



ACRRM EVALUATION REPORT SUMMARY

(APRIL 2021 – APRIL 2022)

The Annual Evaluation reviewed the College's performance over the 12 month review period against its four key evaluation questions. In association with the College's Project Logic map these are used as measures of the College's progress toward meeting its long-term outcomes and its vision for "the right doctors, with the right skills, in the right places, providing excellent healthcare to rural people".

1. Are College programs managed effectively and sustainably?

ACRRM has seen substantial growth in terms of the scale and scope of its operations particularly with the transition to managing all functions of the AGPT program for ACRRM registrars from 2023. It maintains a sound legal and financial position and is comprehensively revising its financial and data systems to reflect the larger scale of operations.

ACRRM has maintained its status as an Australian Medical Council (AMC) accredited medical college which it holds provisionally until 2026. There has been growth in Fellowships (5%) and particularly in the training programs (17%).

Governance committees have comprised 28% new representatives suggesting strong engagement of new members. Governance has been strengthened through the membership of Aboriginal and Torres Strait Islander members and community representatives on peak governance bodies including Board, Council and Registrar Committee and the formalisation of the Aboriginal and Torres Strait Islander Members Group as a governance body.

2. Is the College attaining the leadership status to enable it to positively influence health systems?

The College has continued to build its national standing. It has been a leader in the National Rural Generalist Pathway (NRGP) implementation including the Medical Board of Australia application for specialist recognition. The College is represented on the peak bodies overseeing key sector reforms including, the Primary Health Care Reform Plan, the National Medical Workforce Advisory Committee, the Rural Generalist Strategic Council and overseeing bodies for the state/territory Rural Generalist support programs, and, the peak forums determining national frameworks for GP training.

The College's presence in national media, social media reach and its newsletter readership have continued to grow. Its written and personal representations to national policy consultations have increased.

The emerging arrangements for the national Continuing Professional Development framework continue to be an area of uncertainty in terms of the College's position in the sector.



3. Are College programs improving the supply of doctors to rural, remote and Aboriginal and Torres Strait Islander communities?

The College has continued to record unparalleled outcomes in training long-term rural doctors and its members continue extensively to provide broad scope practice with advanced care services.

National training surveys by the Medical Board of Australia and the Department of Health and Aged Care have continued to show ACRRM registrars well above national averages in terms of their commitment to serving in areas of highest needs including in practicing long term in rural and remote areas and in Aboriginal and Torres Strait Islander healthcare.^{1,2} The College has maintained its standard of around 80% of ACRRM Fellows overall and around 75% of ACRRM-trained Fellows, based in rural areas. External research of workforce outcomes found ACRRM Fellowship programs to be the most effective in producing long term rural and remote general practice doctors and doctors practicing advanced procedural skills, including when compared to those with Fellowship of the Advanced Rural General Practice. These comparators held for the more recent ACRRM-trained Fellows.³ ACRRM has increased its number of Aboriginal and Torres Strait Islander registrars to over 30 and Fellowed two Aboriginal doctors in 2021.

The number of College Fellows has grown by 19% over the past 5 years and 9% in the past 12 months. Registrar enrolments have remained high at around 250 new enrolments annually. The College's key challenge continues to be supporting these registrars through to Fellowship noting the significant challenges of training in rural/remote locations and attaining broad and advanced scope skills. Registrar withdrawal rates have been decreasing over the past 3 years.

4. Are College Fellowship standards reflecting the health service needs of rural, remