.

In association with this work the College has continued to review its educational courses content and design. It is currently developing a flagship cultural safety online course which will be mandatory for all Registrars and will provide the basis for a broader multi-modal teaching experience that will be adapted for use of professional development purposes for Fellows.

The AMC standard 3.2.9 is included in the *Standards for Training Organisations:*

> *"3.1.10 The training organisation delivers an education program to address Aboriginal and Torres Strait Islander health, history and cultures."*

The Commonwealth Department of Health requires all RTOs and the RVTS to include an appropriate focus on Aboriginal and Torres Strait Islander health in their training schedules. They have also been funded to provide cultural advisors to support training in their region.

Further details on the extensive opportunities for Registrars to gain clinical experience working with Aboriginal and Torres Strait Islander communities are outlined below. *(See Standard 8.8.2 (2))*

3.2.10	*The curriculum develops an understanding of the relationship between culture and health. Specialists are expected to be aware of their own cultural values and beliefs, and to be able to interact with people in a manner appropriate to that person's culture.*

Domain 6: Work with Aboriginal, Torres Strait Islander, and other culturally diverse communities to improve health and wellbeing: strengths-based, respect and understanding includes the competency:"

- *"Deliver culturally safe care to Aboriginal and Torres Strait Islander peoples and other cultural groups"*

The Learning Area "*Aboriginal and Torres Strait Islander Health*" provides a detailed breakdown of the knowledge, skills and aptitudes associated with attaining this.

Domain 7. Apply a Population Health Approach - also deals with some key broader issues including a competency:

- *"Analyse the social, environmental, economic and occupational determinants of health that affect the community"*

Accredited training organisations are required to provide regionally based cultural awareness and cultural safety courses for Registrars. The College provides its own Cultural Awareness online modules to ensure every registrar has undertaken this training. The College has sought to work closely with the AGPT Cultural Educators and Mentor Network to ensure that Aboriginal and Torres Strait Islander cultural safety issues are well integrated in the College vocational training program as it is delivered on the ground through RTOs.

3.3 Continuum of training, education and practice

3.3.1	There is evidence of purposeful curriculum design, which demonstrates horizontal and vertical integration, and articulation with prior and subsequent phases of training and practice, including continuing professional development.

Vertical integration is a core pillar of the ACRRM approach. It is established in the literature that a vertically integrated 'rural training pipeline' optimises outcomes in terms of rural workforce retention.[§] College programs and activities are consistent with this approach and the College has taken a lead role in advocating for the institutionalisation of structures to support it.

Some of ACRRM's key undertakings to promote articulation between undergraduate, prevocational, and vocational training for General Practice, are summarised below.

- College Fellows are national leaders in vertical integration of General Practice education particularly as it pertains to building a rural and remote workforce in the early years of study. They pursue this through their roles as deans of health and medicine faculties; academics in Rural Clinical Schools; and, membership of professional bodies such as the Federation of Rural Academic and Medical Educators (FRAME), and Postgraduate Medical Councils.

- The College since its inception has been the prime mover organisation toward establishing a national Rural Generalist training pathway. The most salient feature of this approach is the development of an integrated training experience from medical school through to Fellowship and professional development. The College has membership of steering committees for each of the jurisdictional Rural Generalist Coordinating Units which are funded through the Commonwealth government to support Rural Generalist training particularly at the prevocational level.

- Junior doctors and medical student members have a voice in ACRRM governance and program development. Though the ACRRM Future Generalists Committee these members have a nominated representative on the College's peak governance bodies.

Vertical and horizontal integration of vocational program

The Learning Areas provide a vertically integrated overview of the learning to be covered throughout the curriculum and the Domains which describe the context of learning and their associated competencies, help to link the training occurring in each location at each stage of training to the content to be covered across the various Learning Areas.

The College's programmatic assessment has a vertical structure which ensures that all areas are sufficiently covered at appropriate hours in the learning pathway. The assessment blueprint maps the areas to be covered against the domains and abilities to ensure that these are all assessed at appropriate hours in the training.

Pre and post-vocational integration of learning

The College has a standards framework which benchmarks the skills, knowledge and aptitudes acquired through completion of requirements of general registration training to the requirements for ACRRM Fellowship training. This has national applicability and is referenced in the operation of the Queensland Rural Generalist Pathway.

[§] Norris TE (2005). *The universal importance of the 'rural pipeline'.* Aust. J. Rural Health. 13:203-204.

Online forums such as the Rural EM Forum provide a community of practice learning experience which is open to members at all learning and career stages. The Rural EM Forum explores clinical cases relevant to course content across the Emergency Medicine AST.

ACRRM courses and the reporting requirements of the various joint consultative frameworks create structured pathways for progressing and maintaining advanced learning skills obtained through AST programs.

Vertically Integrated online learning and planning

ACRRM Online Learning, the College's online educational resources platform, enables recording and tracking of members' education and learning activity through their personal dashboard. The planner has been deliberately structured to allow participants to maintain ongoing, cumulative learning records from undergraduate medical studies through the duration of their medical career.

For example, ACRRM's student and junior doctor members log their procedures performed and cases undertaken and create a learning portfolio which they build on as they progress through their training journey. They are also able to undertake learning modules and other interactive learning activities which can also be permanently recorded on their personal dashboard. Doctors who enter ACRRM Fellowship training continue to utilise the same learning planner facility throughout vocational training and into PDP. Registrars can use the learning planner as evidence when applying for RPL and to demonstrate professional development to a third party.

ACRRM has developed a range of learning resources which are all directed to supporting learning associated with the ACRRM training program with its particular focus on issues of importance and learning that is relevant to rural and remote practice. These include around 100 accredited online courses, a case library of over a thousand dermatology and ophthalmology cases, EM forums, and teledermatology webinars. All these resources and records continue to be available to ACRRM members for the duration of their professional journey including for ongoing professional development.

3.3.2	The specialist medical program allows for recognition of prior learning and appropriate credit towards completion of the program.

ACRRM provides for RPL and experience for its Registrars. A registrar may complete other qualifications and have these recognised as contributing to the training requirements. For example, ACRRM recognises the Advanced Diploma of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists (DRANZCOG Advanced) for the purposes of an Advanced Specialised Training (AST). Registrars on all training pathways apply to ACRRM for assessment of their RPL. The RPL process has two stages. The first stage involves desk top review of information and evidence. The second stage requires a clinical interview. The ACRRM RPL policy and process is documented in the *Fellowship Training Handbook*. One year of Core Generalist Training may be awarded through RPL. Registrars must submit a training plan with their RPL application which demonstrate how they will meet the remaining training and assessment requirements within the timeframe allowed by the accredited training organisation.

Note: Table redacted for member privacy

Attachment 3.8 *Recognition of Prior Learning Policy*

3.4 Structure of the curriculum

3.4.1	The curriculum articulates what is expected of trainees at each stage of the specialist medical program.

Program Structure

- Core Generalist Training

  Associated with this training Registrars will:
  - undertake at least three years of supervised training in a rural location.
  - develop broad generalist knowledge, skills and attributes in primary, secondary and emergency care in a rural and remote context
  - attain essential rural generalist knowledge and skills in paediatrics, obstetrics, and anaesthetics.

- Advanced Specialised Training

  Associated with this training Registrars will:
  - Undertake at least one year of supervised training (or minimum 2 years for Rural Generalist Surgery)
  - work and train in their selected specialised (AST) area relevant to the needs of rural and remote communities
  - progress through core generalist to advanced specialised competencies and knowledge in one of the 12 identified fields
  - attain capacity for autonomous delivery in the defined scope of specialist clinical practice.

Table 3.1 Fellowship Training Program Summary

Fellowship Training Program		
Duration	Minimum 4 years	
Requirements	Core Generalist Training	Advanced Specialised Training
Time	Minimum 3 years	Minimum 1 year*
Training	Commence at postgraduate year (PGY) 2 or above. Train in regional, rural and remote General Practices, hospitals, Aboriginal and Torres Strait Islander health services and retrieval services. Complete the minimum full-time equivalent training in the following: • primary care - 6 months • secondary care – 3 months • emergency care – 3 months • rural or remote practice -12 months • paediatrics - 10 weeks • obstetrics - 10 weeks • anaesthetics - 10 weeks	Commence at PGY 3 or above. Train in regional, rural, remote, or city health services as appropriate to the chosen discipline. Complete training in at least one of the AST disciplines: • Aboriginal and Torres Strait Islander Health • Academic Practice • Adult Internal Medicine • Anaesthetics • Emergency Medicine • Mental Health • Obstetrics and Gynaecology • Paediatrics • Palliative Care • Population Health • Remote Medicine • Surgery

Education	Successfully complete: • the education program as outlined and delivered by the College or training organisation • Rural Emergency Skills Training (REST) and another emergency course/s • a minimum of 4 "FACRRM recommended" online learning courses	Successfully complete: • the education provided by • the training post and specific courses as outlined for each of the AST
Assessment	Successfully complete: • 6 monthly supervisor reports • 9 formative mini Clinical Evaluation Exercises (MiniCEXs) • Multi-Source Feedback (MSF) • Multiple Choice Question (MCQ) assessment • Cased Based Discussion (CBD) • Structured Assessment using Multiple Patient Scenarios (StAMPS) • Procedural Skill Logbook (logbook)	Successfully complete: • 3 monthly reports • workplace based on standardised assessments as specified for each AST

**2 years for Rural Generalist Surgery*

Expectations at each stage of training

The Competencies Standards set out in the Fellowship Curriculum map the competencies (which reflect the Graduate Outcomes) against progressive stages of competency development. They include a progression from Core Generalised level skills to Advanced Specialised level skills in the relevant areas. Competencies are observable behaviours which provide a useful reference and are relatively easy for Supervisors, Medical Educators and Registrars to formatively self-assess.

3.4.2	The duration of the specialist medical program relates to the optimal time required to achieve the program and graduate outcomes. The duration is able to be altered in a flexible manner according to the trainee's ability to achieve those outcomes.
3.4.3	The specialist medical program allows for part-time, interrupted and other flexible forms of training.
3.4.4	The specialist medical program provides flexibility for trainees to pursue studies of choice that promote breadth and diversity of experience, consistent with the defined outcomes.

Registrars must complete at least four-years of training, a minimum of three years CGT and a minimum 12 months for AST. Training time is calculated and accumulated on a pro rata basis. This is considered the minimum amount clinical experience that is required to meet the knowledge, skills, and competencies.

The College builds flexibility into all aspects of its training program to enable our Registrar to meet their Fellowship requirements. ACRRM recognises the diversity that typifies rural and remote General Practice and particularly the rural generalist model practice. It also recognises that the rural and remote environments where our Registrars work present a range of resource and geographic constraints and challenges for training.

The ACRRM program structure and training requirements seek to maximise flexibility, while providing structure and rigour to uphold standards. Many aspects of the program design enable flexibility:

- At commencement of training, Registrars develop their four-year training plan. This approach provides an opportunity for the Medical Educator and Registrar to discuss family and other issues that may impact training progress. Training plans are structured to provide a

progressive, integrated approach to skills development and abilities, that complements career and family situations.

- The three training pathways provide differing experiences, the IP which is not subject to a range of AGPT policies provides a very flexible individualised program option for experienced and self-directed learners.

- Registrars may train full or part-time or may take leave/interruption from training in recognition that they may have life events and personal circumstance that may temporarily change the level of commitment they have for training. In cases as appropriate, Registrars may remain in training and continue to gain clinical experience without the pressure of meeting assessment requirements. The time to complete training considers part time training and interruption.

- There is provision for Recognition of Prior Learning (RPL) of experience deemed comparable to the Training Time and Training Program Requirements for training, education and assessment.

- There is flexibility in the order in which training requirements can be met. Most notably, CGT and AST may be undertaken consecutively, concurrently or interspersed. For example, Registrars may undertake one year CGT followed by AST and then two years CGT.

- There is flexibility in how the training program requirements are met for example Registrars who have not completed 10-week placements in paediatrics, obstetrics and gynaecology and anaesthetics may choose from a range of options to gain these knowledge and skills as they progress through training (see *Fellowship Program Handbook* page 8-10). There is also flexibility in meeting the minimum time requirements in primary, secondary, emergency, and rural and remote practice (see *Fellowship Program Handbook* page 11-13). Over and above these flexibilities, Registrars can apply to train under arrangements outside these options using the Individual Training Placement form.

- The College's programmatic assessment model means that assessment components are attempted progressively as best suited to the Registrar, rather than at the end of training.

- There is a choice of twelve diverse AST programs which including procedural and non-procedural options and academic options.

- The program allows a maximum of 10 calendar years to complete the four-year training requirement.

On AGPT, ACRRM Registrars have faced challenges due to restrictions on training time and leave provisions set by the Department which have not recognised the additional time and complexity of the FACRRM compared to the three-year FRACGP. The AGPT Rural Generalist Policy was introduced in 2018, this policy allows additional training time for ACRRM AGPT Registrars which has been a positive development. The Department has also revised the Extension of Training Time policy to allow extensions for Registrars who are struggling to complete training within the specified training time.

Attachment 3.9 Leave from Training Policy
Attachment 3.10 Application for Leave from Training
Attachment 3.11 Access in Training Policy

Note: Tables redacted for member privacy

Standard 3: Documents to be provided	
☒	Curriculum map (See Attachment 3.1 and *website*)
☒	Training program handbook(s). (For Fellowship Handbook - see Attachment 3.2 and *website*, for AST Handbooks see Attachment 3.3 and *website*).

☒	Policy and procedures for any research project or research requirement. (See Attachment 3.6 and Attachment 3.7)
☒	Recognition of prior learning policy (See Attachment 3.7 and *website*)
☒	Relevant flexible training policy documents; provide access to application forms (See Attachment 3.8, Attachment 3.9, and website - *policies, forms*)

4. Teaching and Learning

4.1 Teaching and learning approach

4.1.1	The specialist medical program employs a range of teaching and learning approaches, mapped to the curriculum content to meet the program and graduate outcomes.

Strengths, Challenges and Plans for Development

The College is transitioning to a more significant role in the direct delivery of training to its Registrars. Currently it delivers direct training to Registrars in its IP and external training organisations managed through a head agreement with the Department of Health deliver training for Registrars on the AGPT and RVTS. Under these arrangements, the College has had limited capacity to influence the teaching and learning experience of its AGPT and RVTS Registrars and has been required to delegate the design and delivery of their education program to training organisations. A key problem with this approach has been the potential lack of alignment of the education experience with the FACRRM curricula and assessment.

Going forward the College aims to provide Registrars with a single integrated Fellowship Program with a single Rural Generalist Education Program built entirely on the ACRRM Fellowship Curriculum and thus fully aligned with the content of ACRRM assessments and Fellowship standards.

Over the past four years the College has progressively strengthened its Fellowship Education Program which it delivers to Registrars on the IP. Going forward, this will become the program for all ACRRM Registrars although aspects of delivery maybe delegated to other organisations. The details of how this will occur are currently subject to negotiations with the DOH.

Continuing developments have included a second 12 months of modules which will be implemented in 2022. All online courses and workshops include opportunities for participant feedback which are evaluated and fed into ongoing development.

A major challenge, during the COVID 19 lockdowns, has been the difficulties in delivering the face-to-face components of the ACRRM Education Program and for the compulsory emergency medicine courses. The College was able to pivot delivering its week-long face to face workshops through online delivery including procedural skills workshops, small group case discussions and social networking events. With positive feedback from all participants.

For its broader program of skills courses, including the compulsory REST course, while these have resumed, the College has moved to recruit a broader pool of instructors to ensure enough within each state and territory. This will ensure that border closures need not prevent instructors from participating and avoid the risk of event cancellations.

Some other findings from feedback have included:

- Registrars are engaged with online content and workshops
- Timing of education within Registrars' training progression is important
- Registrars value extended access to content for study purposes
- Registrars would like stronger general orientation to General Practice
- Real time engagement most valued

Outcomes of these findings have included:

- Delaying start of enrolment into the education program to ensure alignment with training
- Extended access to education content for a further 12 months
- Introduction to Primary Care course developed and published.

Teaching and Learning approaches, components, and curriculum alignment

The Rural Generalist Education Program is delivered by the College for the IP and is planned to eventually provide the program for all ACRRM Registrars. It has been structured around 20 learning modules – delivered over four semesters (five modules per semester). Registrars spend anywhere from six – 15hrs accessing each module.

First 12 months	*Second 12 months*
Chronic disease	Men's health
Musculoskeletal	Dermatology
Women's health	Surgery
Aged care	Preventative health
Child and adolescent health	Emergency medicine
Mental health	Neurology
Renal	Rheumatology/Immunology
Respiratory	Endocrine
Gastroenterology	Infectious diseases
Palliative care	Opthalmology/ENT/Dental

The first 12 months of the education program, including two, five-day workshops, are compulsory for all IP Registrars. The second 12 months of education will be made available in the second half of 2021 and will be available as an optional educational resource.

For the first 12 months each module is delivered via various modalities in accordance with the principles of educational best practice:

- Resource based self-directed learning
- Discussion forums (moderated)
- Live capstone webinar (moderated)
- Post-module MCQ

Each semester of education also includes a five-day face-to-face workshop which includes peer networking, hands on practical skills, cultural awareness training, critical thinking, case discussions and social events. The workshops have been delivered virtually for the past 12 months due to COVID 19 restrictions. Attendance at all five days of the workshop is compulsory.

The MCQ assessment is the only compulsory component for the online components of the education program. This approach recognises the diversity of experience of Registrars in the program. It also provides flexibility for Registrars to focus on the areas of most importance and forego undue efforts in areas where they are already proficient. The MCQ hurdle also provides an important formative function as it enables Registrars to better understand their learning needs and to have a better appreciation of their readiness for the major assessment hurdles. All MCQ questions are authored using the same guidelines as the College MCQ assessment.

All online content is delivered via the College's online learning management system which enables Registrars to revise or extend their learning as required. Content is focused on clinical cases predominantly based in rural and remote contexts where learners are based. This is particularly important as the assessment standard requires their clinical proficiency within the relative professional isolation of the rural and remote context.

The regular monthly 'Life Hacks' webinars facilitated by the College's Medical Educators, also offer an opportunity for peer-networking and experience-sharing which contributes to both registrar learning and personal support. Registrars across all IP cohorts can access these webinars.

4.2 Teaching and Learning Methods

4.2.1	The training is practice-based, involving the trainees' personal participation in appropriate aspects of health service, including supervised direct patient care, where relevant.
4.2.2	The specialist medical program includes appropriate adjuncts to learning in a clinical setting.

All ACRRM Registrars must complete:

- Total of four years in training placements. All must be in accredited training posts under supervision.
- Requisite minimum training time in each of the specified work contexts with associated reporting and logbooks (i.e. primary care six months, secondary care three months, emergency care three months, rural/remote practice 12 months, paediatrics 10 weeks, obstetrics 10 weeks, anaesthetics 10 weeks) and requisite, time, reporting and assessment for their chosen AST program. (Further detailed at *Table 3.1*)
- An education program consistent with the College curriculum and program requirements and delivered by the College or training organisation. For the Registrars on the IP this will be the ACRRM Rural Generalist Education Program as described at *Figure 4.1*.
- Rural Emergency Skills Training (REST) and another emergency course/s (one at the Tier 1, or two at Tier 2 level)
- A minimum of four "FACRRM recommended" online learning courses. Registrars will be able to choose from around 100 bespoke *ACRRM Online Learning* courses. These have all been either developed by ACRRM or co-developed with external providers to ensure relevancy and all are mapped to the ACRRM Fellowship curriculum.

Attachment 4.1 Rural Emergency Skills Training (REST) Course Outline
Attachment 4.2 Sample ACRRM Online Course Outline – Basics of Radiology

The College's curriculum and training program requirements apply to all ACRRM Registrars. These specify the learning and delivery approaches required to optimally prepare Registrars to become competent in the skills and aptitudes defined for Fellowship. They include considerable practical experience in rural and remote locations and a range of delivery approaches needed to accommodate the circumstances that this entails. They will vary as determined by the College or the relevant accredited training organisation however, all must include at a minimum:

- Medical educator facilitated education sessions presented face to face and/or at a distance
- Workshops
- In-practice teaching
- Online courses
- Individual sessions with Medical Educators
- Assessment preparation programs
- Formative assessments
- Supervision in practice including sitting in on consultations by Supervisors and Medical Educators and conducting a minimum of nine formative MiniCEXs
- Multi-source feedback from patients and colleagues
- Observation and certification of physical examination and procedural skills

Figure 4.1: ACRRM Education Program Overview

The standards of training organisations and Supervisors are assessed and monitored through the accredited training organisation and post accreditation processes. RTOs, and the RVTS administrators are funded through head agreements with the Commonwealth Department of Health and they are funded to manage payments support for Supervisors and training practices. They are assessed against the following standards respectively:

The AMC standard 4.1.1 is included in the *Standards for Training Organisations*:

> *"3.1.2 The program encourages Registrars' learning through a range of teaching and learning methods, including but not limited to self-directed learning; role modelling and working with interdisciplinary and interprofessional teams. "*

Attachment 1.9 Standards for Training Organisations

Supervisor and Training Posts Standards include the following:

- Collaboration with the registrar to plan graduated exposure to activities
- Use of a range of teaching methods
- Use of a range of educational resources

Attachment 1.10 Supervisor and Training Post Standards

4.2.3	The specialist medical program encourages trainee learning through a range of teaching and learning methods including, but not limited to: self-directed learning; peer-to-peer learning; role modelling; and working with interdisciplinary and interprofessional teams.

Self-directed and life-long learning

The ACRRM Education Program has been designed to be delivered as a series of curriculum topics delivered over a series of semesters. Each topic has an MCQ to help Registrars identify their learning needs and provide facility for them to deep dive into areas as required including through the Colleges library of online learning courses. Access to online learning content is available to them for an extended period to allow them to revisit education and resources – and for study purposes. All courses' content is mapped to the ACRRM curriculum to help Registrars understand their assessment readiness.

All ACRRM Registrars develop Learning Plans with their Medial Educators which are regularly reviewed to assist them to track and manage their learning progress.

Peer-to-peer learning

All content within the program is designed, developed, and delivered by ACRRM Fellows.

The ACRRM Education Program includes a series of structured, clinical case-based discussion forums and live capstone webinars. These activities are facilitated by ACRRM Medical Educators.

The ACRRM Education Program includes two, five-day workshops (one per semester), which include training, team-based tasks, and social networking events to encourage peer-learning and peer-support.

All Registrars are invited to join in regular Medical Educator 'Life Hacks'' webinars which are less structured and provide a forum to discuss diverse issues of interest.

Study Groups are available to all Registrars to enable them to help each other in their preparation for major assessments.

Role modelling and working with interdisciplinary teams

Program requirements specify that Registrars receive regular time with their accredited Supervisors and the process of Supervisor reports includes constructive feedback to Registrars. ACRRM Medical Educators are all College Fellows and provide a professional model for Registrars. The College also has a mentoring program available to Registrars.

Working effectively in interdisciplinary teams is fundamental to workplace-based training in virtually all settings where ACRRM Registrars work including in rural General Practices, Aboriginal Medical Services, and rural hospitals. These skills are specified in the curriculum domains and programmatically assessed. For example, Competency 4.6 – "*Provide inter-professional team leadership in emergency care that includes resource allocation, risk management assessment, quality assurance, team debriefing and selfcare."*

These skills are developed through the ongoing feedback of the apprenticeship model as well as through the formative aspects of the program's Case Based Discussion and MiniCEX requirements. An additional important tool for developing these skills is the compulsory Multi-Source Feedback (MSF) report which includes seeking feedback from co-workers from all disciplines.

4.2.4	The training and education process facilitates trainees' development of an increasing degree of independent responsibility as skills, knowledge and experience grow.

One of the Fellowship Curriculum principles is a *focus on experiential learning*. The Curriculum teaching and learning approach involves experience in a variety of structured placements, with self-directed learning and supervision from experienced mentors and educators. This promotes the recognition of prior learning and experience, and a deep rather than a surface approach to learning.

ACRRM requires two stages of learning and clinical experience: Core Generalist Training (CGT) and Advanced Specialised Training (AST) to ensure that a registrar is exposed to the range of learning environments required to meet the ACRRM primary and AST curricula.

Core Generalist Training

The aim of the CGT year is to provide a foundation of clinical competence across the major areas of community and hospital-based clinical practice especially those relevant to rural/remote medicine.

CGT comprises at least three-year's experience in ACRRM accredited training posts including General Practice, hospital, community, and other posts. This experience must include:

- at least 12 months experience living and practising in a rural/remote environment
- at least six months experience in primary care
- at least three months experience in secondary care
- at least three months experience in emergency care
- at least 10 weeks experience working in paediatrics
- at least 10 weeks experience working in obstetrics
- at least 10 weeks experience working in anaesthetics

CGT aims to progressively build a Registrar's clinical and procedural skills, particularly in the context of rural and remote general practice. After completing this training period, 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 particularly in a rural and remote setting.

By completion of CGT the registrar would normally cover the full scope of learning necessary to meet the Core Generalist Competency Standards which are articulated in the Competencies Framework in the revised *Fellowship Curriculum* (see pages 12-21).

The curriculum details the progressive competency stages toward attaining Fellowship level capability. It is intended that these stages will provide a guide to Registrars, Medical Educators and Supervisors to appraise and plan each registrar's learning progress and progressive capacity for workplace responsibility.

Advanced Specialised Training

AST involves a minimum of 12 months training in one of twelve specified fields. (24 months for Rural Surgery AST).

AST provides an opportunity for a Registrar to extend skills and knowledge beyond the Core Generalist Competencies in one specialised field that is relevant to general practice in the rural and remote context. The Advanced Specialised competencies are detailed and contrasted with their associated Core Generalist competencies in the *Fellowship Curriculum* (see pages 22-26). The aim is to ensure that a doctor who attains Fellowship of ACRRM is able to contribute to specialised medical services and to work with medical colleagues to ensure that rural and remote communities are afforded access to the fullest possible range of high-quality medical services.

A new development is that the six monthly AST Supervisor Report has been replaced by a three monthly *Plan and Progress Report* a progressive report which Registrars, Supervisors and Medical Educators contribute to throughout the year.

Attachment 4.3 Plan and Progress Report

Standard 4: Documents to be provided	
☒	Course outlines for mandated skills courses, or other required courses and awards. (See Attachment 4.1 or *website*)

5. Assessment of Learning

5.1 Assessment Approach

5.1.1	The education provider has a program of assessment aligned to the outcomes and curriculum of the specialist medical program, which enables progressive judgements to be made about trainees' preparedness for specialist practice.

Approach and articulation to program outcomes

The College views assessment as an ongoing and integral part of learning. The process is developmental in nature, assists learners in identifying and understanding their strengths and weaknesses and provides guidance for additional development through feedback. It also enables candidates to become competent, confident, and safe medical practitioners practising independently in their provision of health care to the public.

All assessments are mapped to the ACRRM curriculum competencies to ensure their relevance to the ACRRM Fellowship which describes the skillset for safe, high-quality specialist General Practice in the Rural Generalist model of care.

The College has developed its assessment program based on two key principles:

- Candidates can participate in an assessment within the locality where they live and work, preventing depopulating rural and remote Australia of their medical workforce (candidates and assessors) during assessment period, and
- The content of assessments is developed by clinically active rural and remote medical practitioners to ensure its reflectiveness of the current practice in the rural and remote context.

The ACRRM assessment process incorporates a variety of best practice and evidence-based modes of assessment:

- Mini Clinical Evaluation Exercise (MiniCEX) formative
- Multi-Source Feedback (MSF)
- Multiple choice question (MCQ) assessment
- Case Based Discussion (CBD)
- Structured Assessment using Multiple Patient Scenarios (StAMPS)
- Procedural Skills Logbook (Logbook)
- Projects (some AST assessments)
- Supervisor reports

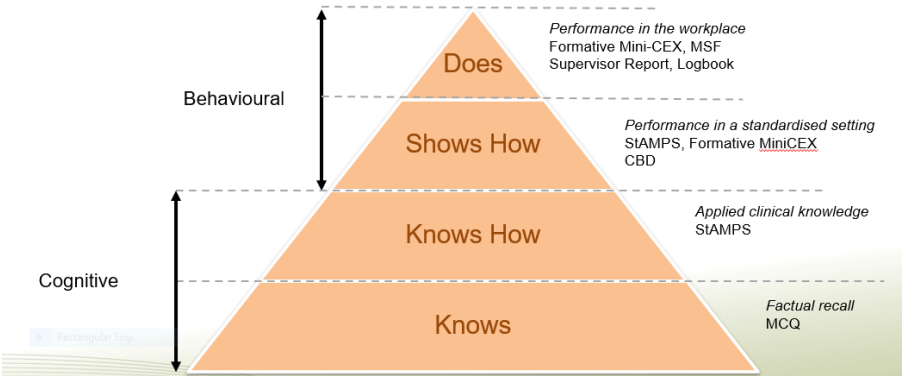
The assessment modalities are described in the *Fellowship Assessment Handbook*. Collectively, these assessment modalities embrace all four levels of Miller's Pyramid so that Registrars are required to demonstrate that they 'know', 'know how', 'show how', and finally, what the registrar actually 'does' in the workplace.

A core feature of the ACRRM assessment process is the 'programmatic approach' (i.e. the assessment is integrated into all aspects of the curriculum and essentially a 'program' across the entire four years of training, rather than a specific instrument or examination). Registrars are required to achieve a minimum of a 'Satisfactory Completion' grade in each of the five summative assessment modalities to ensure competency is achieved across the curriculum.

The programmatic approach allows ACRRM to combine assessment methods allowing for a combination of workplace based and standardised assessments. Each Assessor measures a different aspect of the Registrar's clinical skills. The ACRRM Fellowship Program and assessment processes are directly structured around the are directly structured around the *ACRRM Fellowship Curriculum*.

The assessment blueprints which are published in the *Fellowship Assessment Handbook* (see pages 7-12) ensure that all competencies are assessed.

Figure 5.2 Millers Pyramid and Fellowship assessment modalities



Attachment 5.1: Fellowship Assessment Handbook

Responsibilities and Authorities

Alignment of the educational objectives of the training program and assessment has been further enhanced through the operational and logistical structure of these areas within the ACRRM office design. Management of assessment is divided into four separate but interrelated roles:

- logistical management and oversight is with the Assessment Manager
- clinical and academic management is with the Lead Assessors
- ratification of assessment results is with the Board of Examiners
- oversight and consultative support and program review from the membership is with the Assessment Committee.

This process allows for close integration between training and assessment, while also recognising the important separation of training delivery and assessment.

Evaluation of CGT StAMPS (previously called PC StAMPS)

The College has undertaken a review to examine the low pass rates in CGT StAMPS. The review sought to identify potential causes and to suggest the efficacy of mechanisms to address them.

Key findings are summarized as follows:

Aggregate Pass Rate

- An appropriate indicator of the likelihood of a Registrar passing is given by the pass rate at first attempt of 61%. The aggregate 52% pass rate over this period does not reflect the true probability of passing when a Registrar sits their assessment for the first time. This (52%) figure is a function of cumulative effect of those Registrars resitting the assessment for the 2nd, 3rd and 4th attempts with very low pass rates.

Note: Table redacted for member privacy

Preparation Activities

- The data shows early indication of a positive relationship between attending ACRRM preparation activities (mock exams, study groups) and a higher probability of passing CGT StAMPS. Both activities were observed to positively improve a registrar's probability of passing across both AGPT and IP.

- The strongest results were observed for IP Registrars attending mock exams while AGPT Registrars observed the highest increase when attending study groups.
- The 8% increase in pass rates in 2019-2020 suggests the introduction in 2019 of the requirement that a registrar must pass the MCQ assessment prior to presenting for the CGT StAMPS assessment had a positive effect

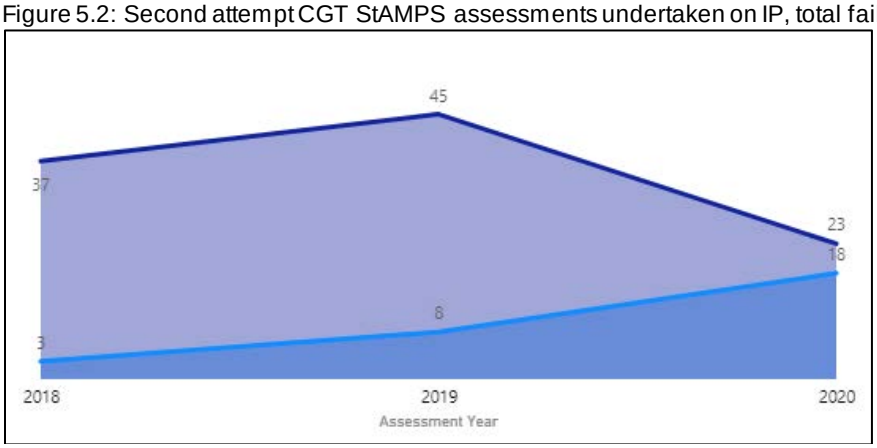
Impact of additional supports in IP

- There was an 11% increase in pass rates for IP Registrars that have failed with introduction of remediation program in 2019. (See Table 5.2) The remediation program coincided with the introduction of the IP Education Program and strengthened registrar educational support overall made possible through the Non-VR Fellowship Support Program. The period has also seen a narrowing of the gap between the number of passes and fails. (See Figure 5.1)

Table: 5.2 IP registrar CGT/PC StAMPS pass rates by attempts and year attempted

Years	Pass Rate All attempts	Pass Rate 1st attempt	Pass Rate 2nd or greater attempts
2016-18	(n=253) **25%**	(n=98) **29%**	(n=120) **17%**
2019-20	(n=146) **36%**	(n=52) **37%**	(n=94) **28%**

Figure 5.2: Second attempt CGT StAMPS assessments undertaken on IP, total fails over passes, by year



Recognition of Prior Learning

- An analysis of the impact of RPL on a registrar's probability of passing CGT StAMPS found Registrars awarded RPL values of 85% of the maximum value or higher held an increased probability of failing CGT StAMPS.

Attempts

- A positive relationship between number of attempts and a higher RPL value was observed across both AGPT and IP. Registrars recording multiple exam attempts held a higher average RPL than those recorded at one attempt. As AGPT Registrars recorded a lower percentage of multiple attempts over IP Registrars the relationship was observed to be stronger for Registrars on the IP.

Strengths, Challenges and Plans

- Workplace based assessment and assessment by remote delivery

  It is a core principle of ACRRM assessment to enable its delivery with minimal requirements on doctors to leave their workplace. In the advent of COVID-19 the College was able to pivot to full online delivery of its entire assessment program without any interruption to Registrar progression. The College continues to be open to exploring mechanisms for online and workplace-based delivery.

- Programmatic assessment recognised National Medical Workforce Strategy.

  The ACRRM system of programmatic assessment has been recognised through the National Medical Workforce Strategy work as a benchmark for assessment which can demonstrate competent safe practice outside of tertiary units and give confidence that these doctors can practice safely in rural and remote areas.

- New marking and feedback system for CGT StAMPS

  Behaviourally Anchored Rating Scales (BARS) scoring rubrics have been introduced to replace the previous non-linear four category system (Unsatisfactory, Borderline, Satisfactory, Excellent) for StAMPS scenario scoring. It is expected that BARS enable more detailed statistical analysis (being linear) will make it easier to explain the basis for decisions, provide more constructive feedback and to avoid perceptions of subjectivity. The system is currently being introduced having undertaken a six-month trial. A series of stakeholder webinars delivered by the Lead Assessor have been held to introduce Registrars, Medical Educators and Supervisors to the new marking methodology.

- More formalised roles and training for assessors

  A robust clinical recruitment framework has been put in place to facilitate transparent appointments to clinical lead positions based on skills, diversity, and exam requirements across modalities. Alongside this recruitment model, clearer position descriptions, reporting structures and contracts with set tenure have been introduced to drive examiner performance and accountability.

  The introduction of this framework has supported succession planning, new examiner handover and training, including calibration, with resources under development for the ongoing training model across modalities. Quality Assurance roles have been a key part of this recruitment to focus on exam standards - feedback and review process. Video training resources are planned for 2021-2022 to ensure consistency across examiner training and to build capacity in the Lead Assessor group to support increased numbers of examiners

Attachment 8.1 Position Descriptions: Lead Assessor, Assessment Writer, Medical Educator

5.1.2	The education provider clearly documents its assessment and completion requirements. All documents explaining these requirements are accessible to all staff, Supervisors, and trainees

All completion requirements for ACRRM Fellowship training are clearly detailed in the *Fellowship Program Handbook*. Additional details related to the completion of each of the Advanced Specialist Training programs are also provided in individual *AST handbooks*. These are all published on the College website.

While the pathways and accredited training organisations differ, the requirements set by ACRRM for training in each pathway are the same. Satisfactory completion of the following is required:

Training

Four years full-time training or equivalent part-time training consisting of:

- Minimum of three years Core Generalist Training (CGT) consisting of:
  - at least 12 months experience living and practising in a rural/remote environment
  - at least six months in primary care
  - at least three months experience in secondary care

- at least three months experience in emergency care
- at least 10 weeks in paediatrics
- at least 10 weeks in obstetrics
- at least 10 weeks in anaesthetics

- Minimum of 12 months Advanced Specialised Training (AST) in one of the 12 options, or 24 months if completing AST in Rural Generalist Surgery.

Education

- education program provided by ACRRM and the accredited teaching post for IP Registrars (or by accredited training organisation and teaching post for AGPT, RVTS Registrars)
- at least four FACRRM approved online courses, and
- emergency courses accredited for training by ACRRM, the Rural Emergency Skills Training (REST) course plus one other Tier 1 course or two Tier 2 courses.
- AST education program as per the selected AST

Assessment

Formative Assessment

- MiniCEX and
- AST formative assessment. This is specific to each AST discipline as outlined in the Fellowship Training Handbook.

Summative Assessment

CGT assessments:
- MCQ - pass grade
- MSF - satisfactory completion
- CBD - pass grade
- StAMPS - pass grade
- Procedural Logbook - satisfactory completion

AST assessment:
- This is specific to each AST discipline as outlined in the Fellowship Training Handbook.

Small adjustments have been made to the training program over time. Registrars are required to meet the training requirements that applied when they commenced training or can opt to move to the new requirements.

Attachment 3.1: Fellowship Assessment Handbook

5.1.3 The education provider has policies relating to special consideration in assessment

ACRRM has a Special Considerations Policy. Special consideration may be granted to accommodate a disadvantage suffered by a candidate which is beyond their control and which is likely to or has affected performance in assessment. ACRRM also has an Academic Code of Conduct for all participants in the assessment process included in its *Fellowship Assessment Handbook*. As outlined, the key foundations for the policy are respect for people, integrity, diligence, and economy and efficiency. Policies are summarised in the Fellowship Assessment Handbook and provided on the *website*.

Attachment 5.2: *Special Consideration Policy*
Attachment 5.3: *Academic Code of Conduct*

5.2 Assessment Methods

5.2.1	The assessment program contains a range of methods that are fit for purpose and include assessment of trainee performance in the workplace.

Summative Assessment

All Registrars training towards FACRRM must complete the following summative assessments aligned with the Fellowship Curriculum:

- MCQ: Pass grade
- CBD: Pass grade
- StAMPS: Pass grade
- MSF: Satisfactory completion
- Procedural Skills Logbook: Satisfactory completion

Registrars are also required to obtain a Pass grade in each of the assessments for their chosen AST discipline as described below.

Table 5.3: Summative Assessment requirements for each AST Discipline

Discipline	Summative Assessment				
	StAMPS	Project	Supervisor Report	Logbook	Academic Paper
Aboriginal & Torres Strait Islander Health		✓	✓		
Academic Practice		✓	✓		✓
Adult Internal Medicine	✓		✓		
Anaesthetics	Conducted by JCCA: Case commentaries, viva voce and a project				
Emergency Medicine	✓		✓	✓	
Mental Health	✓		✓		
Obstetrics	Conducted by RANZCOG: MCQ, oral examination, supervisor reports, logbook, workplace-based validations, case syntheses				
Paediatrics	✓		✓		
Palliative Care					
Population Health		✓	✓		✓
Remote Medicine		✓	✓		
Surgery	✓		✓	✓	

Formative Assessment

All Registrars training towards FACRRM must complete the following formative assessments:

- MiniCEX of at least nine consultations
- Six monthly supervisor reports.

Registrars are also required to complete the following formative assessment specific to their chosen AST discipline.

Table 5.4: Formative Assessment requirements for each AST discipline

DISCIPLINE	FORMATIVE ASSESSMENT		
	MiniCEX (5 Consultations)	Progress Report (at 3 Months)	CBD
Aboriginal & Torres Strait Islander Health	✓	✓	Encouraged
Academic Practice	Observation of teaching	✓	
Adult Internal Medicine	✓	✓	Encouraged
Emergency Medicine	✓	✓	Encouraged

Mental Health	✓	✓	Encouraged
Paediatrics	✓	✓	Encouraged
Population Health		✓	
Remote Medicine	✓	✓	Encouraged
Surgery		✓	Encouraged

Obstetrics and Gynaecology and Anaesthetics continue to have assessment programs set by the joint Committees between the two general practice colleges and the respective Specialist College.

Eligibility Requirements

The eligibility criteria specified below must be satisfied before enrolment for assessment is accepted.

1. All applicants must have current medical registration with Australian Health Practitioner Regulation Agency (AHPRA) and be current financial members of ACRRM.

2. Applicants must be enrolled in one of the following pathways to enrol in any ACRRM assessment:
   a) One of the three ACRRM training Pathways
      - ACRRM IP
      - AGPT or
      - RVTS or
   b) IMG Specialist Pathway.

3. Candidates on a training pathway:
   a) Prior to enrolling in CGT assessment, candidates enrolled on a training pathway must have completed:
      - one year of ACRRM training or have received one year of recognition of prior learning, prior to enrolling for the MCQ and MSF (i.e. in year two, three or four of training).
      - two years of ACRRM training or have been awarded two years for recognition of prior learning, prior to enrolling for summative CBD and StAMPS (i.e. in year three or four of training).
   b) Prior to enrolling in an AST program assessment, it is required that candidates are undertaking, have completed training in the discipline, or have received Recognition of Prior Learning for training in the discipline.
      - It is recommended that the assessments are taken in the later part of training.
      - It is not a prerequisite to complete all CGT summative assessment before undertaking the AST assessments.

4. Candidates on IMG Specialist Pathway
   a) Prior to enrolling in assessment, doctors enrolled in the specialist pathway must have completed a portion of their peer review period as specified in their requirements.

5.2.2 The education provider has a blueprint to guide assessment through each stage of the specialist medical program.

An assessment blueprint is available for the Fellowship Curriculum. It articulates where each of the competencies across the eight domains are assessed. A set of specifications for each individual assessment modality is being developed. These documents aim to provide a clear guide for those involved in producing, delivering, and participating in the assessment. They provide a mapping against the curriculum.

Attachment 5.1: Fellowship Assessment Handbook (see pages, 7-12 competency framework, 27 MCQ, 40 StAMPS)

5.2.3	*The education provider uses valid methods of standard setting for determining passing scores.*

ACRRM has a documented process for standard setting and definition of the cut-off point between pass and fail in each of the summative assessment modalities.

MCQ

Standard setting for the MCQ examination is based on the modified Angoff method. This involves setting a standard score for test items prior to the test, using judgements by experts based on the projected performance of 'borderline candidates'. The pass mark for each examination is calculated from the average Angoff score with consideration for an adjustment by the standard error of measurement and/or removal of questions with low discrimination.

StAMPS

Assessors are trained through a three-phase process prior to undertaking assessments and guided by a scenario specific marking sheet. BARS (Behaviourally Anchored) scoring rubrics have been introduced to replace the previous non-linear four category system (Unsatisfactory, Borderline, Satisfactory, Excellent) for StAMPS scenario scoring. It is expected that BARS enable more detailed statistical analysis (being non-linear) and therefore make it easier to support the basis for decisions, provide more constructive feedback and avoid perception of subjectivity. Examiners have received training in the use and application of this marking schema.

Case Based Discussion (CBD)

Assessors are trained and information is provided on the standard expected for a satisfactory score. Each case is given a global rating of either: 'At expected standard for FACRRM' or 'Below expected standard for FACRRM'.

To pass the CBD assessment overall candidates will need to achieve 'At expected standard for FACRRM' in five of the six cases.

Multi- Source Feedback (MSF)

MSF requires successful completion rather than pass/fail. Candidates individual results are compared against a national benchmark based on all ACRRM candidates who have participated in the MSF process. Successful completion is defined as; submission of a completed MSF report, a completed reflective exercise and evidence of discussion with medical educator and remediation if required.

5.3 Performance feedback

5.3.1	The education provider facilitates regular and timely feedback to trainees on performance to guide learning.

Feedback is provided in a range of mechanisms through training these include:

- Verbal and written Supervisors reports
- Written Multi Source Feedback (MSF) reports and reflections
- Training progression meetings verbal and documented outcomes
- Assessment outcome feedback
- Preparation program and focused assessment support program verbal and summarised feedback

The ACRRM assessment approach maintains a commitment to a balance of formative assessment for feedback purposes and summative assessment to determine progression. Structured formative feedback is provided through two paths, formalised formative assessments, and feedback from summative assessments.

The programmatic approach (*See Standard 5.1.1*) directly lends itself to the early identification of Registrars who are under performing. The results of formative and summative assessment are shared with registrar's Supervisors, training and assessment providers. This vertically integrated structure facilitates the early identification of Registrars who require educational assistance and the creation of tailor-made remediation programs that target specific areas of weaknesses. The structured formative processes also provide a formal mechanism to measure the effectiveness of remedial programs.

ACRRM uses MiniCEX as a formative assessment. A minimum of nine formative MiniCEXs are required during training.

The ACRRM MSF modality provides a detailed report that includes qualitative and quantitative results as well as comparison with national normative values. The registrar is required to complete a reflective exercise looking at the results of the MSF and then discuss this with their medical educator. This level of detail greatly assists in structured feedback to the registrar and informs remediation when required.

Registrars have opportunities to gain experience in assessment methods formatively before they experience them in a summative mode. The MCQ Familiarisation Assessment (MCQFA) is automatically marked and results provided to the candidate, thereby providing instant feedback to Registrars prior to undertaking the summative MCQ.

ACRRM offers mock StAMPS exams allowing the Registrar to practise the assessment under exam conditions and then to receive feedback on the same day. This allows for candidates to assess their readiness to present for the next summative StAMPS assessment.

The summative MCQ and StAMPS are each reported as grades (i.e. pass or fail) and the summative MSF is marked as 'Satisfactory Completion' as appropriate. These are all also broken down into a series of scores across a range of important attributes.

Accredited Training Organisations

The accredited training organisations have delegation to deliver and manage ACRRM training for Registrars in the AGPT and RVTS programs. These training organisations are required to facilitate regular and timely feedback to Registrars on performance to guide learning, detailed in the *ACRRM Standards for Training Organisations*, (see section 3.2.2).

Compliance with this outcome is monitored through the Training Organisation Accreditation process.

The accredited training organisations (and ACRRM on the IP) monitor information from the range of ACRRM requirements outlined above in addition to other sources including:

- Supervisor reports at the end of each 6 months
- Medical Educator visits to the Registrars in practice
- Dedicated medical educator and/or education staff member allocated to each Registrar
- Other formative assessments set by the training organisation
- Participation in education sessions.

Attachment 1.9: Standards for Training Organisations

5.3.2	*The education provider informs its Supervisors of the assessment performance of the trainees for whom they are responsible*

Each registrar is required to sign a release statement which allows sharing of all the Registrar's formative and summative assessment data with their Supervisors and their respective training organisations (i.e., RTOs, RVTS or ACRRM). Training organisations are provided with the assessment outcomes for their Registrars, who then provide access to these outcomes to the Supervisor.

5.3.3 The education provider has processes for the early identification of trainees who are not meeting the outcomes of the specialist medical program and implements appropriate measures in response.

The College monitors all Registrars progress and applies a staged approach with increasing levels of monitoring and support provided as the identified risk of non-progression increases.

A more formalised Remediation Program was established for the IP over the past twelve months which builds on a structured early identification and support process. This has been very successful with nine of the eleven Registrars on the program (that had multiple failed assessments) successfully completing their major assessments, four of whom have now Fellowed.

All Registrars on the IP receive a progress meeting with the Medical Educator at least twice usually four times a year. This is an opportunity to review their progress and update their learning plan appropriately. A list is developed and continuously updated of Registrars at risk of not progressing. The Education Services Manager and the Director of Training have a scheduled weekly meeting in which they review the listed Registrars' progress and determine required actions. Registrars that have been identified as at particular risk are listed as qualifying for Formal Assessment Support. This often includes Learning Program reviews with Medical Educators and special preparation sessions with Medical Educators prior to assessments. A subset of this list will be Registrars that are identified as needing significant support. These Registrars are eligible for remediation which involves a significant level of regular monitoring, assessment support and potentially broader discussions regarding training options.

Similar approaches to monitoring support and remediation are undertaken by accredited training organisations. It is an accredited standard that all accredited training organisations conduct regular progress reviews with Registrars and notify the College where they have significant concerns about a registrar's progress. This process is facilitated by the College's established system of regular meetings with each RTO in which their respective Registrars' progress is discussed. Any Registrars' requiring additional assistance are identified and appropriate actions are determined. These requirements are set out in the *Standards for Training Organisations* and their appendicised agreements. The terms for Remediation determinations, funding and reporting for RTOs re set out in the *Remediation Policy*.

The *Performance and Progression* and the *Registrar in Difficulty* policies define the relevant expectations and the responsibilities for Registrars, Supervisors, training organisations and the College.

Attachment 5.4: *Performance and Progression Policy*
Registrar in Difficulty Policy
Remediation Policy
Assessment Eligibility Policy

The *Withdrawal from Training Policy* sets out the terms under which a Registrar may be voluntarily or involuntarily withdrawn from training. The *Doctor in Training Review Process* may be applied to reach a determination for involuntary withdrawal.

Involuntary withdrawal would be based on:

- poor performance or progression and refusal or failure to comply with additional support/ remediation measures
- failure to demonstrate meeting training program requirements with significant additional support and/or reasonable adjustments
- lapsing or removal of medical registration for more than six months
- conditions on medical registration that prevents a doctor in training from meeting training program requirements
- failure to pay membership or training and assessment fees within 12 weeks of allocated time

All doctors can review any determination of the College through its Reconsideration, Review and Appeals Policy and can review determinations of the accredited training organisations through the AGPT withdrawal policy and the RVTS Appeals Process as appropriate.

Attachment 5.5: *Withdrawal from Training Policy*

Note: Table redacted for member privacy

5.3.4	*The education provider has procedures to inform employers and, where appropriate, the regulators, where patient safety concerns arise in assessment.*

All assessment results are ratified by the Board of Examiners (Board). Where patient safety concerns are identified this is noted by the Board. The College follows up with those responsible for the doctor's training delivery to gain further information and to discuss actions required. The training organisation is responsible for discussing concerns with the Registrar and notifying the employer, and then reporting back to the College.

If concerns identified in assessment are supported by similar concerns of the employer and training organisation, a Registrar Review Panel is convened to determine what further actions are required. The review panel process is described in the *Doctor in Training Review Process*.

In 2016, a Registrar's performance in StAMPS raised significant concerns for the Assessors. These concerns were recorded in the assessment outcome letter. ACRRM then followed up with the relevant training organisation and their Director of Training discussed the situation with the supervisor and undertook a review of the Registrar including an observation of consulting. The training organisation's Director of Training deemed the Registrar to be safe to practise. The registrar later voluntarily withdrew from ACRRM training.

Attachment 5.6: Doctor in Training Review Process

5.4 Assessment Quality

5.4.1	The education provider regularly reviews the quality, consistency and fairness of assessment methods, their educational impact and their feasibility. The provider introduces new methods where required.

The assessment framework was developed by a team led by Prof David Prideaux of Flinders University with a specified brief to be appropriate for the Fellowship of ACRRM competencies and its associated practice scope. The essential programmatic assessment framework has been maintained but the program is continuously reviewed and refined.

Continuous quality assurance is achieved through processes at multiple levels including, a system of statistical question/results review after every assessment, review of participant feedback after every assessment, broader review of evaluation reports as provided, occasional formal review of key emergent issues. Additionally, the College conducts an annual assessment workshop led by Assessment Committee Chair, Prof Tarun Sen Gupta and the College Censor in Chief, A/Prof David Campbell. This is usually a full day forum to review the program and to consider new approaches.

The College has robust processes for succession planning and recruitment of assessors and writers (inducing leads). Succession planning is managed with professional development and training, ensuring all assessment processes are up to date in addition to documented procedures.

Recruitment of assessors and writers involves advertising roles with application due dates. Applications are reviewed and shortlisted to proceed to interviews. Contracts and Schedules of Work are put in place, this ensures standardisation of Assessment roles. Integral to the College recruitment process is ensuring assessor groups are representative of diversity including gender, geographic location and cultural background.

Assessment Items development

The questions used in the MCQ and StAMPS assessments are developed by Fellows practising as rural generalist doctors. There is a small expert team developing assessment items with input from a larger group of practising rural doctors.

Assessments are tested with someone at a similar level to the candidates who will sit the assessment. Following the examination, standard question reliability statistics such as Cronbach's alpha are considered, with reliable questions placed in the repository for future assessments or to be included in publicly released practice exams. Those with poor reliability are referred to the editorial process for consideration of redevelopment or retiring.

Post-assessment analysis

The StAMPS and CBD assessments are recorded. The Lead Assessor for the modality undertakes a review of borderline results before results are ratified by the Board of Examiners. Where a candidate appeals an assessment result, an independent assessor is appointed to review the assessment recordings and other supporting material.

A range of statistics is calculated for each assessment aiming to identify any discrepancies that may suggest that the assessment was not fair for all or some candidates. For example, performance is analysed for each StAMPS scenario on each day. A StAMPS report is provided as an example of the analysis presented to Board of Examiners.

After each assessment a feedback evaluation survey is sent to all candidates, assessors, and invigilators (if relevant to the assessment). Results are fed back to assessment writers, assessors, and administrators to consider.

Reliability

ACRRM formally evaluates the reliability of each assessment modality on an ongoing basis. The MCQ and StAMPS assessments have formal statistical testing after each exam, using standard statistical methodology. All assessments have appropriate Cronbach alpha scores. The MCQ examinations have achieved Cronbach's alpha score ranging between 0.68 and 0.91. CGT and AST EM StAMPS Cronbach's alpha scores are consistently high and range from 0.82 to 0.99.

Assessment items validity

The College actively responds to any outlying assessment outcomes to identify if there were failures of process or whether the results are pointing to the need to improve an area of performance.

Public Assessment Report

ACRRM publishes an assessment report following each significant assessment. These reports aim to assist with preparation for assessment and understanding assessment results. The report is made available on the ACRRM website when the results are released to candidates. A revised Public Report form has been developed and is currently going through the College approval process. It is

intended that the new format will allow for more standardised Public Reports across all modalities that have a report.

Attachment 5.7: Sample CGT StAMPS Assessment Public Report
Attachment 5.8: Sample MCQ Assessment Public Report
Attachment 5.9: Sample Individual Candidate Feedback Report

Withdrawal from program

There are a range of reasons why Registrars may withdraw from programs. Withdrawal rates are difficult to monitor given the complexity of the General Practice training framework. Many of the training pathway withdrawals recorded (at *Table 5.7*) are transfers between ACRRM training pathways and these withdrawn Registrars may successfully train to ACRRM Fellowship.

Withdrawal rates for our College are an area of concern. Free text explanations of reasons for withdrawal are recorded in the College data system for ongoing review. Statistical analysis of rates was included as part of the recent review of the College Selection Policy. This found that while rates are high, they have decreased since 2018 (when the College was able to take a more substantive role in delivery of its selection and training program) and appear to be continuing to decrease. Another trend of interest is that withdrawals appear to be trending to occur earlier in trainees training journey. The analysis also confirmed geographic clusters of high withdrawal rates on the APGT suggesting training services by training organisations in particular regional locations were systematically producing poor ACRRM Fellowship outcomes.

Some key reasons for withdrawals include the following:

- Transferal to FRACGP particularly for Registrars on the AGPT or RVTS with Dual Fellowship enrolments. The ACRRM program is a minimum four-year program compared to the three-year FRACGP and the FACRRM has greater complexity of training and assessment requirements to reflect rural generalist standards and contexts. As both Fellowships qualify Registrars equally for Ahpra registration, many dual-enrolled Registrars withdraw early from ACRRM training with the intention of only completing the FRACGP. It was agreed in 2018 that dual fellowships and transfers would not be allowed within the AGPT however for various reasons these have continued. Transfers also occur to the FRACGP Practice Experienced Pathway external to the AGPT framework. Some feedback from registrar withdrawal evaluations has been that Registrars have had difficulty passing ACRRM assessment and believed that FRACGP assessments would be easier.

- Transferal to the IP from the AGPT. This commonly occurs due to general discontent with training organisations, with the inflexibility of the AGPT training policies or because training time (under AGPT policies) has run out. Historically, many ACRRM Registrars have been unable to complete their training within the allowable timeframe set by the Government's AGPT program and have been required to finish their training on the IP. The AGPT timeframes were designed to reflect the FRACGP three-year program and did not recognise the additional one to two years training for FACRRM. The Government recognised this problem and in 2018 introduced training places for ACRRM Registrars under the new Rural Generalist policy with allowance for extended training time. The data below however reflects the legacy issues.

- Transferal from IP to AGPT or RVTS. This often occurs as the latter two pathways waive training fees and offer Government-funded training support.

- Withdrawal due to financial issues, these particularly apply to Registrars on the IP which is self-funded

- Ill Health

- Involuntary withdrawals also occur. On the IP Registrars these may occur due to unpaid fees, no progression and determinations of the 10-year training review. The College Withdrawal from Training Policy applies.

Note: Tables redacted for member privacy

5.4.2	*The education provider maintains comparability in the scope and application of the assessment practices and standards across its training sites*

All questions, scenarios and marking guides however are the same for an assessment session.

Assessors undergo consistent training across the country. When StAMPS are delivered across two sites, the Assessors examining the same scenario attend a moderator session together with the Lead Assessor to facilitate consistent delivery and marking of the scenario.

ACRRM delivers assessments across multiple sites where Registrars are living and working. Mostly these sites are within Australia but may also be offshore for example since COVID 19, assessments have been undertaken from Timor Leste, Papua New Guinea, and Scotland.

The StAMPS and CBDs are video recorded. Where concerns are raised, the Lead Assessor will review the recordings to check for consistency of Assessor ratings.

Standard 5: Documents to be provided	
☒	Assessment map or blueprint (showing how formative and summative assessments relate to curriculum and progression point decisions/hurdles though the program) and outlining standard setting processes (See Attachment 5.1 - see pages, 7-12 competency framework, 27 MCQ, 40 StAMPS)
☒	The special consideration policy (See Attachment 5.2)
☒	The document(s) provided to trainees and the document provided to Supervisors that explains the assessment policy, the nature of the assessments and the criteria used. (See Attachment 5.1 and the *website* for additional guidance resources)
☒	The assessment, grading and progression rules. (This information is covered across a range of documents reflecting the programmatic approach of progression being integrated into training) (See Attachment 5.1 (Fellowship Assessment Handbook), Attachment 5.5 (Performance and Progression Policy, Registrar in Difficulty Policy))
☒	The policy and procedures for remediation and reassessment of trainees, and for supplementary examinations. (See Attachment 5.6, and Attachment 5.5)
☒	If relevant, policy on dismissal from the specialist medical program (See Attachment 5.7 and Attachment 5.5)
☒	Policy and procedures on informing employers and registration authorities of concerns about patient safety that arise from trainee assessment (See *Standard 5.3.4*)

6. Monitoring and Evaluation

6.1 Monitoring

6.1.1	The education provider regularly reviews its training and education programs. Its review processes address curriculum content, teaching and learning, supervision, assessment and trainee progress.

The College has a range of systems in place for continuous quality improvement as well as a more high-level review associated with the evaluation process.

The College continuously reviews and evaluates all aspects of its operations. College policies, standards, Committees Term of Reference, handbooks, and other key resources are subject to review cycles. These are documented in a Policy Register and managed centrally to ensure consistency and that review cycles are maintained. Generally, curricula are revised five-yearly, policies are revised three-yearly, and Committees Terms of Reference are revised two-yearly. Many aspects of College operations have feedback loops built into their ongoing delivery including online courses, webinars, assessments, and courses workshops. Special attention is given to key processes/projects or those undergoing major changes such as program selection, assessment modalities, the revised PDP, and the Rural Generalist Education Program and these are evaluated as best fits their purposes.

More formal, high-level evaluation occurs in accordance with the College's Project Logic based Evaluation Framework. This is revised annually to chart progress against the College's vision and strategic goals. The process involves conducting annual member surveys. It incorporates collated outcomes of the annual ACER AGPT National Registrar Surveys and the MBA Medical Training Survey, key sources of program data and an environmental scan of literature, workforce figures and other key information. The Annual Report incorporate the Strategic Plan objectives and informs progressive cycles of strategic planning.

Summary of Outcomes and changes implemented since last evaluation

Curriculum Review 2020

The College has a five-year review cycle for its curricula. All Advanced Specialised Training (AST) curricula were reviewed over 2016-2018.

The College commenced its review of the Primary Curriculum in 2018. This commenced with a two-day workshop led by the Education Council involving all senior staff and all key College office bearers including the President and Registrar Director.

Some key recommendations of the workshop included that:

- That the AST and Primary Curriculum be combined into a single curriculum to be called the Rural Generalist Fellowship Curriculum with milestones to define the progression in the areas covered by ASTs
- That the revised curriculum would incorporate competency-based and time-based approaches
- That EPAs would be incorporated into the program
- That the usability for the key users of the curriculum (Registrars, Supervisors, Medical Educators etc.)

These concepts were further workshopped at stakeholder events including the ACRRM Open House in 2018 and subsequently ratified by the Education Council and Board.

The draft curriculum was sent with an accompanying set of consultation questions to:

- Medical Colleges: Australian and overseas
- ACRRM accredited training organisations
- GPRA and GPSA
- Universities including rural clinical schools and rural integrated training hubs
- Rural organisations including Rural Doctors Association Australia (RDAA), CRANA Plus, Royal Flying Doctors Service (RFDS), Rural Workforce Agencies
- Rural Generalist programs operated by state and territory health departments and the National Rural Generalist Taskforce (led by the National Rural Health Commissioner)
- ACRRM accredited Supervisors and Medical Educators
- ACRRM committees including registrar committee, training and assessment and working groups
- ACRRM members
- PHNs
- Indigenous groups including: ACRRM Indigenous members group, AIDA, ACCHO, IGPRN, LIME
- National NGOs

Feedback was provided by RACP, ACEM, RANZCP, Medical Advisory Group Family Planning, Leaders in Indigenous Medical Education (LIME), training organisations, Registrars and Fellows, and the ACRRM Aboriginal and Torres Strait Islander Members Group.

Some key changes that arose from the review related to feedback include:

- Major revision to the Aboriginal and Torres Strait Islander healthcare curriculum. The relevant Domain name was changed to specify Aboriginal and Torres Strait Islander peoples. The Domain, Learning Area and competencies were all revised to reflect a strengths-based approach to curricula and incorporate core concepts of cultural safety. Clinical issues of relevance to Indigenous health were moved to their relevant clinical area. These changes were led by the feedback and advice of the ACRRM Aboriginal and Torres Strait Islander Members Group.

- Important areas raised in feedback have been given stronger emphasis throughout the document including doctor wellbeing and Domestic Violence. Additional detail on mental health was included based on feedback from the RANZCP.

- The CANMeds framework has been used to incorporate non-clinical Learning Areas such as 'scholar', 'leader', 'advocate'. This has made the curriculum more compatible with international curricula for comparison purposes and has enabled better visibility to learning requirements for issues such as domestic violence and health advocacy and self-care.

Attachment 6.1 Curriculum Review Report, Implementation and Consultation documents

Supervisor and Training Post Standards Review 2020

These were revised in accordance with their three-year cycle. As part of a collaborative initiative with the CPMC Education Group, the College revised these standards to align with AMC standards and to align with other Colleges.

The Standards have been brought into alignment with the single curriculum structure and have been written to incorporate a range of standards as appropriate to the relevant component of the program.

StAMPS Review 2020

The College undertook a review of PC StAMPS in 2020. Its outcomes were also summarised in the *Public Report* for Registrars and Supervisors and published on the ACRRM website (See Attachment 5.8).

Some outcomes of the review included:

- A higher benchmark-based approach to assessment of eligibility RPL applications (noting correlation between low pass rates and award of RPL)
- A more targeted approach to remediation and assessment support for Registrars that fail assessments (noting increasing likelihood of failure with increasing numbers of attempts)
- Continuation of the policy that successful completion of MCQ is a prerequisite for attempting a PC StAMPS exam (noting the predictive capacity of failure in MCQ for failure in PC StAMPS)
- Strong reinforcement of need for sufficient rural primary care training time with Registrars

The review is further detailed at *Standard 5.1*.

Selection Process Review 2021

The Review is currently being considered by College Governance. The Review is the second major analysis of the outcomes of the Selection Process that commenced in 2018 and is the first review with the benefit of some years of training data for selected cohorts. It has provided support for the validity of the selection process as predictive of rural propensity, success in FACRRM assessment and continuation in training. It has highlighted the differing predictive capacity of different elements of the selection.

The report has examined the strength of relationships between the introduction of the selection as well as with specific elements of the selection process and assessment outcomes (as measured by MCQ results), workforce outcomes (as measured by training location), retention (as measured by withdrawal rates). The report findings included that:

- since the implementation of the process registrar withdrawals have decreased
- there is a positive relationship between selection rankings and MCQ outcomes
- there is a positive relationship between selection criteria and rural workforce outcomes
- there is an inverse relationship between selection rankings and program withdrawals

The findings of the report are still under review and appropriate actions have not yet been determined.

This review and the history of reviews of the process are detailed further at *Standard 7.1*

Strengths, Challenges and Plans for Development

ACRRM has been established with a clear purpose in terms of delivering quality healthcare in rural communities and the evaluation process serves to reinforce its focus on the promoting professional standards, supporting rural doctor's and ensuring educational relevance and effectiveness in meeting community need.

The College is continuing to develop its minimum data set and clearer benchmarks and targets particularly against the key evaluation questions which are continued through strategic planning cycles. This work is occurring in parallel with major developments in its data systems capacity (particularly as with College-Led Training the College will have full access to AGPT and RVTS training data).

While response rates from Fellows for the College member survey were strong, with the establishment of the Medical Training Survey (in addition to the ACER and other surveys) the response rate from Registrars to College surveys was not high. The College has endeavoured to keep its survey short and not duplicate and over-survey our Registrars, but this limits the information attained. The experience of a more paired down survey has been instructive and going forward the survey design will be further refined.

The College has been exploring further mechanisms to identify the key areas of demand of our members for upskilling and education resource development and the linkage between this demand and rural and remote communities' needs. Work associated with the National Medical Workforce Strategy is likely to provide a further source of data in this regard. This would be valuable information to inform ongoing educational resources, programs, and content development.

Connect@ACRRM member discussion forums are an increasingly valuable mechanism for consultation and quality improvement. The platform as at June 2021, has 2930 active users and has hosted 3875 posts. Discussions provide important insights for college staff and leaders on the perspectives of their members on current issues. College managers monitor and respond as appropriate to these discussions. The President, other College leaders, the CEO and other key staff, provide advice and answer questions through these forums as appropriate. The new PDP program framework for example was able to be implemented with an accompanying process of ongoing member instruction and guidance as well as incremental changes in response to questions and issues raised through the forum. The College has extended this platform to be available as a smart phone app.

The College is establishing a Community Reference Group as an adjunct governance committee. This will include the community representatives of all Governance Committees and a broader group of interested people reflecting key perspectives across rural and remote communities. (See *Standard 1.6.1*) This group will be an important contributor to ongoing program evaluation and improvement.

6.1.2 Supervisors contribute to monitoring and to program development. The education provider systematically seeks, analyses and uses their confidential feedback on the quality of supervision, training and clinical experience in the monitoring process.

6.1.3 Trainees contribute to monitoring and program development. The education provider systematically seeks, analyses and uses their confidential feedback on the quality of supervision, training and clinical experience in the monitoring process. Trainee feedback is specifically sought on proposed changes to the specialist medical program to ensure that existing trainees are not unfairly disadvantaged by such changes.

Registrar Representation

Registrars representatives have input into College developments through designated members on all educational committees including the Training Organisation Accreditation Assessment Reference Committee. They are invited to nominate representatives to development working parties wherever appropriate and are engaged in all policy developments of importance to them. For example, the Registrar Committee representatives have been involved from the outset and at all stages with the development of the College AGPT selection process. (See *Standard 7.2*)

Registrars have clear lines of communication to their Registrar Committee. There is a dedicated email address for the registrar chair; registrarchair@acrrm.org.au. A Registrars Facebook page was established in May 2014. These are published on the *website*.

ACRRM undertakes registrar surveys which are incorporated into its evaluation framework. The Framework which includes summaries of ACRRM surveys and the MBA Medical Training Survey (MTS) and the AGPT ACER survey are presented to the College Council which includes Registrar Committee members. The survey summaries are also shared directly with the Registrar and other Committees.

College staff members communicate directly with Registrars in a range of ways as outlined at *Standard 7.1* and these provide opportunities to inform Registrars of important information and changes to gain actionable feedback for continuous improvement. All major changes are publicised through the College newsletter, the website and direct email as appropriate. The College Training, Assessment Officers and managers, and its Stakeholder Engagement Officer are available to receive calls from Registrars regarding issues of concern.

Mechanisms for collecting and applying feedback

There is a range of mechanisms available to Supervisors, Medical Educators, and Registrars involved in ACRRM programs to enable and encourage them to provide informed comment to the College, and by which the College collates and analyses this toward organisational and program improvement.

- Training Surveys are undertaken, and outcomes processed and reviewed in accordance with the College evaluation processes. College surveys, the MTS and ACER AGPT Registrar Surveys are processed, distributed to key staff and committees, and incorporated into the Annual Evaluation. ACER AGPT Registrar Surveys (which include consideration of Supervisors and Training Posts) are received from each RTO and inform their Accreditation.

- Each standardised assessment (i.e., StAMPS and MCQ) includes an opportunity for participants, invigilators, assessors, writers, and editors to provide de-identified feedback via an online survey which is analysed by staff for continuing program improvement.

- Assessment processes have been developed and improved using continuous quality improvement principles. The process of producing assessment items involves a group of doctors trained in developing MCQ and/or StAMPS items. After each assessment the writers examine how the items perform to improve the individual item if required and more generally improve skills in developing items. All StAMPS scenarios are road tested prior to the assessment by a registrar who has completed this assessment.

- FACRRM recommended online courses incorporate a feedback mechanism and responses are assessed intermittently and as part of the review cycle update. Similarly, every education event such as webinars, conferences, or skills workshops, include a feedback opportunity and this feedback is assessed as part of continuous program improvement. The IP Education Program bespoke workshops and courses events incorporate feedback opportunities. This feedback is reviewed continuously and has been summarised and reported to the Board as part of the development process.

- The Curriculum Review process involves a comprehensive consultation including interactions with Supervisors and training organisations and presenting to these groups for feedback where opportunities arise. Representatives from each training organisation and Medical Educators and Supervisors contributing to the IP are invited to comment on the revised format and the content revision for the individual curriculum statements. (See *Standard 6.1*)

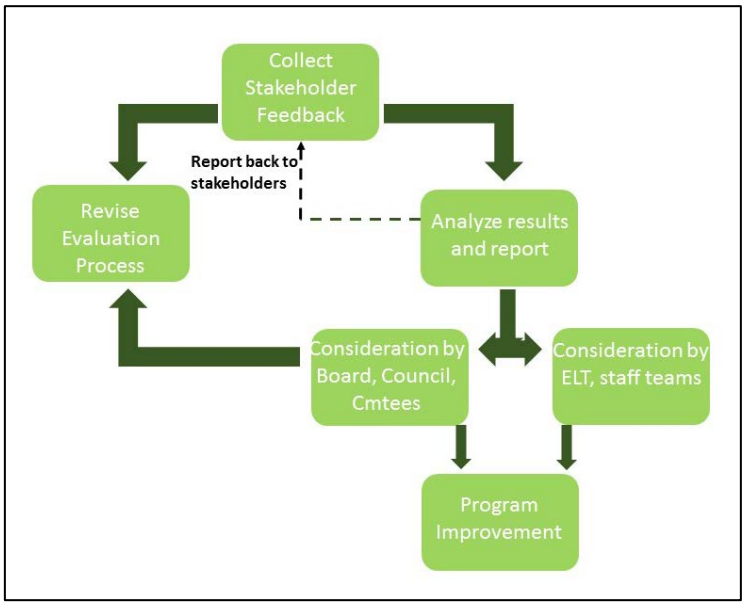
- Registrars are invited to provide feedback at the end of each training placement

- As part of the Training Organisation Accreditation arrangements, RTOs submit an Annual Report to the College detailing their supervisor and training post accreditation activities including Registrar feedback and experiences against established standards for review and assessment.

- College educational committees and boards include ACRRM accredited Supervisors and Registrars.

- Regular attendance at the RTO CEOs and Director of Training meetings and annual conference has provided opportunities to engage and gain feedback and comment from these organisations. The College also engages regularly with the leadership of the GPSA.

Figure 6.1: Relationship of evaluation and program improvement



Feedback led Improvements

The College is constantly improving its programs based on evaluation feedback.

- An example of major changes implemented based on registrar feedback is the introduction of BARS scoring process. ACER and MTS registrar surveys have consistently pointed to a perception by Registrars that the assessments are not fair. The College has implemented the new system which is more numerically based and thus more overtly objective. It also enables more clear communication in feedback to Registrars of the basis for assessment determinations. The College has promoted the change extensively through a series of webinars to Supervisors, Medical Educators and Registrars as well as through direct emails and newsletters. (See *Standard 5.1.1*)

- Another example is that feedback from the College's Education Program delivery process was that Registrars would like more instruction in the fundamentals of Primary Care which led to development of the *Introduction to Primary Care* online course. The Course has been widely promoted through newsletters and direct emails and incorporated in the College's Education Program.

- The development and provision of *AST Handbooks* provide another example. These were developed based on feedback from AST Supervisors that it was difficult to have to cross-reference multiple, curricula and training documents in order to understand program requirements. Based on this feedback the relevant curricula, and program information for each AST is combined in a single document.

The results of Surveys are communicated to all members which include information about related improvements. The Evaluation Report identifies improvements in a project logic format that is distributed to Councils and Committees and summarised on the *website*. Program improvements that have arisen in response to feedback are communicated as appropriate to the nature of the improvement. The examples above demonstrate different ways this may occur.

Stakeholder organisations with which the College has regular interaction

Key organisations would include:

- Trainees: The College meets with its Registrars formally through their representation on College Committees and through the staff that attend all Registrar Committee meetings as detailed at *Standard 7.2.1*

- Supervisors of training: The College meets with the GPSA as the peak GP supervisor organisation through multiple forums. It meets regularly through the GPTAC framework.

- Health departments: The College meets with Health Departments through multiple forums (see *Standard 1.6.1*). It meets with the Commonwealth Health Department regularly through GPTAC. An important forum for regular meetings with jurisdictional health services are the governance bodies for each of their Rural Generalist programs which usually meet quarterly.

- Other providers of specialist medical programs: The College meets regularly though multiple forums the key regular forum is the Council of Presidents of Medical Colleges (CPMC) (see *Standard 1.6.1*)

- Consumer groups: In addition to its engagement with Consumers through representatives in its internal governance structures, the College meets with a range of Consumer Groups through multiple forums. A key regular forum is as a member of the National Rural Health Association (NRHA) which also includes the Consumers Health Forum of Australia (CHFA). Another regular shared forum with CHFA is the Rural Health Minister's Rural Roundtable.

- Deans of medical schools: The College meets with Medical Schools through multiple forums particular through the Federation of Rural Australian Medical Educators (FRAME) network for the Rural Clinical Schools. (see *Standard 1.6.1*)

6.2 Evaluation

6.2.1	*The education provider develops standards against which its program and graduate outcomes are evaluated. These program and graduate outcomes incorporate the needs of both graduates and stakeholders and reflect community needs, and medical and health practice.*
6.2.2	*The education provider collects, maintains and analyses both qualitative and quantitative data on its program and graduate outcomes.*
6.2.3	*Stakeholders contribute to evaluation of program and graduate outcomes.*

College Evaluation and Monitoring Framework

In 2017 the College implemented its project logic-based Evaluation and Monitoring Framework and

The Annual Evaluation reports against the outcomes in the Project Logic Map. The Map defines measurable (short term) outcomes that align with each of the outcomes of the Strategic Plan. It connects these, to intermediate term outcomes, and long-term outcomes that lead to the attainment of the College vision. The Logic Map was updated in 2018 to incorporate the new Strategic Planning cycle objectives and going forward will continue to be updated with each 3-year cycle.

Annual Reports comprise:

- The Project Logic map
- A review of the College Performance against its Four Key Evaluation Questions which each include benchmarked measures
- A review of the College's progress against each of the short-term outcomes (listed in the project logic map) using a traffic light system
- A review of the College's progress against the intermediate term outcomes (included in the final report for the triennium)

The project logic basis of the Framework anchors it toward meeting the vision, values, mission and purpose of the College which are also the basis for the Fellowship program and graduate outcomes. Evaluation evidence is gathered to assess the College's performance in working towards its vision for *excellent healthcare for people in rural communities*. This approach recognises the dynamism of the external environment and focusses on determining the value and contribution of work toward intended longer term outcomes. It considers implementation and process but is essentially output focussed.

The Framework draws on information from:

- Internal and external surveys of members and the broader profession
- Scan of literature and national workforce and healthcare data
- Internal program data sets

The Framework has been designed to provide a streamlined model for linking survey and data-collection activities, with program outcomes and ultimately the College's progress.

This Framework entails a continuous circuit of evaluation, processing of feedback, guiding program improvement, evaluation plan review and adjustment, and re-evaluation. This evaluation cycle is detailed in *Figure 6.1* above.

Table 6.1 Evaluation activities and outcomes June 2018-May 2021

Evaluation activity	Issues arising	College response to issues
Jun 2018-May 2019		
Project Logic Annual College Evaluation Report	• Registrar retention continues to be a key issue.	• Strategies to improve registrar retention including supervisor and registrar engagement/support • Ongoing commitment to Training Organisation engagement strategy • Enhanced assessment support overall and targeted support for Registrars at risk of failing to meet Fellowship requirements • Expanded training, engagement and support activities and educator services for IP Registrars
	• Mental Health overwhelmingly recognised by members as their communities' priority healthcare unmet need	• Continued efforts to market ACRRM Mental Health courses to members • Strengthening and updating mental health content in the primary curriculum • College advocacy efforts to have MBS remuneration for mental health counselling by GPs improved and extended to telehealth provision for people in isolated rural communities
	• Pool of Aboriginal and Torres Strait Islander members still small although building – noted that new selection process has improved recruitment to AGPT	• Continued work with Aboriginal and Torres Strait Islander members group and its mentoring program • Focus on building partnerships with AIDA, IGPRN and LIME
	• Opportunity to expand in area of online communities and more interactive learning/engagement platforms	• College has purchased a platform for establishment of online communities for groups with common areas of interest across the membership including Registrars and specialised fields of practice

Evaluation activity	Issues arising	College response to issues
	• Further work needed in updating knowledge base on rural training needs and community priorities • Opportunity to further develop models of care and standards for rural doctors • Opportunity to build data set of the provision of rural procedural and advanced care. Noting loss of rural maternity services is a major issue for rural communities.	• Plans for expanded research efforts on rural workforce and appropriate models of care for community needs • Consideration of data collection options for the Minimum data set
Membership Survey (Fellows) 2019	• Total response rate (N=117) • Overall high satisfaction with the College NPS=44%, 80% viewed College experience over past 12 months as good/very good	
	• Difficulties with College website	• Full redevelopment of website underway in accordance with the principles of Human Centred Design (HCD)
	• Requests for updates to online resources and technologies	• Expanded staff to support digital solutions and business systems development • New LMS established as platform for online delivery • Online interactive communities of practice platform under development
	• Mental health seen as the most important area of need for members' communities.	• Continued efforts to market ACRRM Mental Health courses to members • Increased emphasis on mental health in primary curriculum review
	• Second most important areas were lack of doctors and local healthcare services/hospital resources.	• Continued work in rural workforce advocacy • Continued commitment to rural focus in selection processes
Jun 19-May 21		
Project Logic Annual Report (Apr 20-Apr 21)	• Need to improve Fellowship rates	• College-led training and College Education Program will improve direct support/engagement for Registrars and Supervisors.
	• Need to improve assessment support and perceived fairness	• Remediation and Focussed assessment support programs (See *Standard 5.3*) • BARS marking system introduced to address perception of unfairness and give more useful feedback (See *Standard 5.1.1*) • Online courses and videos to assist Registrars and Supervisors to understand assessment modalities (*MCQ*, *StAMPS*, *CBD*, *MiniCEX*)
	• Need to further facilitate/simplify CPD compliance	• Continuing improvements to PD interface. Continuing efforts to facilitated simple outcomes/reflective practice reporting. *User Case Studies*

Evaluation activity	Issues arising	College response to issues
	• Need to increase number of Supervisors • Opportunity to expand evidence base for RG workforce, services, standards	developed to profile pathways for different kinds of practitioners. • Planned Supervisor Engagement Strategy • Rural Generalist Working Parties established and expanded
Member Surveys (2021)	• Total response rate (N=338) • Total responses showed positive overall satisfaction (NPS 32.1), and 80% satisfaction that ACRRM is committed to meeting its vision • Total responses showed low rates of awareness of the Respectful Workplaces Framework and the Access EAP Services • Members found rural doctors shortages and mental health were key areas of need in their communities.	• Promotion campaign, including through College newsletters (Country Watch, College Training Connections, RMA plenary) • College continues to view its role in advocacy and workforce development as core to its work. It continues to promote its mental health courses and its Mental Health AST.
Fellows	• Total response rate (N=258) • Negativity around the introduction of the reflective practice and outcomes measures for CPD • Many members indicated they had complex/irregular work arrangements (locums, multiple workplaces etc.) and attaining CPD outcomes measures was difficult • PD Portfolio online interface considered difficult to use • Relatively low satisfaction with the relevance of accredited activities to scope. It was noted that rural activities provided by health services, workforce agencies etc. are not always ACRRM accredited.	• While these are MBA framework requirements, the College has attempted to review its advice and information resources to help members find simplified ways to meet their requirements. (E.g., *Case User studies*, additional advice in handbook). This is an ongoing process. • Further work is underway on the PD Portfolio online interface • Efforts to improve links to key rural health CPD provider organisations to ensure they ae notifying ACRRM of activities in order that they can be accredited.
Registrars	• Total response rate (N=58) • Relatively low satisfaction with assessment support	• Support for Assessment continues to be a key focus for the College. The ACRRM Education Program is designed to strongly align training and assessment. (See *Standard 4.1*)The College has commenced a more formal remediation program. (See *Standard 5.3*)
Supervisors	• Key areas where advice was sought related to understanding ACRRM	• The College is developing a Supervisor Engagement Strategy to address these areas of need

Evaluation activity	Issues arising	College response to issues
	curriculum, assessment and managing Registrars in difficulty	

Attachment 6.2: College Monitoring and Evaluation Framework (2019-21)
Attachment 6.3: Annual Evaluation Report April 2020-21
Attachment 6.4: ACRRM Membership Survey Summary 2021

6.3 Feedback, reporting and action

6.3.1	*The education provider reports the results of monitoring and evaluation through its governance and administrative structures.*
6.3.2	*The education provider makes evaluation results available to stakeholders with an interest in program and graduate outcomes and considers their views in continuous renewal of its program(s).*

The College communicates results of key evaluations to stakeholders in the following ways:

- Annual Evaluation Report which incorporates the outcomes of all key surveys including the Colleges member survey, the Medical Training Survey and the ACER AGPT National Registrar Survey and other key sources of information. This is presented to College Council (along with summaries of the key surveys) as the peak representative body for approval and consideration in the Strategic Planning process. It is also tabled with other key committees as appropriate. At the operational level, it is tabled for approval with the Executive Leadership Team and presented for discussion, to the Managers Forum and at Spotlight Sessions for all interested staff. A summary of the report is published on the *College website*. Opportunities are taken to present the findings to broader stakeholders for example, the 2020 Evaluation Report was presented to an RTO national forum on evaluation in November 2020.

- Member survey evaluations are published in the College newsletter Country Watch which is published to all members and interested stakeholders in the sector. Internally, they are tabled with the Executive Leadership Team, provided to all managers to distribute to their staff as appropriate. They are tabled with the College Council and other committees as appropriate. The College Council, Education Council, Finance, Audit and Risk Management Committee and Board include community representatives.

- Survey summaries of the MTS and the ACER surveys are distributed to ELT, all relevant managers and staff and are tabled with key committees including the College Council for consideration as part of their Strategic Planning.

- Opportunities are taken to present the findings of major reviews to broader stakeholders, for example, the College presented its evaluation outcomes to the RTON evaluation group in November 2020.

Attachment 6.5: Sample Notification of Program Changes and Improvements

6.3.3	*The education provider manages concerns about, or risks to, the quality of any aspect of its training and education programs effectively and in a timely manner.*

The Evaluation Process as outlined (see *Figure 6.1*) enables an ongoing cycle of continuous quality improvement and enables documentation and escalation of more serious issues that may arise through the governance structure.

At an operational level the Education Services team incorporate risk reporting into their scheduled monthly meetings, and these are incorporated into Executive Leadership Team reports for consideration and actioning as appropriate.

The College's Finance, Audit and Risk Management (FARM) Committee now regularly reviews the College progress against all issues raised through the AMC accreditation process. All high-level risks to the College and its programs are itemised on the College's Risk Register which is routinely reviewed by the Committee to ensure appropriate actions are being taken.

Attachment 6.6 Risk Registrars – Quarterly Training Organisation Reports, VGPT and RGTS Planning

Medical Training Survey
The Medical Training Survey (MTS) was developed by the Medical Board of Australia and the Australian Health Practitioner Regulation Agency (Ahpra). The inaugural survey was run in 2019 and the results were released in early 2020.

Actions related to Medical Training Survey	
	College response
Has the College explored results with internal and external stakeholders?	Over the past two years, the MTS results have been summarised and distributed to the Board, College Council, Education Council, Education and Training Committee, Financial, Audit and Risk Management Committee, and the Registrars Committee. At an operations level they have been tabled with the Executive Leadership Team and shared with managers and as part of an Evaluation Report presentation to all College staff.
Investigated results, or is planning to investigate the MTS results, and is making changes based on these investigations?	The MTS results have been incorporated into the past two Annual Evaluation Reports. These are considered as part of the Strategic Planning process and inform continuous quality improvements.

Standard 6: Documents to be provided	
☒	The education provider's evaluation plan/strategy. (See Attachment 6.3)
☒	Reports of recent reviews of the curriculum and/or sections of the program. (See Attachment 6.1)
☒	Results of recent surveys of trainees and fellows. (See Attachment 6.5)
☒	Examples of communications to stakeholders about recent plans for program changes. (See Attachment 6.6)
☒	Risk management plan/matrix for training and education. (See Attachment 6.7)

7. Trainees

7.1 Admissions policy and selection

7.1.1	The education provider has clear, documented selection policies and principles that can be implemented and sustained in practice.
7.1.2	The policies and principles support merit-based selection, can be consistently applied and prevent discrimination and bias.

The College has a mature selection process which is aligned to its Fellowship Program outcomes and reflects the College vision for excellent health care for people in rural communities. The model is used for selection to both the AGPT and the IP.

The selection process (once eligibility has been established) is based entirely on an assessment of the predictive indicators of each candidate's likelihood to become a confident and competent Fellow of the College consistent with the skills, competencies and aptitudes outlined in the College Fellowship Curriculum. The process is a merit-based assessment with data gathered from a written submission in response to the selection criteria, a MMI session, and two referee reports.

All selection decisions are deidentified and tabled for approval with the Selection Committee who provide nationally consistency and reliability. An experienced senior Fellow leads the MMI process and provides program wide consistency. Dr Carroll who currently provides this role is a senior rural clinical with over ten years' experience in contributing to ACRRM assessment and education programs.

Model Development and Review

The current model is the culmination of a several phases of development. It was built on a model developed and implemented for the IP since 2007. Previously, AGPT selection was designed and delivered by external organisations. Since 2017 ACRRM has been able to lead its own selection for AGPT Registrars. The College model was built on the established IP selection model and updated to reflect contemporary best practice and to enable scalability for the larger cohort. The IP process has transitioned to being fully aligned to this process providing a single College model.

The only selection process pathway which now remains external to the College is that for the RVTS which is run by the RVTS organisation. ACRRM is involved in setting and implementing this policy through consultation with the organisation, ACRRM membership on the Board of the RVTS, and participation by Fellows on selection interviews.

The College has seen steady growth in its applications and enrolments over the past three years. There is considerable complexity in terms of the number of enrolments between pathways and due to the constraints in the number of positions made available through agreements with the DoH both in aggregate and within specific regions. The College monitors each selection round and reports outcomes through its governance committees for review and consideration. Enrolment outcomes are also tabled with, and subject to scrutiny through the General Practice Training Advisory Committee that may make recommendations regarding program changes based on this advice.

As previously reported, in the two years following implementation of the ACRRM AGPT process, independent external evaluators reviewed the process and its outcomes. The evaluations found the selection process effectively and reliably selected appropriate candidates, especially selecting for rural and remote practise. Evaluators also found that the selection process effectively selected appropriate candidates, especially selecting for rural and remote practise. The referee reports, written assessment and Multiple Mini Interviews (MMIs) were effective predictors. It was also

noted that there was substantive correlation between the written assessment scores and those for the MMIs. However, it was noted that the referee reports did not add significant value. Minor process adjustments were made (to weightings and use of referee reports) based on the report findings but the process was substantively maintained.

The College has been undertaking an internal evaluation of the selection program in 2021 with the benefit of several more years of accumulated data. The review has focussed particularly on the relationship between the selection process elements and training and workforce outcomes. The review findings have included that:

- since the implementation of the process registrar withdrawals have decreased
- there is a positive relationship between selection rankings and MCQ outcomes
- early evidence infers a positive relationship between selection criteria and rural workforce outcomes
- there is an inverse relationship between selection rankings and program withdrawals

The COVID-19 Lockdowns have led to the College pivoting to video-linked MMIs in 2020. Based on positive feedback from all participants and noting that this enables resource and cost efficiencies to the College and the applicants the College is continuing to deliver using this format.

ACRRM selects candidates for entry into the Fellowship program based on the following criteria:

- demonstrated commitment to a career as a specialist general practitioner working in rural or remote Australia
- demonstrated capacity and motivation to acquire abilities, skills, and knowledge in the ACRRM domains of practice
- demonstrated connection with rural communities
- demonstrated commitment to meeting the needs of rural and remote communities through an extended scope of practice
- possesses the personal characteristics associated with a successful career in rural or remote practice.

The Selection Model

The ACRRM process involves the following steps:

1. Online application – applicants provide their details for eligibility assessment purposes, their preferences in terms of work location and details of two referees who will be current or former Supervisors. All applications are processed to determine eligibility. Eligible applicants are invited to apply for suitability assessment.

2. Suitability assessment – applicants submit a personal statement outlining their capacity against the selection criteria. These are blind-marked by a national assessment team of trained College Fellows led by Dr Chris Carroll against the selection criteria and sub-criteria and ranked for short-listing as required.

3. Shortlisted candidates who are identified as suitable are invited to the Multiple Mini Interviews (MMIs) stage. MMIs are a series of six interviews, where applicants have two minutes to read a scenario and eight minutes to respond to it. The questions allow applicants to display their ability to think logically about a topic and communicate ideas effectively. Interviews are currently delivered online but have been delivered in person based at training organisation facilities in the past. Interview teams comprise a Fellow, a community representative and a clinician who is also a representative of the College or training organisation. There is no formal involvement of employers in this process however subject to avoiding any conflicts of interest, interview panels typically include doctors that work as Supervisors in rural General Practices and rural hospitals and can inform decisions with an understanding of these perspectives.

4. Referee checks are undertaken only as an additional check on candidate suitability or to inform determinations on borderline candidates.

5. Candidates are ranked according to a combined score from the Suitability Assessment and the MMIs. Candidates deemed suitable are offered a place. All scores are ranked and where over-subscribed, places are awarded in order of rankings.

Table 7.1 Number of Aboriginal and Torres Strait Islander applicants

Number of Aboriginal and Torres Strait Islander applicants			
Training program	**Applied**	**Interviewed**	**Entered**
2018	6	4	4
2019	10	10	10
2020	7	7	7

Table 7.2 Number of trainees entering training program by program, state, year

Number of trainees entering training program										
Training Pathway	**ACT**	**NSW**	**NT**	**QLD**	**SA**	**TAS**	**VIC**	**WA**	**U/N***	**Total**
2018										
Total	**5**	**35**	**15**	**86**	**13**	**3**	**31**	**22**	**1**	**211**
AGPT	4	18	9	57	11	2	21	14		137
IP	1	16	5	26	2	1	9	7		67
RVTS		1	1	3			1	1		7
Aboriginal and Torres Strait Islander trainees**	1			2	1					4
2019										
Total	**15**	**51**	**13**	**87**	**10**	**8**	**41**	**23**	**4**	**253**
AGPT	7	23	9	48	6	4	12	11	1	124
IP	8	25	3	34	3	3	27	12	5	116
RVTS		3	1	5	1	1	2			13
Aboriginal and Torres Strait Islander trainees**		4	2	1				3		10
2020										
Total	**2**	**70**	**10**	**86**	**9**	**10**	**36**	**14**		**237**
AGPT		35	7	62	6	4	21	11		146
IP	1	29	3	24	3	5	15	2		82
RVTS	1	6				1		1		9
Aboriginal and Torres Strait Islander trainees**		2	1	1				3		7

***Resident location unknown*

****Data on Maori registrar enrolments not collected*

7.1.2 The process of selection into the specialist medical program:

- *are based on the published criteria and weightings (if relevant) based on the education provider's selection principles*
- *are evaluated with respect to validity, reliability and feasibility*
- *are transparent, rigorous and fair*
- *are capable of standing up to external scrutiny*
- *include a formal process for formal review of decisions in relation to selection, which is outlined to candidates prior to the selection process.*

The AMC standards with respect to the College's selection program have been referenced at all stages of its development and are reflected in the policy, principles and the detailed delivery procedures.

Appropriate Principles

The new AGPT selection process guidelines list the following principles underpinning the selection process which reflect a commitment to the concepts covered by this standard:

- *"Matched to College Goals: the selection process will serve to meet the College goals to build a streamlined and integrated career path for appropriately skilled and distributed rural medical generalist workforce to care for Australian communities. In particular the process will support recruitment of Aboriginal and Torres Strait Islander trainees.*

- *Acceptable: the process is considered acceptable to the profession (i.e. members of the College and the AMC), RTOs, candidates, the Australian Government and especially to people living in rural and remote areas and Aboriginal and Torres Strait Islander people.*

- *Excellence: identify candidates with the competencies and attributes which make them the most likely to successfully complete their training and progress in a career as a highly proficient and committed rural practitioner and Fellow of the College.*

- *Respond to community need: ensure that criteria and processes for selection of candidates are responsive to the generalist medical service needs of Australian communities, in particular remote, rural and Aboriginal and Torres Strait Islander communities.*

- *Rigorous, transparent and fair: to use criteria and a process that is evidence-based, merit-based, transparent, current, sustainable, reliable, equitable and procedurally fair.*

- *Effectiveness: that the criteria are continuously reviewed to ensure they are effective and linked to the College goals in particular, building a streamlined and integrated career path for appropriately skilled and distributed rural medical generalist workforce to care for Australian communities."*

Transparency

The AGPT and IP selection process, selection requirements and criteria are publicised via the College website with each selection round.

Attachment 7.1: ACRRM AGPT Eligibility and Application Guide
Attachment 7.2: IP Application Guide

The RVTS pathway selection process is run by the RVTS organisation. ACRRM is involved in setting and implementing selection policy through consultation with the organisation, ACRRM membership on the Board of the RVTS, and participation by Fellows on selection interviews. The RVTS eligibility and selection criteria and processes can be found in the *RVTS Applicant Guide.*

Attachment 7.3: RVTS Application Guide

Notification of appeal process

The College appeals process applies to selection decisions. Information on this is detailed on the College website and the Application Guide includes links to the appeals policy. The RVTS application guide details its appeals process.

Evaluation

The College continuously reviews outcomes of each selection round and gathers feedback from participants. On the AGPT receives feedback from each of the RTOs that collaborate in delivery. As part of the RTO engagement process the College has reported back to the RTOs on process improvements that have been made based on their feedback. As outlined (at *Standard 7.1.1*) the new process has now been more formally reviewed twice, by external reviews over 2018-2019 and again internally in 2021.

7.1.3 The education provider supports increased recruitment and selection of Aboriginal and Torres Strait Islander and/or Maori trainees.

It is a College priority to recruit, train and support Fellows who are Aboriginal and Torres Strait Islander people.

The College seeks to develop the workforce best able to meet the needs of our communities particularly those in rural and remote areas. Aboriginal and Torres Strait Islander doctors can improve the quality of medical care provided especially in rural and remote locations. In these areas Aboriginal and Torres Strait Islander people often constitute a significant proportion of the population, and many of these communities are among the country's most health disadvantaged. The College's unparalleled success in producing doctors who practice in rural and remote areas makes this goal particularly important.

As at June 2021, the College has 89 members that are Aboriginal and/or Torres Strait Islander. This includes:

- 13 ACRRM Fellows
- 33 Registrars
- 12 junior doctors
- 24 medical students
- Seven members that are health professionals or doctors that are not ACRRM Fellows

Candidates who identify as being from these backgrounds in their member registration process (be they students, junior doctors, Registrars, or Fellows) are contacted and invited to become part of the College's Aboriginal and Torres Strait Islander Members' Group and through this have the opportunity to engage with its activities, network with fellow members, and enter a mentoring partnership.

The College has developed an overarching framework in consultation with its Aboriginal and Torres Strait Islander members which is currently being revised along with its Terms of Reference. This provides a more detailed strategic approach to actioning its commitment to Aboriginal and Torres Strait Islander health and medical workforce development and to guide its future efforts in this area. This builds on the headline commitments in the College *RAP Innovate*.

The framework is developed on the understanding that the College at this stage in its development has a small number of Aboriginal and Torres Strait Islander members with which to progress its activities as these numbers grow it is hoped that the scale and scope of these activities will expand in accordance.

The framework covers a wide scope of endeavours but identifies that the primary focus of the College's efforts is to recruit, train and support Aboriginal and Torres Strait Islander doctors. This approach accords with the College vision for '*the right doctors, in the right places with the right skills providing excellent healthcare to rural people".* It is the position of the College that it can have major impact upon the advancement of Aboriginal and Torres Strait Islander health through providing appropriately skilled Aboriginal and Torres Strait Islander doctors to serve particularly rural and remote Aboriginal and Torres Strait Islander communities.

The Framework goals are incorporated into the College's Evaluation Framework which includes measures such as registrar recruitment and Fellowship outcomes.

Some key initiatives outlined in the framework related to this standard are summarised below:

- The College's Aboriginal and Torres Strait Islander Members Group is the key guide in all endeavours in this area. The Group's principal role is to provide a support and networking structure for all Aboriginal and Torres Strait Islander members with a particular view to supporting junior members in training and through to Fellowship. The College provides a discussion forum on matters of shared interest, members share contact details to enable them to network with each other directly, and forms mentoring partnerships.

- The College has a designated senior officer, to whom Aboriginal and Torres Strait Islander members can direct enquiries, and who also provides administrative support for the Members' Group meetings.

- The Members Group has nominees on key governance Committees including College Council, Registrar Committee and Respectful Workplaces Committee. (A Group Member is also an independent Board Member through general election).

- The Members Group hold networking events at the College's Annual Conference and Registrars are offered financial support to attend the Conference.

- The College supports the work of AIDA including by sponsoring and contributing presentations at its annual conference and its Growing our Fellows events. The College Selection Committee includes a representative of AIDA and the College has endeavoured to include Aboriginal and Torres Strait Islander people in its process for assessment of applications.

- The College's selection criteria and sub-criteria (in both the IP and the AGPT pathways) positively recognise the attainment of experience in Aboriginal Medical Services and other Aboriginal health settings whether they are in rural/remote or urban settings. The College recognises that this experience increases the likelihood of an applicant attaining the skills and attributes defined by the ACRRM Fellowship. This also increases the likelihood of recruiting Aboriginal and Torres Strait Islander Registrars.

Attachment 7.4: Aboriginal and Torres Strait Islander health and medical workforce framework (Revised Draft)

7.1.4	*The education provider publishes the mandatory requirements of the specialist medical program, such as periods of rural training, and/or for rotation through a range of training sites so that trainees are aware of these requirements prior to selection. The criteria and process for seeking exemption from such requirements are made clear.*

Mandatory training requirements are published on the ACRRM website and in the *Fellowship Training Handbook*. The handbook is also available on the website.

ACRRM provides information to prospective Registrars through webinars, hospital visits and careers events.

The Special Considerations policy provides information for Registrars on how they may seek an exemption to mandatory requirements. An application form is provided.

Attachment 5.2: Special Consideration Policy
Attachment 7.5: Application for Training Special Consideration
Attachment 7.6: Individual Training Placement Form

7.1.5	*The education provider monitors the consistent application of selection policies across training sites and/or regions.*

All three ACRRM Fellowship training pathways have a selection process that is merit based, nationally consistent and in accordance with the principles set out in the AMC standards.

The ACRRM IP and AGPT selection processes are conducted at a national level led by a team of expert staff and trained clinicians. All selection decisions are ratified by the ACRRM Selection Committee and borderline cases are tabled with the Committee for consideration. A senior clinical oversees the delivery of all MMIs to ensure consistency. Selection rankings are determined by a single set of standards and criteria, in accordance with standardised rubrics.

The ACRRM website makes the selection criteria available to the public for the IP and the AGPT and provides a link to the RVTS application guide on its website. This ensures that there is a common understanding about the selection process among participants.

ACRRM contributes to the ongoing development and review of the RVTS policies and processes.

7.2 Trainee participation in education provider governance

7.2.1	The education provider has formal processes and structures that facilitate and support the involvement of trainees in the governance of their training.

The Registrar Committee is the key advocacy and representation body for ACRRM Registrars. The College's structures are designed to ensure that this Committee has a strong voice influencing internal governance and its members are supported to represent their fellow Registrars in external forums.

ACRRM governance structures support the involvement of Registrars in key aspects of College operations including, strategic planning, curriculum and education standards development and review, development of College position statements, training organisation accreditation, assessment governance, and selection policy development and determinations. This is made possible through their representational membership, on:

- Registrar Committee
- ACRRM Selection Committee
- Assessment Committee
- Education and Training Committee
- IMG Assessment Committee
- Research Committee
- Respectful Workplaces Committee
- Selection Committee
- Training Organisation Accreditation Reference Group
- RMA (Annual Conference) Planning Committees
- Education Council
- College Council, and
- ACRRM Board

The ACRRM Board of Directors includes a Registrar Director who is elected by a vote of all registrar members. The ACRRM Council includes at least two Registrar members and a junior doctor member. Registrars are voting members of all committees for which they have membership and hold the same rights as other members to raise agenda items.

The ACRRM Registrar Committee's purpose is defined in its Terms of Reference as:

> *"…. The purpose of the Registrar Committee is to represent and support the broad interests of all the registrar members of the College in its internal decision-making and activities as well as in their external undertakings related to training, education, assessment, standards and registrar wellbeing, in accordance with the College's mission and strategic directions… "*

The Registrar Committee has a minimum of eight members; including a minimum of one from each training pathway and one representative who is an Aboriginal and Torres strait Islander person and considers balance of gender, geography, and age. Members are typically voted by all relevant Registrars.

The Committee meets a minimum of six times per year primarily via videoconference with two face-to-face meetings, one at annual conference RMA.

To facilitate communication with Registrars, the Registrar Committee is accessible to stakeholders through a dedicated email address registrarchair@acrrm.org.au. The Committee has its own page on the College *website*. The Committee members also communicate to registrar members through the ACRRM Registrars' dedicated Facebook pages. The Committee arranges a full program of educational and social events at annual conference (RMA) each year.

ACRRM pays the cost of travel and accommodation for Registrars to attend any committee or board related activities and the staff provide administrative support for their meetings and procedures.

Representation in External Organisations

All training organisations accredited by ACRRM must demonstrate that they have mechanisms for involving Registrars in the review and design of their training program (Outcome 1.5). This is monitored through the Training Organisation Accreditation program.

Attachment 1.9: Standards for Training Organisations
Attachment 1.6: College Terms of Reference (see Registrar Committee)

7.3 Communication with trainees

7.3.1	The education provider has mechanisms to inform trainees in a timely manner about the activities of its decision-making structures, in addition to communication from the trainee organisation or trainee representatives.

The College communicates to Registrars in the following key ways as appropriate to purpose:

- Direct phone calls and provision of the 1800 phoneline. For direct interactions particular between training and assessment officers and Registrars.
- Direct electronic emails – These are typically used for the most critical information.
- ACRRM website - This is used for information important to all Registrars. Where there are important changes to this information, Registrars are alerted to these changes via a more direct means. Since 2017, the College has completely revised its website, investing in systems improvements to make its information easier to find and more targeted to meeting user needs.

- College Training Connections Monthly Newsletter. This is a monthly newsletter which is sent to Registrars, Supervisors, and Training Organisations. It has an active readership of around 1000.

- Information webinars are used in a range of ways, for scheduled training orientations, education discussion forums and information webinars, and facilitated study groups as part of education and assessment programs delivery. The College also uses occasional webinars to promote important program initiatives. For example, the College introduced the new BARS scoring system for StAMPS assessments and held a series of webinars to Registrars, Supervisors and training organisation staff to communicate the new system.

  Attachment 7.7: Notice of information BARS webinar

- Social Media - ACRRM communicates continuously through its range of social media platforms and has for example over 13,000 twitter followers. These platforms are used mostly to promote events and report to Registrars on the College's activities

- Discussion Forums on ACRRM Connect – these are typically Registrar or members led and used to engage with other members on issues of common interest. The College uses these forums to gauge member feedback on topical issues to call for expressions of interest on governance or external representation opportunities. College senior staff monitor the discussion on the ACRRM Connect, provide advice as appropriate and building their understanding of the perspectives and issues of importance to our members.

- Information is also communicated to the accredited training organisations to assist them to communicate to Registrars, training, and assessment requirements, and keep up to date with changes.

Strengths, Challenges and Plans for Development

Rural and remote training by its nature can be professionally isolating and in-person contact with Registrars is not easily achieved. The College has been additionally challenged by the nature of the AGPT process which has meant it has had little capacity to directly engage with its Registrars except in the stressful scenarios of assessment. College-led training and the commencement of the Rural Generalist Training Scheme places this year and through till 2024, will enable the College to deliver training with the benefit of government funded supports which is delivered directly by the College and entirely aligned to the ACRRM curriculum and assessment. Through this, Registrars will be able to benefit from being part of effectively sized peer-networks of ACRRM Registrars working toward ACRRM assessment. The College is continuing to negotiate how these supports can fit within the funded national framework.

7.3.2 The education provider provides clear and easily accessible information about the specialist medical program, costs and requirements, and any proposed changes.

All program requirements are articulated and in the *Fellowship Program Handbook* that is available on the website. Information about costs for the IP is available in the enrolment information on the *website*. General Information about Fellowship Assessment is in the *Fellowship Assessment Handbook* which is available on the website, and the more dynamic information about assessment dates, activities and fees is on the *website*.

Any major changes are communicated through a range of communication channels. As outlined above this would usually occur via direct emails, but may additionally include, direct notification to training organisations, promotion through the Registrar newsletter and information webinars as appropriate to the nature of change.

7.3.3 The education provider provides timely and correct information to trainees about their training status to facilitate their progress through the training requirements.

Each Registrar's training progress is recorded in the college data management system and Registrars can view their training progress against each program requirement in their individualised dashboards. The dashboards also enable them to store documentation such as Supervisor Reports and evidence of meeting training time requirements. This individualised information is also available to College staff who can track and support each Registrar's progress.

All accredited training organisations have data management systems to enable the organisation and the registrar to monitor progression of training. These systems are reviewed as part of the training organisation accreditation process.

The College meets monthly with each accredited training organisation to exchange information on their ACRRM Registrars' progression. The College uses these opportunities to cross-check the alignment of RTO information through the Department's RIDE data system with its own system data. The College has set up interfaces for engagement with each RTO through Teams systems which provide a platform for sharing information.

Systems are in place to monitor Registrars progress and identify those which are failing to progress. This involves a staged approach with minimum checks on progress undertaken for all Registrars and increasing levels of engagement and review with increasing identified risk to progression (see *Standard 5.3.3*)

7.4 Trainee wellbeing

7.4.1 The education provider promotes strategies to enable a supportive learning environment.

- The *Standards for Training Organisations* use the Standards for Assessment and Accreditation of Specialist Medical Education Programs and Professional Development Programs by the Australian Medical Council 2015 that are relevant to training delivery. They supplement these with other standards to provide specificity and ensure relevance to the context of ACRRM vocational training.

  The Standards have a dedicated section on Workplace health, safety and welfare of trainees which specify provision of evidence of documentation and implementation of policies and processes that cover the relevant areas.

  A similar section is also included in the Standards for Supervisors and Teaching Posts.

  Attachment 1.9: Standards for Training Organisations
  Attachment 1.10: Standards for Supervisors and Teaching Posts

- All ACRRM ASTs specify that, in addition to their on-site specialist supervisor, Registrars must have a designated general practitioner mentor. In this way Registrars have a support person who is not a workplace employee and who can provide them with continuity of the College's professional perspective.

- The College uses its linkages with the GPSA as a mechanism to interact with educators and Supervisors and ensure their services and resources reflect ACRRM program requirements. College staff and members attend and commonly present at all major events hosted by GPSA and RTON.

- The College has a Mentoring Program which is open to all Registrars and matches them up with College Fellows.

- The College's *Supervisor Module* and *Supervisors Guide* include a range of strategies related to providing a supportive learning environment consistent with the College's curriculum and values. It includes guidance on identifying and supporting Registrars in distress.

- The College promotes its Respectful Workplaces strategy in key spots across the website including on the Respectful Workplaces Committee *webpage*, Fellowship Handbooks, and proactively through newsletters and other communications and through workshops at the College's annual conference RMA. Registrars are represented on the College's Respectful Workplaces Committee.

- The College has a bespoke GP Supervision Education, Maintenance of Professional Skills (MOPS) program which awards CPD hours for a range of activities associated with provision of, and training for supervision and collates activity information for members for reporting purposes.

7.4.2 The education provider collaborates with other stakeholders, especially employers, to identify and support trainees who are experiencing personal and/or professional difficulties that may affect their training. It publishes information on the services available.

The College recognises the importance of ensuring our Registrars' wellbeing and mental health particularly as their training occurs in situations of relative professional isolation and with a lack of resources relative to those available in cities. It takes a multifaceted approach to ensuring trainees are well supported and are aware of the supports that are available to them which involves partnership with and promotion of a range of organisations and services.

All Registrars (and all members) experiencing workplace, training, exam, or other stresses impacting their well-being have free access to the College Employee Assistance Program which provides immediate, confidential phone counselling support 24/7. These and other support services are promoted on the *website*, the Fellowship Handbook and in key communications such as notifications of assessment outcomes.

ACRRM has a closed Facebook page for Registrars where they can network and find support from other Registrars.

The College has established a mentor program which links Registrars to senior Fellows who can provide pastoral support with over a hundred doctors currently registered to partnerships.

On the IP, all Registrars have an allocated Training Officer who is in regular contact with each registrar to provide information and support. Medical Educator meetings are arranged at least 6-monthly and more frequently if required.

The processes of regular review for early identification of Registrars experiencing difficulties in their training progress detailed above (see *Standard 5.3.3*) all also provide forums to discuss and determine plans of action for Registrars experiencing personal distress. Similarly, the processes for engaging with accredited training organisations.

Support through AGPT and RVTS

AMC standard 7.4.2 is included as an ACRRM standard to be met by training organisations:

> *"3.3.1 The training organisation collaborates with other stakeholders to identify and support Registrars who are experiencing personal and/or professional difficulties that may affect their training. It publishes information on the services available."*

ACRRM ensures that all training organisations have processes in place to identify and support Registrars experiencing difficulties. In the last round of training organisation accreditation, completed

in 2016, all training organisations were found to have processes in place for keeping in regular contact with Registrars for training and pastoral support.

All accredited training organisations are required to notify the College whenever any serious issues occur involving ACRRM Registrars or Supervisors. As an additional check, in 2017 the College conducted an audit of all RTOs and the RVTS seeking their advice of any serious complaints that had arisen involving ACRRM Registrars.

Attachment 1.9 Standards for Training Organisations

Supervisors' instruction and guidance

The College's Supervisor Module and Supervisor Guide include special instruction on identifying and supporting a trainee in distress as well as the above links to counselling services.

Attachment 8.1: Supervisor Training Resources

7.4.3 Resolution of Training problems and disputes

7.5.1	The education provider supports trainees in addressing problems with training supervision and requirements, and other professional issues. The education provider's processes are transparent and timely, and safe and confidential for trainees.
7.5.2	The education provider has clear impartial pathways for timely resolution of professional and/or training-related disputes between trainees and Supervisors or trainees and the education provider.

Stakeholders are encouraged to make contact early to seek clarification or resolve issues. Ease of contact is facilitated through a free call number, a dedicated email and online feedback facility. The Manager of Education Services is responsible for ensuring all issues are managed appropriately. This includes ensuring that issues are resolved, and records maintained on the individual member file. An underlying culture of continuous improvement ensures that information, and processes are updated in response to systematic issues identified.

On IP ACRRM is responsible for assisting with resolution of disputes. ACRRM has used a peer approach to assisting in these issues, for example arranging for another experienced supervisor to talk with the supervisor and a mentor to talk with the registrar. Where this strategy alone has not been successful then a meeting has been facilitated between the two parties.

The College has a *Respectful Workplaces Framework* which describes the College's principles and expectations regarding respectful behaviours and provides and advice on how to recognise and respond in instances of inappropriate behaviours. The College has a *Bullying, Harassment and Discrimination Policy* and *Complaint Procedures* which detail appropriate ways to address situations of inappropriate behaviours and defines the support that the College would provide.

The College has established *Guidelines for Supporting Members in Distress*. The Guidelines provide direction for all staff who encounter members who are experiencing personal difficulties. They describe escalation processes and procedures to ensure appropriate recording and case management and provide instruction for how to manage difficult conversations. All staff have received training in implementing these Guidelines. The Guidelines are available to all staff on the intranet.

On the AGPT and the RVTS, the RTOs and the RVTS administration have primary responsibility for resolving training issues for ACRRM Registrars in their programs. Registrars and Supervisors are encouraged to contact their accredited training organisation to resolve issues. ACRRM encourages training organisation staff, Medical Educators and Registrars to seek clarification from ACRRM when required. Accredited training organisations are required to report any critical incidents that may arise involving its Registrars to the College. The Training Organisation Accreditation process monitors that

grievance processes are in place and are effective and this is a requirement of the Training Organisation Standards.

The ACRRM Complaints Policy is also in place to provide a structured process for resolving training grievances and has been regularly reviewed and updated. The Complaints policy is available on the ACRRM website.

Attachment 7.8: Bullying, Harassment and Discrimination policy documents (BHD Policy and BHD Complaints Procedures)
Attachment 7.9: ACRRM Complaints Policy
Attachment 7.10 Guidelines for Supporting Members in Difficulty

Standard 7: Documents to be provided	
☒	Policy and criteria on selection into training (See Attachment 7.1 (sample - AGPT selection)
☒	The policy and strategies relating to the recruitment of Aboriginal and Torres Strait Islander trainees of Australia and/or Māori trainees of New Zealand, including numbers of such trainees recruited. Information available to prospective trainees on: o The training places available. o Any quotas and other limits, such as the number of training positions. o Location of training, including periods of mandatory experience. (See Attachments 1.14 and 7.4)
☒	The policy or statement of principles concerning engagement with trainees and/or statement of rights and responsibilities of trainees. (See Attachment 5.3)
☒	Policies relating to a supportive learning environment such as policies addressing bullying, discrimination and sexual harassment and poor supervision. (See Attachments 1.4 and 7.8)
☒	The policy relating to formal dispute resolution in the event complaints are not satisfactorily resolved. (See Attachment 7.9)

8. Implementing the Program

8.1 Supervisory and education roles

8.1.1	The education provider ensures that there is an effective system of clinical supervision to support trainees to achieve the program and graduate outcomes.

All Accredited Training Posts must have a Principal Supervisor.

The *'Standards for Training Organisations, Standard 4: Training posts and Supervisors'* outlines the standards for training organisations with regards to Supervisors and training posts. It includes the responsibility to ensure that appropriate clinical supervision is provided consistently and to demonstrate what actions are taken where standards are not met. Organisations are subject to a three-year accreditation process in which they are assessed against the standards. Organisations much provide evidence collected from a variety of sources including Registrar, Medical Educators and Training Officers.

Irrespective of training pathway, all Supervisors and teaching posts are considered for accreditation by the Accreditation team within ACRRM. The team includes the Director of Training, Standards and Accreditation Manager, and the Accreditation Coordinator.

Under the AGPT arrangements, RTOs are contracted to provide services to identify, monitor and support Supervisors and training posts and a similar arrangement is in place for the RVTS. These training organisations are required to ensure that the Supervisors and teaching posts meet the ACRRM standards.

ACRRM retains the role of accrediting the Supervisors and training posts based on a recommendation by the accredited training organisation. On the IP, ACRRM is responsible for monitoring, supporting and accrediting Supervisors and teaching posts.

The training organisation processes must include registrar feedback at the completion of each placement. The survey must seek feedback at a minimum on the following areas as described in the ACRRM standards for posts and Supervisors: *adequacy of supervision, orientation provided, patient case load, and the amount of structured education provided*.

In annual reports to ACRRM the training organisation is required to:

- report the main findings of these surveys, and
- outline the changes made or planned in response and what has been the result.

The Accreditation Coordinator meets regularly with training organisations to ensure that their accreditation forms and processes comply with ACRRM standards. Compliance with standards is also assessed formally during the Training Organisation Accreditation processes.

Note: Tables redacted for member privacy

8.1.2 The education provider has defined the responsibilities of hospital and community practitioners who contribute to the delivery of the specialist medical program and the responsibilities of the education provider to these practitioners. It communicates its program and graduate outcomes to these practitioners.

ACRRM has defined the responsibilities for Supervisors in the' Standards for Supervisors and Teaching Posts' documents. The standards relating to Supervisors outline the qualifications, experience and abilities required and evidence of a commitment to teaching and supporting Registrars. Supervisors are required to understand the Fellowship Program. Supervisors are included in the groups to receive regular communication from ACRRM through the monthly training e-newsletter College Training Connections as well as the weekly newsletter, Country Watch.

8.1.3 The education provider selects Supervisors who have demonstrated appropriate capability for this role. It facilitates the training, support, and professional development of Supervisors.

The qualifications, experience, abilities, and professional development for Supervisors are described in the Standards for Supervisors and Teaching Posts. Supervisors are required to demonstrate their eligibility and credentials through the training post accreditation process.

ACRRM collects and assesses the information and evidence against the standards and provides supervisor professional development. The College encourages Supervisors to take advantage of the range of learning resources provided by ACRRM and its Online Learning platform including its education modules, courses, online forums, webinars, and other resources to enhance their skills and confidence as Supervisors. In addition to its Continuing Professional Development resources and activities relevant to the their practice skill set, the College offers the following resources to assist Supervisors with their teaching and training skills accessible via a dedicated page on the College *website*:

- *Supervisors Guide*
- *Supervision Essentials* Online Course
- Online courses on key assessment modalities: *StAMPS Assessment*, *MCQ Assessment*, *CBD Assessment*, *MiniCEX Assessment*

The General Practice Supervisors Association (GPSA) is funded by the Commonwealth Government to support supervisor training and ACRRM also works with the Association to support training and professional development for our Supervisors.

The training organisations on the AGPT pathway and the RVTS pathways are funded for accreditation visits in their core funding. They are also responsible for the collection of information and evidence against the supervisor and teaching post standards and for making an accreditation recommendation to the College. The information and evidence against these standards is not required by ACRRM at the time of accreditation but must be stored by the training provider and provided if audited. Ten per cent of accreditations are audited each year to ensure appropriate evidence is available. ACRRM must be provided with information and evidence to support the recommendation.

These training organisations are also required to provide training, support, and professional development for Supervisors. The standards that training organisations are required to meet are defined in Section four of the Standards for Training Organisations.These requirements are monitored through the Training Organisation Accreditation process.

8.1.4 The education provider routinely evaluates supervisor effectiveness including feedback from trainees.

The training post standards require that the post consents to their Registrars providing feedback to the accredited training organisation on the training environment provided by the posts and Supervisors. Training organisations (including ACRRM on the IP) are required to have processes in place to collect information on supervisor performance. Registrars provide feedback to the training organisation at the end of each training placement. Feedback on supervisor effectiveness is also received through the regular medical educator and training staff structured interactions with Registrars.

ACRRM monitors the training organisations through the Training Organisation Accreditation process. ACRRM also requires an annual report from each accredited training organisation against a set of key performance indicators. A summary of feedback from Registrars on their supervision is required, plus any issues that were identified and how they were addressed.

The ACRRM annual Registrar Survey for all Registrars includes questions on supervisor and training effectiveness as do the ACER and MTS Surveys for which the College collates feedback.

Feedback obtained may also take the form of compliments, specific problems, or accreditation related issues. These matters are primarily dealt with by the responsible training organisation; however, in some cases ACRRM and the training organisation may discuss and agree on a way of dealing with the issue and providing feedback. This evaluation information feeds into supervisor accreditation and reaccreditation cycles.

8.1.5 The education provider selects assessors in written, oral and performance-based assessment who have demonstrated appropriate capabilities for this role. It provides training, support and professional development opportunities relevant to this educational role.

The College's professional team of qualified writers, editors and assessors are led by the Lead Assessors.

Expressions of interest to join these groups are invited through the national Country Watch e-newsletter and the careers webpage of the College website to enable as broad as possible geographic and demographic membership representation. Position Descriptions have been developed and the recruitment often involves an interview process. Team members are required to hold FACRRM and be vocationally registered. Initially ACRRM has appointed assessors who have known assessment and training expertise. These assessors had often developed expertise through training and experience from other jurisdictions (e.g., pre-registration medical schools, other medical colleges). The expertise of the team has grown with new members appointed as the program has developed. Fellows generally are involved first in other areas such as study groups or facilitating education sessions giving them an opportunity to build their understanding of College programs.

All assessors undergo training prior to commencing as an assessor. The method of training varies depending on the assessment modality but generally includes, completing online module or reading material, a session with the Lead Assessor plus working alongside other assessors and co-marking.

Moderator sessions are held for all StAMPS assessors prior to each assessment and a short refresher of key considerations is provided by the Quality Assurance Assessor in each centre on the day of the StAMPS assessment.

CBD assessors have a training session with the Lead Assessor twice a year. Individual assessors are provided feedback as required. The CBD Lead assessor listens to recordings for all new examiners across two CBDs and provides feedback following and over the next 5 months will listen to one CBD for all examiners and provide feedback.

Assessment workshops are provided at all RMA conferences.

Attachment 8.1: Supervisor Training Resources (including Supervisor guide, Supervisor Essentials online course, assessment modalities online courses)

8.1.6	*The education provider routinely evaluates the effectiveness of its assessors including feedback from trainees.*

ACRRM has processes to evaluate the effectiveness of clinicians that contribute to assessment modalities. Post-assessment feedback from Registrars, assessors, invigilators, and others involved in assessment occurs routinely after each assessment. This information is reviewed by the Lead Assessor and fed back to the assessors as appropriate.

Assessment item writing and editing involves more than one person working on each item, this allows for feedback between writers. Writers also receive feedback after the assessment regarding the performance of the assessment items.

Effectiveness for StAMPS assessors is monitored in a range of ways. At each StAMPS assessment centre one assessor is appointed as the QA assessor. The QA assessor's role is to ensure that the assessment is delivered in a fair and consistent way. The QA assessor is rostered to observe all assessors over the assessment session; they also replace the assessor when there is a conflict of interest. The QA assessor provides feedback to assessors on areas noted for improvement. At the end of each StAMPS all assessors attend a debrief session. This includes an opportunity for assessors to calibrate their marking. An external assessor may also attend the StAMPS assessment to observe and give feedback.

The StAMPS assessment is recorded. Following the assessment, the Lead Assessor reviews the recordings of candidates with borderline grades. This is another opportunity for the Lead Assessor to review assessor performance and provide feedback if required.

CBD is delivered by a small group of experienced assessors who have previously demonstrated their assessment skills. Training is provided by the Lead Assessor and staff. CBD sessions are recorded; where concerns arise, these recordings are reviewed by the Lead Assessor and feedback provided to the CBD assessor if required.

In addition, the College monitors marking scores awarded by assessors in StAMPS and CBD to identify 'doves' and 'hawks'. Where concerns are noted, this is fed back to the assessors.

Attachment 8.2 Position Descriptions: Lead Assessor, Assessment Writer, Medical Educator
Attachment 8.3: Employee Code of Conduct
Attachment 8.4: Sample Training Post Accreditation Reports

Standard 8.1: Documents to be provided	
☒	Position descriptions for Supervisors of training and other training and assessing roles (See Attachment 1.10 (Standards for Training Posts) and Attachment 8.2)
☒	The education provider's statement of responsibilities for practitioners who contribute to the delivery of the training program and its responsibilities to these practitioners (See Attachment 8.3)
☒	Sample programs for supervisor training workshops, assessor-training workshops (See Attachment 8.1)

8.2 Training sites and posts

8.2.1	The education provider has a clear process and criteria to assess, accredit and monitor facilities and posts as training sites. The education provider: o applies its published accreditation criteria when assessing, accrediting and monitoring training sites o makes publicly available the accreditation criteria and the accreditation procedures o is transparent and consistent in applying the accreditation process.

Table 8.2 Site accreditation activities and status, 2021

Site Accreditation Activities - current sites as at 29 April 2021										
	ACT	QLD	NSW	NT	SA	TAS	VIC	WA	NZ	Total
Number of sites/posts	5	294	274	87	76	34	145	117	N/A	1032
Number of sites/posts visited	5	294	274	87	76	34	145	117	N/A	1032
New training sites – accredited in 2020										
Number accredited	1	43	39	6	4	3	20	21	N/A	137
Number not accredited	-	-	-	-	-	-	-	-	N/A	-
Reaccredited training sites – re-accredited in 2020										
Number accredited	1	116	105	33	27	8	52	46	0	388
Number not accredited	-	-	-	-	-	-	-	-	-	-
Number withdrawn during 2020*	2	40	41	22	7	1	12	6	0	131

**Number at risk unclear*

The standards for posts are contained within 'The Standards for Supervisors and Training Posts'. The standards are available on the ACRRM *website*.

All training towards Fellowship of ACRRM must take place in an accredited post. Accredited training organisations are responsible for arranging posts for the Registrars training with them. Registrars on the IP are responsible for finding their own accredited post or having the post they are already working in accredited.

CGT posts must be accredited by the State or Territory Postgraduate Medical Council or by ACRRM against the ACRRM Standards for Training Posts.

The accredited training organisations are responsible for collecting information and evidence against the supervisor and teaching post standards and providing evidence and making accreditation recommendations to the College.

8.2.2 The education provider's criteria for accreditation of training sites link to the outcomes of the specialist medical program and:

- *Promote the health, welfare and interests of trainees*
- *Ensure trainees receive the supervision and opportunities to develop the appropriate knowledge and skills to deliver high-quality and safe patient care in a culturally safe manner.*
- *Support training and education opportunities in diverse settings aligned to the curriculum requirements including rural and regional locations, and settings which provide experience of the provisions of health care to Aboriginal and Torres Strait Islander peoples in Australia and/or Maori in New Zealand.*
- *Ensure trainees have access to educational resources, including information communication technology applications, required to facilitate their learning in the clinical environment.*

Training sites accreditation criteria are described in the *Standards for Supervisors and Training Posts*.

The revised Standards have been based on the AMC standards. They include the Domains:

- *Promotes the health, welfare and interests of trainees*
- *Ensure trainees have the appropriate knowledge, skills and supervision to deliver quality patient care*

- *Supports a wide range of education and training opportunities aligned to the curriculum requirements*

Standards are extensively referenced to meeting the requirements of the ACRRM Fellowship Program. Some key reference points include:

- Standard 2.2 identifies the need for clinical experience and work that is relevant to the Fellowship curriculum. It specifies that is must provide rurally-based training appropriate for Rural Generalist training and that it must provide experience in ACRRM curriculum domains and for AST training, experience relevant to the AST.
- Standard 3.1 specify that the trainee is provided with opportunities for exposure to the breadth of opportunities associated with Fellowship and Rural Generalist model practice including, working in telehealth health, Aboriginal and Torres Strait Islander health, secondary care and after-hours care.
- Standard 3.2 specify that equipment is provided appropriate to the CGT and AST training

Challenges for provision of training

By their nature rural and remote towns have relatively few medical practitioners, resources, and services. The challenges that this presents are exacerbated by persistent workforce shortages and the requirement for many rural doctors to work excessive hours, difficulties in attracting locums and the significant time involved with travelling for work or education.

There are commonly challenges to ensuring there are sufficient supervisor doctors with sufficient time and energy to support our Registrars. Additional challenges lie with the nature of ACRRM Fellowship training which appropriately seeks to ensure our doctors can provide services across the breadth of services required by rural and remote communities. This often requires complex arrangements and some degree of relocation on the part of Registrars. To address these challenges the College has framed its program requirements to maximise the flexibility in terms of when, where and how requirement is met (this is further detailed at *Standard 3.4*).

Healthcare for Aboriginal and Torres Strait Islander peoples

The ACRRM Standards for Teaching Posts allows for accreditation of posts in broad range of healthcare facilities including Aboriginal and Torres Strait Islander Health Services. ACRRM Registrars must spend a minimum of 12 months training in a rural or remote environment. The primary care training requirement for Fellowship can be met in an Aboriginal Medical Service.

Attachment 3.2: Fellowship Program Handbook

Training in diverse settings including Aboriginal and Torres Straits Islander healthcare settings

The College is unparalleled in the diversity and geographical spread of its training locations and opportunities. As well as training in rural, regional, and urban hospitals and General Practice clinics across the country, ACRRM Registrars also train in some of the country's most remote community health services, including on the Torres Strait Islands, in the Kimberley, at the Polar Medicine Unit in Antarctica, and with the Royal Flying Doctor Service.

The College training post options include:

- 90 Aboriginal Medical Services/ACCHSs accredited for CGT, and
- 16 Aboriginal Medical Services/ACCHSs accredited for Aboriginal and Torres Strait Islander Health AST.

Training in these settings is supported by the network of over a hundred College members currently working in rural and remote AMSs across Australia.

8.2.3	*The education provider works with jurisdictions, as well as the private health system, to effectively use the capacity of the health care system for work-based training, and to give trainees experience of the breadth of the discipline.*

ACRRM training takes place across a broad range of public and private health settings. The standards for Supervisors and teaching posts describe the clinical learning opportunities required for each stage of training or AST discipline.

Training posts capacity is monitored through the Training Organisation Accreditation process. Ensuring there are sufficient training posts and sufficient Supervisors is a continuing challenge for rural General Practice and especially for Rural Generalist model practice with its additional training settings requirements.

The Rural Generalist Coordinating Units are an important development funded by the Commonwealth Government in every jurisdiction administered by their respective health departments, to assist with creating training posts for General Practice training including in hospitals and identifying and supporting posts in rural areas. The College is a member of the oversighting organisation associated with each of these and has a designated staff member whose key role is to provide a liaison point for this ongoing engagement.

Innovative methods of supervision and in practice teaching are being developed and accredited by ACRRM. ACRRM standards allow for different models of supervision providing that standards are met.

8.2.4	*The education provider actively engages with other education providers to support common accreditation approaches and sharing of relevant information.*

Accredited training organisations collect information to ensure that posts meet ACRRM standards on the RVTS and AGPT. Once this information is collected, the training organisation recommends to ACRRM that the post be accredited. Training organisations are also responsible for the ongoing monitoring of posts. Training Posts for IP training are accredited directly by the College. Most training organisations use a common set of forms and processes that allow for concurrent accreditation of a teaching post for ACRRM and for the RACGP. ACRRM supports this approach providing that it can be assured that ACRRM standards are being monitored. ACRRM supervisor and post accreditation is consistent across all training pathways and if the Post's accreditation is current, this will apply for any ACRRM Registrar undertaking training in that site. Posts that are accredited by another specialist college, as may be the situation for AST, do not necessarily require an accreditation visit from the training organisation for ACRRM accreditation; however, the training organisation must still have processes in place to monitor the quality of the post when delivering ACRRM training.

Going forward under College-led training, ACRRM will look to work in a collaborative way with the RACGP and other service providers to maximise efficiency and simplicity for training posts while ensuring its Standards are maintained. These issues are currently under discussion through the TCLTAC process.

Attachment 8.4 Sample Teaching Post Accreditation Reports
Attachment 8.5 Accredited Training Sites

Standard 8.2: Documents to be provided	
☒	The criteria and process for accreditation of training sites (See Attachment 1.10). A list of accredited hospitals, community healthcare facilities and/or posts (See the Attachment 8.5)
☒	Sample accreditation reports that illustrate the range of decisions the education provider makes. (See Attachment 8.4)

9. Continuing professional development

9.1 Continuing professional development

9.1.1	The education provider publishes its requirements for the continuing professional development (CPD) of specialists practising in its specialty(s).

The College's program to support our members' Continuing Professional Development (CPD) is the ACRRM Professional Development Program (PDP). All College requirements related to its PDP are available in PDP section of the College *website*. The essential information on the requirements for the program are outlined in the *2020-2022 Triennium Handbook* and the website provides comprehensive additional guidance and information to assist program participants.

Program structure

The objectives of the program are to:

- Provide one CPD home that will meet all professional development requirements of ACRRM members
- Provide a flexible framework of activities that has multiple options within each category for meaningful professional development that is easy to both obtain and record
- Recognise and respond to the scope and diversity of professional standards required of rural and remote General Practitioners including Rural Generalist doctors
- Provide a formal process that demonstrates the ongoing professional development activities of College members for maintaining Fellowship, recognition as a specialist General Practitioner, Ahpra registration and clinical privileging
- Support members to fulfil their commitments to other professional bodies through cross-accreditation and communication

There are three professional development categories:
- Educational activities
- Performance review, and
- Outcome measurement

Activities are measured in hours

Compliance requires that participants achieve 150 hours per triennium made up of the following:
- 25% from educational activities
- 25% from performance review
- 25% from outcome measurement
- Remaining 25% can be any of the above

50 hours per year is encouraged, but for 2020-22 the College will retain the triennium structure of 150 hours over three years.

A life support course is required once every triennium (Advanced Life Support for ACRRM Fellows and Basic Life Support for non-Fellows.)

The development and approval for the program has occurred in consultation with the Medical Board of Australia (MBA) and the introduction of hours-based compliance measurement to a total of 150 hours, professional development categories and associated percentage ratios are all designed to comply with the Professional Performance Framework (PPF).

Program Developments since last accreditation

The College has been required to find a path to ensure its PDP remains fit for purpose while maintaining its alignment with the staged development and implementation of the PPF.

The Professional Development (PD) Committee undertook an initial program review over 2015 to 2017 which led to a range of changes to the framework for the 2017-2019 Triennium. Key changes were:

- A clear definition of practice and advice on temporary absence from practice, with reference to the MBA standard
- Addition of new optional practice reflective activities - Multi-Source Feedback/ 360º Review and bonus credit for a peer review done in conjunction with Multi-Source Feedback
- Encouraging self-reflective activities such as Multi-Source Feedback, peer review and clinical audit as being effective and valuable professional development activities which facilitate quality improvement, and
- Strengthened CPD requirements for General Practitioner-Anaesthetists

A similar process was undertaken to adjust to further changes in the new PPF and these are reflected in the program framework for the current 2020-2022 Triennium. Key changes were:

- Compliance unit of measurement changed from points to hours
- **100 points** per triennium in 2017-19 changed to **150 hours** per triennium in 2020-22
- Categories changed from Life Support, Practice Reflective Professional Development and Core Continuing Professional Development to Educational activities, Performance review and Outcome measurement. Life support remains a mandatory requirement.
- Shift in focus towards quality improvement activities that encourage reflection on the practitioner's own practice, with the introduction of mandatory performance review and outcome measurement categories
- Shift away from validating every activity that members complete to allowing members to self-record activities in their PD portfolio and the College conducting an annual audit
- *Maintenance of Professional Standards (MOPS)* is an optional extra layer of reporting that members can select to demonstrate professional development in procedural, emergency and mental health areas.
- MOPS requirements for Anaesthetics expanded to include three new activities of Observation of clinical practice (peer review), Case-based discussion (peer review) and Maintain and reflect on procedural logbook
- MOPS requirements for Emergency, Obstetrics, Surgery and Medical Acupuncture strengthened to align more closely with Anaesthetics.

Some other changes and innovations introduced to the program to address emerging community and system needs include:

- Creation of Case-Based Discussion forums in the College *Connect@acrrm* platform. These provide a convenient, structured tool for professional development with an automated mechanism for recording their participation toward their PDP compliance. On these forums members can interact with professional peers in their own time rather than having to attend a specific event. They can engage as a professional issue arises or becomes particularly important to them. This innovation is particularly important for rural and remote practitioners to mitigate the risk of professional and geographical isolation.

- Digital health 'Communities of Excellence' project introduced. The Communities of Excellence Program connects healthcare providers to the national MyHealthRecord system, along with secure messaging and telehealth for patients. The project will develop local clinical case studies that demonstrate how MyHealthRecord can optimally deliver value to the communities, including supporting telehealth consultations, supporting transition of care, or providing timely and accurate information for local care providers for non-residents.

Availability to all members of the speciality

PDP participation is open to all ACRRM members (Fellows and non-Fellows) as part of their membership fee. PDP participation is compulsory for all Fellows of ACRRM and is an optional service for non-Fellows. ACRRM is experiencing significant growth in the number of members participating in PDP in recent months.

ACRRM also offers a range of continuing education opportunities to doctors who are not ACRRM members. For example, ACRRM offers Mental Health Skills Training (MHST) interactive mental health training online to all general practitioners, TeleDerm, a service which provides access to practical dermatology and a range of Emergency Medicine skills-based courses to any rural or remote doctors.

Accommodating reporting requirements for other specialties

ACRRM also recognises that many of its members have multiple and various levels of recognition and certification requirements to maintain. So as not to overburden members, ACRRM has allowed for substantial cross-accreditation of education programs with similar programs run by other medical colleges, JCCs and other education providers. ACRRM has also recently strengthened CPD requirements for General Practitioner anaesthetists in line with JCCA guidelines, to ensure that ACRRM members can continue to meet their credentialing requirements in this area.

Attachment 9.1 PDP 2020-2022 Triennium Handbook

Strengths, Challenges and Developments

A strength of the ACRRM PDP is that it is bespoke to the niche needs of our members, providing a variety of activity types in each category so the user can tailor their program to suit their own scope of practice. The MOPS program allows for an optional extra layer of CPD reporting for proceduralists to meet credentialing requirements and maintain procedural qualifications in areas such as Anaesthetics and Obstetrics. This cross accreditation and recognition of the ACRRM program by other entities means less duplication of activity.

By implementing the PPF categories before they are mandated, the College has been able to gather member feedback and refine the program and framework during this first triennium of the new system, finding what works best for our cohort.

ACRRM has also built new Communities of Practice within the Connect@acrrm platform to allow for members to have Case-Based Discussions in their own time and receive automatic CPD credit for those discussions. It is hoped that this new feature will allow for increased peer interaction and peer support, and support life-long learning. Initially 14 clinical area forums have been created, corresponding to the ACRRM Advanced Skills Training (AST) and MOPs areas:

- Aboriginal and Torres Strait Islander Health
- Academic Practice
- Adult Internal Medicine
- Anaesthetics
- Emergency Medicine
- Medical Acupuncture
- Mental Health
- Obstetrics and Gynaecology
- Paediatrics
- Palliative Care
- Population health
- Radiology
- Remote Medicine
- Surgery

ACRRM recognises that while the change to PPF categories represents a strengthening of CPD and a renewed focus on reflective practice, this is a substantial shift for some members, who need

support, guidance and advice on how to review their performance and measure their outcomes. To assist our members to negotiate this change, ACRRM has commissioned a series of templates and guidelines for practice-based activities including clinical audit, peer review and case-based discussion, all tailored to suit the Rural Generalist scope of practice. The College has also produced some CPD resources specifically for locums, to facilitate two-way feedback between the locum and the practice.

The opening up of the market to new CPD providers is another challenge for the College and ACRRM plans to respond to this by continuously improving our framework and supporting technology to provide meaningful and relevant solutions for members.

Attachment 9.2 Sample Case Based Discussion Forum

9.1.2 The education provider determines its requirements in consultation with stakeholders and designs its requirements to meet Medical Board of Australia and Medical Council of New Zealand requirements.

The Triennium program structure aligns with the 3-yearly cycle for policy review. Reviews are undertaken by the PD Committee in a continuous cycle with the implementation of each subsequent Triennium Framework. The process involves iterative consultation with members, broader stakeholders and the Medical Board and culminated in each new Triennium Handbook.

This ongoing process is assured through the College governance structures which have designated responsibility to ensure that by meeting the ACRRM PDP standards doctors can meet the MBA standard for CPD. It is a specified Term of Reference of the PD Committee to ensure the continuing integrity of the PDP and its supporting processes and ensure they continue to be in alignment with national standards.

The processes notwithstanding, the College continuously responds to stakeholder and particularly member feedback and advice regarding issues important to its PDP. Wherever appropriate, issues raised by members with the College are tabled with PD Committee for their consideration.

Over the past decade, this process has happened alongside the staged development of the Medical Board's PPF. The process of development and consultation that the College has undertaken to date to ensure its evolving program has been able to adapt and align with the emergent PPF has been detailed and published on its *website*.

Over 2018-2019, the Committee and PDP staff members reviewed the College's PDP standards, guidelines and requirements for the new triennium (2020-2022).

The PD Committee met regularly in the lead up to the new triennium, dedicating a full day of face to face collaboration each year to explore the evolving CPD landscape and formulate advice to the College Board on how best to modify the program in response, in addition to bi-monthly teleconferences.

PDP management attended regular CPD manager network meetings to explore ideas common to other specialist medical colleges and assimilate this learning to inform program changes.

The College executive also attended regular MBA consultation meetings, gathering information and providing feedback on the PPF.

Stakeholder engagement in the 2017-19 triennium included a pilot study of Multi Source Feedback and a member survey.

This consultation and review process resulted in significant change to the ACRRM PDP framework including:

- adopting the PPF categories of Educational activities, Performance review and Outcome measurement
- changing to an hours-based model
- changing to a system that allows the participant to self-record their activities with the College auditing 10% of PD portfolios per annum.

Over this period the Connect@ACRRM online member forum has become an important platform for many members to raise and workshop issues related to the PDP. Program staff and the PD Committee Chair have been able to use this platform to raise and engage with these issues and clarify areas of misunderstanding. These discussions have led to a range of improvements, including updates to the PD portfolio, allowing for smaller increments of time to be logged, user case examples, showing activities suitable for various scopes of practice and the development of new guidelines and templates for reflective practice.

Member participation and compliance statistics are regularly tabled in management reports a review of these statistics is a standing item in all PD Committee meetings. The College responds to areas of concern by sending targeted communication to members with low CPD progress throughout the triennium.

Changes are also instituted based on interaction with partner organisations.

The College has reaccredited two Mental Health Skills Training activities with the General Practice Mental Health Standards Collaboration (GPMHSC) for the 2020-22 triennium - The Mental Health Disorders Package and the IP Education Program (Mental Health). This involved meeting the standards for mental health training outlined in the *Mental Health Training Standards 2020-22*. ACRRM produced detailed accreditation documents for the GPMHSC and provided extra requested information including details of General Practitioner and other mental health practitioner involvement in the planning, development and review of the activity, detail of consumer and carer involvement, program / speaker information and needs assessment. This accreditation has ensured that ACRRM MHST course participants are recognised MHST providers and can provide associated MBS supported services.

ACRRM has also accredited the following courses with the RACGP, as a recognised education provider:

- Rural Emergency Skills Training
- Advanced Life Support
- Rural Emergency Obstetrics Training

Attachment 9.3 Summary of program review and development

9.1.3	*The education provider's CPD requirements define the required participation in activities that maintain, develop, update and enhance the knowledge, skills and performance required for safe and appropriate contemporary practice in the relevant specialty, including for cultural competence, professionalism and ethics.*
9.1.4	*The education provider requires participants to select CPD activities relevant to their learning needs, based on their current and intended scope of practice within the specialty(s). The education provider requires specialists to complete a cycle of planning and self-evaluation of learning goals and achievements.*

The College's PDP has been designed to ensure its participants undertake the learning needed to underpin their continued provision of safe, quality practice within their identified scope. For ACRRM Fellows in particular, this involves ongoing competency for the broad scope of practice defined by the Fellowship qualification, which may be required for quality medical care provision in rural and remote locations includes advanced specialised skills in a range of areas particularly those defined by the AST programs.

The PDP design ensures that members complete an appropriate breadth of modalities of activities to ensure their knowledge and skills maintenance is being appropriately developed. The range of acceptable activities for each measured category is detailed in the *Triennium Handbook* (pages 6-14).

In recognition of the College standard that all ACRRM Fellows continue to be able to provide extensive care in emergencies which it considers to be of particular importance for doctors in rural and remote clinical contexts, the program requires successful completion of the Advanced Life Support (ALS), Rural Emergency Skills Training (REST) or a PDP accredited equivalent for Fellows; and Basic Life Support is required for non-Fellows.

The PDP incorporates programs for Maintenance of Professional Standards (MOPS) for specific advanced skills which may have reporting or clinical privileging requirements. These provide a structured program by which members can maintain requisite skills and the College manages and reports to third parties on members' behalf. These are available in the following practice areas:

- Emergency medicine
- Obstetrics
- Medical Acupuncture
- Surgery
- Anaesthetics
- Radiology
- Mental Health
- GP Supervisor education

To further assist members who need to maintain skills in advanced specialised fields of practice or pertinent to distinctive models of practice, the College has developed fourteen *User Case Studies*. These provide a range of exemplar program plans to help members with distinct practice profiles to develop their own appropriate plans over the Triennium.

Cycle of Planning and Self-Evaluation

The 2020-22 PDP Handbook articulates this process as follows:

1. *Identity your training needs: Identify the knowledge and skills you need to gain over the triennium in your personal learning plan. Tailor your selection of activities to best support your current scope of practice.*

2. *Select CPD activities: While life support is mandatory and you may also have MOPS requirements to maintain procedural qualifications, the ACRRM PDP provides multiple options in each category to provide as much choice as possible. Planning your CPD ahead of time will ensure that you meet your requirements with the activities that are best suited to your practice. You will find a database of all ACRRM-accredited educational activities on the Event search page of the ACRRM website, and resources for activities that you can complete in your practice are available in your PD portfolio. The matrix of activities on page 7 may help you to find activities to suit your practice in each category. These user case studies may also help. Diarise significant opportunities, such as Rural Medicine Australia and other events, where workshops are clustered into a few days. This will ensure you optimise your time away from your practice and accumulate training at a measured pace.*

3. *Use your PD Portfolio: The PD Portfolio on the ACRRM website is a simple, secure, permanent method of recording your professional development progress. You can add activities, view your progress, search the ACRRM database of accredited activities and print your statement from your PD portfolio.*

4. *Reflect on your professional development regularly: New professional challenges and opportunities can present over the course of the triennium. A regular review of your*

professional development, and reflection on your progress generally, can ensure that your plan remains relevant to your professional goals and responsibilities.

5. *Reflect on your practice: The object of professional development is to ensure that your practice as a medical professional is the best it can be. Professional development should result in continuous improvement and keeping up with advances in medical knowledge and practice management. Take time to actively reflect on your activities, implement changes where appropriate and evaluate their effectiveness."*

(Triennium Handbook 2020-22, page 4)

9.1.5 The education provider provides a CPD program(s) and a range of educational activities that are available to all specialists in the specialty(s).

The PDP is a comprehensive program to meet the professional development needs of our membership. It currently offers 3735 College accredited activities. The College has been a national leader in providing education delivery that is accessible for its members particularly those based in rural and remote locations. The PDP reflects this commitment by providing flexibility in the choice of face-to-face activities and locations; by delivering its own courses in as many different locations as possible; and, by making it possible to complete the vast bulk of the program activities through online delivery.

Online Courses

Members can enrol in and complete one of ACRRMs around a hundred accredited *online courses*. All courses are pertinent for ACRRM members' practice. They are all either ACRRM developed or customised to ensure they are relevant to practice in rural and remote locations. To guide members PDP planning, all online courses include detail of their mapping to the ACRRM Fellowship curriculum domains and learning areas.

College face-to-face courses

The College ensures that the program offers a breadth of educational opportunities as well as a number of key fit-for-purpose educational activities which have been designed and delivered by the College to meet the specific professional needs of its members, and particularly the expanded scope needs of its Fellows.

ACRRM's own courses include:

- *Rural Emergency Skills Training*
- *Advanced Life Support*
- *Mental Health Disorders Training for Rural Practitioners*
- *Ultrasound*
- *Rural Emergency Obstetrics Training*
- *Drug and Alcohol Addiction*
- *Pre-Hospital Emergency Care*
- *Rural Anaesthetic Crisis Management*
- *Diverse Rural Emergency Medicine Training*

Online Communities of Practice

The College has established a range of formats for member networking and peer review in areas of special expertise which have proved popular with members. It is actively seeking opportunity to extend these offerings in important areas of member practice. The College has developed an online peer forum (Rural EM forum) for members seeking to update their knowledge and skills in emergency medicine. The forum is moderated by experienced rural Fellows with many years of emergency medicine practice. This format has proved popular with approximately 600 doctors from across the country regularly participating in its case study discussions. A member forum program is also in place in association with the TeleDerm program used by over 3000 people each year.

Connect@ACRRM is a new bespoke online platform in which members can discuss areas of common interest in their practice. It currently has 2930 active users.

Annual Conference

The College also awards credit for participation at its annual conference *Rural Medicine Australia*, which include research presentations, clinical skills workshops and facilitated professional discussions, forums and workshops. With over a thousand delegates, approximately one in five members attended the College's most recent conference in 2019.

Occasional webinars

The College delivers educational webinars often in association with important events or health campaigns or as part of a multi-modal educational package such as with our Drug and Alcohol Addiction online course. Over the past few years, it has delivered webinars for example on Thunderstorm Asthma, Codeine Prescribing, Telehealth, and Women's sexual and reproductive health.

External accredited activities

As at 1 May 2021, the College has accredited 3735 educational activities from external education providers.

9.1.6 The education provider's criteria for assessing and crediting educational and scholarly activities for the purposes of its CPD program are based on educational quality. The criteria for assessing and crediting practice-reflective elements are used on the governance, implementation and evaluation of these activities.

Activities assessment for accreditation

To ensure CPD providers deliver activities to a high standard and level of relevance to the ACRRM curriculum, the ACRRM PDP requires education providers to gain accreditation for each training activity. This application process requires details of the educational activity including learning objectives; facilitator details; topics; relevance to ACRRM's educational domains and curriculum areas; and assessment requirements.

ACRRM reviews completed applications to ensure all details are correct and the activities are relevant to the ACRRM curriculum and educational domains. The PD Committee provides a clinical reference group for staff to ensure that applications are relevant to the Fellows and member's actual requirements. Where necessary the PD Committee reviews applications and determines accreditation status and hours allocation. Providers and members are advised, and details are posted on ACRRM's website.

The following criteria are used by ACRRM to assess educational activities:

1. Does the educational activity help to update knowledge and skills, review performance and/ or measure outcomes?
2. Does the activity relate to the College's Primary Curriculum?
3. Does the educational event/activity have clear, specific learning objectives?
4. Are the planned educational strategies based on adult learning principles?
5. Does the application show that some impact evaluation (changes in knowledge, skill, attitude, practice or patient outcome) is planned?

Evaluation of activities occurs at multiple levels and via multiple paths. The College conducts internal surveys for the program overall and for all ACRRM delivered workshops, webinars or online courses. It also collects and compiles evaluation feedback on all external accredited events. College staff table

evaluation outcomes as appropriate with the relevant governance committee (either the PD Committee or a reporting subcommittee).

Evaluation information thus comes from various sources at various times but is ultimately brought to the consideration of the PD Committee. In this way, the assessment for accreditation process is informed by the ongoing outcomes of activities evaluation.

9.1.7 The education provider provides a system for participants to document their CPD activity. It gives guidance to participants on the records to be retained and the retention period.

ACRRM provides participants with access to their PDP activity status via a secure log-in on the College website. Each participant's accredited activities are collected in their online PD portfolio which displays a simple visual tracker to show the member's status in each category and all completed activities are listed with the number of allocated hours clearly shown. Participants can add activities to their PD portfolio, by using the 'Report an activity' feature. This feature allows the participant to record the main details of the activity, including date, duration, description, and any predisposing and reflective elements. They have the option to upload evidence of participation with each entry or store their evidence elsewhere but must produce it if selected for audit. When the member attends an accredited event and provides their member number, the education provider will upload their attendance details against that accredited activity. Hours also accumulate in the PD portfolio in this way.

All PDP participants have constant access to an unofficial statement of their PDP activities throughout the triennium. An official statement is issued after the end of triennium to all compliant members, along with their Certificate of PDP Compliance. The activity statements present a complete list of all completed PDP activities undertaken during the current triennium, with the relevant PDP hours listed according to category. Participants also can request tracking of their hours in procedural and advanced skills areas such as anaesthetics, emergency medicine, obstetrics and gynaecology, radiology, surgery, mental health for Maintenance of Professional Standards (MOPS) hours. If applicable, the member's status for MOPS is also listed. The participants' overall PDP status is presented clearly according to skills category and shows the number of hours remaining in order to be considered PDP compliant for the triennium.

All PDP records are monitored on an ongoing basis and formal end of triennium reports on participation have been prepared for Services Australia for VR purposes. Going forward, access to MBS A1 item numbers will be determined by AHPRA General Practice specialist registration. Participants will need to declare that they have met the AHPRA CPD standard on renewal of their registration. The ACRRM PDP meets the required AHPRA CPD standard. ACRRM also monitors and reports at the end of the triennium on participation for MOPS purposes, (e.g., to the Joint Consultative Committee on Anaesthesia).

Members are contacted regularly throughout the triennium and provided with updates on their CPD. As ACRRM Fellows must be PDP compliant each triennium; six months prior to the end of a triennium, all Fellows who have not provided sufficient evidence of CPD are identified as 'at risk'. Each of these Fellows is contacted directly by the ACRRM PDP team to ascertain if there are special circumstances that may apply for their exemption and/or to offer assistance in identifying activities to assist them meeting compliance requirements. If 90 days prior to the end of the triennium 'at risk' Fellows have not shown progression they will be formally contacted by the General Manager (Quality and Safety) and will again be offered assistance to meet their requirements before the end of the triennium.

At the end of the triennium those Fellows who have failed to provide sufficient certification of continuing professional development to comply with the requirements of ACRRM PDP will be identified by the PD Committee as "non-compliant" and will enter a three-month period of remediation.

Guidance on retaining records

The *Triennium Handbook 2020-22* includes guidance to participants on the records to be retained and the retention period.

> *"You should retain records of your CPD activity for audit purposes. As ACRRM has a triennium cycle, you are required to retain your records for five years (the entire duration of the program or cycle plus an additional two years).*
>
> *You can choose to store your evidence with each individual activity in your PD portfolio or in a separate location, but you will need to produce it if you are selected for audit by the College. AHPRA may also choose to audit your CPD records, so it is important that you are able to produce evidence for your CPD activities on request."*
>
> *(ACRRM PDP Triennium Handbook, page 4.)*

9.1.10 The education provider monitors participation in its CPD program(s) and regularly audits CPD program participant records. It councils participants who fail to meet CPD cycle requirements and takes appropriate action.

Monitoring participation

All Fellows must meet the ACRRM's PDP requirements each triennium to maintain their standards and certification.

All PDP members have access to their PDP records on an ongoing basis. They can log into the College website and access their personal PD portfolio which has a tracker on the front page to show how they are progressing in each PDP category and overall. They can also download a statement at any time. Members are contacted by College staff members regularly throughout the triennium to advise on their CPD status and are regularly alerted to upcoming College courses.

Auditing successful completion of activities

Each year the PDP team audits a random selection of 10% of all PD portfolios, to verify that all activities have acceptable evidence and have been claimed under the correct category. Where evidence is not stored in the PD portfolio the PDP team will request this evidence from the participant. Where evidence is not provided, credit for those activities may be withdrawn.

The College may choose to re-audit participants who repeatedly fail to provide evidence for their activities. This will be in addition to the randomly selected sample of 10% per annum.

All participants must meet the minimum triennium PDP requirements by the end of the triennium, regardless of whether they have been selected for audit in any given year. If a participant does not meet the minimum triennium requirements, the current remediation policy will apply.

Acceptable evidence includes:

- Certificates of attendance/ completion
- Correspondence from the education provider verifying attendance/ completion
- Activity statement from another AMC accredited College
- Reflective notes on the activity

Evidence must be retained for a minimum of five years, in line with the Medical Board of Australia standards.

Counselling non-compliant participants and appropriate action

College staff members counsel and support participants who are at risk of not meeting their requirements and offer suggestions for activities. If members are not compliant at the end of

triennium they enter a period of remediation. If they are not compliant by the specified date, their Fellowship can be rescinded (if they are a Fellow).

Where extenuating circumstances are likely to prevent a Fellow from complying as mandated, the College will consider what support and assistance it can offer.

A Fellow who is non-compliant 90 days prior to the conclusion of the triennium - and remains non-compliant at the end of the triennium - will be offered remediation. If that Fellow does not participate in the College's remediation process, or is still non-compliant following remediation, Fellowship will be withdrawn in line with policy.

Should a Fellow of ACRRM have their Fellowship status withdrawn, the College routinely advises the Medical Board of Australia, Medicare Australia, and other certified agencies that rely on this standard.

Fellows who are identified as requiring retraining to return to safe, independent practice may be recommended to enrol in ACRRM's Retraining Program.

Table 9.1 Fellows participating in ACRRM PDP

Fellows participating in and meeting requirements of the College's CPD programs					
Fellows participating in CPD					
Australia		New Zealand		Other	
Total	%	Total	%	Total	%
1719	98	0	0	34	2

9.2 Further training of individual specialists

9.2.1	The education provider has processes to respond to requests for further training of individual specialists in its specialty(s).

The ACRRM Professional Development Retraining Program has been developed to support Fellows who:

- wish to return to active General Practice following a prolonged absence, or
- wish to modify their current practice direction, or
- have been identified as underperforming in a particular area.

This program relates to Fellows who have either identified themselves or have been identified by a medical board or medical council, as requiring retraining.

Fellows requiring retraining to return to safe General Practice with the requisite skills for their practice demographics will be required to enrol in the Retraining Program. They will be required to apply by completing a Self-Assessment Activity form and lodging this with the PD Committee. Once this has been received by the Committee, the Chair, Censor-in-chief and the Director of Training, or a nominated Medical Educator, will meet to develop a retraining plan. This plan will then be submitted to the PD Committee for approval prior to commencement of the Retraining Program. If deemed necessary by the Committee and upon recommendation from the Chair, a mentor may be assigned to support the Fellow's progress.

At an agreed review date, the Fellow's retraining outcomes will be assessed by the PD Committee. Fellows who have successfully completed retraining will continue their professional development with ACRRM via PDP participation.

Those who fail to meet retraining requirements may be granted a retraining extension. Fellows who continue to fail to meet the requirements without valid reason will be referred to the Censor-in-chief and may have their Fellowship of ACRRM (FACRRM) suspended or withdrawn.

Attachment 9.4: *ACRRM PD Retraining Policy*

9.3 Remediation

9.3.1	The education provider has processes to respond to requests for remediation of specialists in its specialty(s) who have been identified as underperforming in a particular area.

The ACRRM Professional Development Remediation Policy outlines the process and procedures for engaging and assisting Fellows who are required to undertake the process of remediation. This has been revised for the new Triennium and has been designed to be high-level with minimal process detail. This recognises the current uncertainty regarding the evolving changes to the national registration framework and an expectation that this may need to be revised in the ensuing months to better align with any new arrangements.

Attachment 9.5: *ACRRM PD Remediation Policy*

Standard 9: Documents to be provided	
☒	The continuing professional development program/recertification program handbook (See Attachment 9.1)
☒	The policy on further training of individual specialists and returning to practice after an absence (See Attachment 9.4)
☒	The policy on remediation for underperforming fellows. (See Attachment 9.5)

10. International Medical Graduate Assessment

10.1 Assessment framework

10.1.1	The education provider's process for assessment of specialist international medical graduates is designed to satisfy the guidelines of the Medical Board of Australia and the Medical Council of New Zealand.
10.1.2	The education provider bases its assessment of the comparability of specialist international medical graduates to an Australian or New Zealand trained specialist in the same field of practice on the specialist medical program outcomes.

The College assesses specialist international medical graduates (SIMGs) for comparability to an Australian-trained specialist in the same field of specialty practice on behalf of the Medical Board of Australia (MBA). The assessment is carried out in accordance with the *Medical Board of Australia* Standards: Specialist medical college assessment of specialist international medical graduates. The College documents and processes are updated in response to changes to the Medical Board standards, the last update occurred at the end of 2020.

ACRRM's specialist pathway assesses if the training and experience of an SIMG is comparable to that of a Fellow of ACRRM (FACRRM). As defined in the Fellowship Curriculum, that is:

"A FACRRM is a medical specialist who has been assessed as meeting the requisite standards for providing high-quality rural generalist medical practice.

This involves being able to:

- *provide and adapt expert primary, secondary, emergency and specialised medical care to community needs*
- *provide safe, effective medical care while working in geographic and professional isolation*
- *work in partnership with Aboriginal, Torres Strait Islander peoples and other culturally diverse groups*
- *apply a population approach to community needs."*

(See Fellowship Curriculum, page 5)

A SIMG's comparability is assessed against the competencies in the eight domains of rural and remote practice as described in the *Fellowship Curriculum*:

1. Provide expert medical care in all rural contexts
2. Provide primary care
3. Provide secondary medical care
4. Respond to medical emergencies
5. Apply a population health approach
6. Work with Aboriginal, Torres Strait Islander, and other culturally diverse communities to improve health and wellbeing
7. Practise medicine within an ethical, intellectual and professional framework
8. Provide safe medical care while working in geographic and professional isolation

10.1.3	*The education provider documents and publishes the requirements and procedures for all phases of the assessment process, such as paper-based assessment, interview, supervision, examination and appeals.*

All essential guidance information is available on the College *website*. This includes details regarding eligibility; the assessment process; the paper-based assessment guidelines, the interview process, interview feedback, the appeals process, and associated fee schedules for each of the College's various assessment programs for IMGs.

Candidates upon application to any of the College's IMG assessment programs are provided with direct details in response to any queries they may have and may also be directed to the College website for further information.

Candidates and participants in all IMG assessment programs are notified by email at completion of each step in their assessment or educational process. Where any changes to policies have been enacted, all affected program participants or candidates are contacted and advised of the changes and, where applicable, the information provided on the webpage is updated to reflect the changes.

10.2 Assessment methods

10.2.1	The methods of assessment of specialist international medical graduates are fit for purpose.

The assessment of comparability to an Australian-trained FACRRM is an ongoing process. It commences with the interim assessment, continues while on the pathway working under supervision and finishes once Fellowship is awarded.

Applicants must hold a qualification in General Practice or family medicine included on the College's *"Codified list"* to be eligible to apply for the ACRRM Specialist Pathway.

The interim assessment has two components the Paper Based Assessment and Structured Interview. The interim assessment considers any qualifications, previous training and assessment, recent specialist practice, continuing professional development (CPD) activity completed by the SIMG to determine whether all these components together are comparable to the requirements of an Australian trained FACRRM.

The interim assessment determines:

- comparability and determine an outcome in accordance with three MBA approved definitions that describe a SIMG's level of comparability to an Australian trained specialist in the same field of specialist practice: 1. substantially comparable 2. partially comparable 3. not comparable.
- determine the SIMG's suitability to commence a period of supervised practice
- approve a specific 'Area of Need' or another rural placement (if applicable).

The College selects assessments from the Workplace-Based Assessments and standardised assessment modalities used in the training program.

Applicants assessed as substantially comparable are required to undertake up to a maximum of 12 months full time equivalent (FTE) practice, with a minimum of three months, with a supervisor approved by the College. This period of supervised practice includes the satisfactory completion of a/ Workplace Based Assessment/s: CBD and MSF.

Applicants assessed as partially comparable are required to undertake up to a maximum of 24 months FTE supervised practice, with a minimum of six months, and further training with any associated assessment/s with a supervisor approved by the college. They may be required to undertake formal examination/s or other assessment. They are required to satisfactory completion of CBD, MSF and StAMPS.

These modalities have all been based on the College's purpose-designed assessment framework. The framework was developed by Flinders University with a specified brief to be appropriate for the FACRRM competencies and associated practice scope. The essential programmatic assessment framework has

been maintained but the program has been continuously reviewed and refined. Continuous quality assurance is achieved through processes at multiple levels including, a system of statistical question/results review after every assessment, review of participant feedback after every assessment, broader review of evaluation reports as provided, occasional formal review of key emergent issues, and biannual Assessment Workshops involving the Assessment Committee and key operational staff. (Further detailed at *Standard 5.4.1*)

10.2.2	*The education provider has procedures to inform employers, and where appropriate the regulators, where patient safety concerns arise in assessment.*

Where concerns arise in assessment regarding patient safety, the matter is referred to the Medical Educator and the Assessment Manager for review and consideration. The appropriate referral point will be determined by the specific circumstances, for example, the assessment process, the stage in the assessment process and the nature of the issues of concern. The Medical Educator or the Assessment Manager as appropriate are required to make a recommendation regarding an appropriate course of action which may be instruction to the College staff to notify the employer and/or the Medical Board of Australia. Key issues are escalated to the Censor in Chief.

The comparability assessment determination may be changed during the period of supervised practice if performance in workplace-based assessments do not support the interim assessment. The College may:

- increase the period of supervised practice, upskilling and assessment requirements, or
- change the determination to not comparable and withdraw the doctor from the pathway.

10.3 Assessment decision

10.3.1	The education provider makes an assessment decision in line with the requirements of the assessment pathway.
10.3.2	The education provider grants exemption or credit to specialist international medical graduates towards completion of requirements based on the specialist medical program outcomes.
10.3.3	The education provider clearly documents any additional requirements such as peer review, supervised practice, assessment or formal examination and timelines for completing them.
10.3.4	The education provider communicates the assessment outcomes to the applicant and the registration authority in a timely manner.

The interim assessment determines comparability in accordance with three MBA approved definitions that describe a SIMG's level of comparability to an Australian trained specialist in the same field of specialist practice:

1. substantially comparable
2. partially comparable, or
3. not comparable.

For further details, see, *Medical Board of Australia Standards: Specialist medical college assessment of specialist international medical graduates.*

Doctors on the ACRRM Specialist Pathway must work in a rural health service (*MM4-7 location*) approved by the College to enable their Fellowship competencies to be assessed. The pathway requirements are set by the Interview Panel and documented in the Specialist Pathway Candidate Agreement.

All SIMGs are required to:

- complete an orientation program provided or facilitated by their employer
- complete a cultural awareness program
- enrol and participate in ACRRM's Professional Development Program (PDP)
- complete an Advanced Life Support course that meets PDP requirements, plus
- other activities as determined by the panel.

SIMGs are encouraged to undertake online courses and workshops provided by ACRRM and other providers that align to the Fellowship Curriculum.

10.3.2 The education provider grants exemption or credit to specialist international medical graduates towards completion of requirements based on the specialist medical program outcomes.

Note: Tables redacted for member privacy

As described above the assessment requirements are set according to the degree of comparability as assessed by the interview panel. The comparability assessment determination may be changed during the period of supervised practice if performance in workplace-based assessments does not support the interim assessment.

The College may:

- reduce the period of supervised practice to no less than, three months for substantially comparable doctors or six months for partially comparable doctors or
- increase the period of supervised practice, upskilling and assessment requirements or
- change the determination to not comparable and withdraw the doctor from the pathway.

10.3.3 The education provider clearly documents any additional requirements such as peer review, supervised practice, assessment or formal examination and timelines for completing them.

Outcome reports to the Australian Medical Council regarding performance of Specialist Pathway candidates include a recommended learning plan for the candidate. Candidates are provided with a Specialist Pathway plan which outlines the program and the requirements for its completion including courses and assessments.

10.3.4 The education provider communicates the assessment outcomes to the applicant and the registration authority in a timely manner.

Within two weeks of the interview assessment, outcome reports are provided to applicants and are uploaded to the AMC portal.

10.4 Communication with specialist international medical graduate applicants

10.4.1 The education provider provides clear and easily accessible information about the assessment requirements and fees, and any proposed changes to them.

10.4.2 The education provider provides timely and correct information to specialist international medical graduates about their progress through the assessment process.

The College website includes an *IMG Specialist Pathway* page which links to a *Specialist Pathway Guide* which contains necessary details on:

- Application
- Eligibility
- Fees
- Application assessment criteria/process
- Potential assessments for attaining comparability

These pages are updated as required.

10.4.2	*The education provider provides timely and correct information to specialist international medical graduates about their progress through the assessment process.*

The Specialist Pathway assessment process timeframes comply with the Medical Board of Australia Standards. In accordance with revised standards, the SIMG is provided a summary of the preliminary Specialist Pathway Review (SPR) of the PBA before an assessment decision is made. The SPR sets out a summary of the information provided by the SIMG in their application mapped against the college's assessment criteria.

The College has established a process to ensure that the candidates are continually contacted to ensure they are continuing to meet their scheduled deadlines. All contact is by email in the first instance and where responses are not forthcoming this is typically followed up by phone. A stepped process flowchart detailing the assessment process is also available on the ACRRM *website*.

A meeting with the Medical Educator is arranged and an appropriate learning plan is developed. The learning plan sets a series of timelines for the benefit of the candidate as outlined in the Structure Interview outline report.

The IMG Assessment Officers maintain a live tracking document which captures all the key deadlines for each SIMG and are in regular contact with them to ensure their progression on the pathway is maintained and requirements are met.

See Attachment 10.1: Sample Learning Plan Template

Standard 10: Documents to be provided	
☒	The web address and/or access to the information available to specialist international medical graduates seeking assessment by the provider. (See *website*)

Glossary and Acronyms

Glossary of terms

Accredited Training Post	Any facility accredited by ACRRM to provide training on the Fellowship Training Pathways. (These may be in General Practice clinics, health centres, hospitals, retrieval facilities, Aboriginal Community-Controlled Health Services etc.).
General Practitioner	The General Practitioner is the doctor with core responsibility for providing comprehensive and continuing medical care to individuals, families and the broader community. Competent to provide the greater part of medical care, the General Practitioner can deliver services in the primary care setting, the secondary care setting, the home, long-term residential care facilities or by electronic means – wherever and however services are needed by the patient within their safe scope of practice. 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 curriculum and training program also prepares doctors to be Rural Generalist medical practitioners.
Modified Monash Model	This is a system adopted by the Commonwealth Department of Health to define whether a location is a city, rural, remote or very remote. The model measures remoteness and population size on a scale of Modified Monash (MM) category MM 1 to MM 7. MM 1 is a major city and MM 7 is very remote. MMM classifications are based on the Australian Statistical Geography Standard - Remoteness Areas (ASGS-RA) framework.
Rural Generalist Medicine	Rural Generalist Medicine is the provision of a broad scope of medical care by a doctor in the rural context that encompasses the following: • Comprehensive primary care for individuals, families, and communities • Hospital in-patient care and/or related secondary medical care in the institutional, home or ambulatory setting • Emergency care • Extended and evolving service in one or more areas of focused cognitive and/or procedural practice as required to sustain needed health services locally among a network of colleagues • A population health approach that is relevant to the community • Working as part of a multi-professional and multi-disciplinary team of colleagues, both local and distant, to provide services within a 'system of care' that is aligned and responsive to community needs. (World Summit on Rural Generalist Medicine, Cairns, 2014).

Rural Generalist Medical Practitioner	A Rural Generalist medical practitioner is a General Practitioner who has specific expertise in providing medical care for rural and remote or isolated communities. A Rural Generalist medical practitioner understands and responds to the diverse needs of rural communities: this includes applying a population approach, providing safe primary, secondary and emergency care, culturally engaged Aboriginal and Torres Strait Islander peoples' health care as required, and providing specialised medical care in at least one additional discipline.
Training Organisation	A training organisation is the organisation who is responsible for training delivery and ensuring that training requirements are met. This is the Regional Training Organisations on the Australian General Practice Training (AGPT) program, the Remote Vocational Training Scheme (RVTS) on this scheme or ACRRM on the IP (IP) including for registrars with places on the Rural Generalist Training Scheme (RGTS)
Training Pathways	Pathways accredited to deliver the ACRRM Fellowship Program. These include the Australian General Practice Training (AGPT), the Remote Vocational Training Scheme (RVTS), and, the IP (IP) (this includes training for registrars with places on the Rural Generalist Training Scheme).

Acronyms

AAAPC	Australian Association of Academic Primary Care
ACCHS	Aboriginal Community Controlled Health Service
ACEM	Australian College of Emergency Medicine
ACRRM	Australian College of Rural and Remote Medicine
AGPT	Australian General Practice Training (Pathway)
AIDA	Australian Indigenous Doctor's Association
AIM	Adult Internal Medicine
ALS	Advanced Life Support
AMC	Australian Medical Council
AST	Advanced Specialised Training
BARS	Behaviourally Anchored Rating Scheme
CBD	Case Based Discussion
CCDOG	Consultative Committee for the Diploma of Obstetrics and Gynaecology
CFPC	College of Family Physicians of Canada
CGT	Core Generalised Training
CPD	Continuing Professional Development
CPMC	Council of Presidents of Medical Colleges
DOH	(Commonwealth) Department of Health
EM	Emergency Medicine
EPA	Entrustable Practice Activities
FACRRM	Fellowship of Australian College of Rural and Remote Medicine
FRAME	Federation of Rural Australian Medical Educators
GP	General Practitioner
GPSA	General Practice Supervisors Association
GPTAC	General Practice Training Advisory Committee
GPMHSC	General Practice Mental Health Standards Collaboration
HCFA	Health Consumers Forum of Australia
ICPA	Isolated Children's Parents' Association
IGPRN	Indigenous General Practice Registrars Network
IMG	International Medical Graduate

IP	IP
JCC	Joint Consultative Committee
LIME	Leaders in Indigenous Medical Education
MBA	Medical Board of Australia
MCQ	Multiple Choice Question
MiniCEX	Mini Clinical Evaluation Exercise
MMI	Multiple Mini Interviews
MSF	Multi Source Feedback
MTS	Medical Training Survey
NACCHO	National Aboriginal Community-Controlled Health Organisation
NRGP	National Rural Generalist Pathway
NRHA	National Rural Health Alliance
PBA	Paper Based Assessment
PDP	Professional Development Program
PHN	Primary Health Networks
PPF	Professional Performance Framework
QA	Quality Assurance
RACGP	Royal Australian College of General Practitioners
RACS	Royal Australasian College of Surgeons
RAP	Reconciliation Action Plan
RANZCA	Royal Australian and New Zealand College of Anaesthetists
RANZCP	Royal Australian and New Zealand College of Psychiatrists
RG CU	Rural Generalist Coordinating Units
REOT	Rural Emergency Obstetrics Course
REST	Rural Emergency Skills Training
RDAA	Rural Doctors Association of Australia
RJDTIF	Rural Junior Doctor Training Infrastructure Fund
RMA	Remote Medicine Australia (ACRRM annual national conference)
RWA	Rural Workforce Agency
RPL	Recognition of Prior Learning
RTO	Regional Training Organisation
RTON	Regional Training Organisation Network
RVTS	Remote Vocational Training Scheme
SIMGs	Specialist International Medical Graduates
StAMPS	Structured Assessment using Multiple Patient Scenarios
TCLTAC	Transition to College Led Training Advisory Committee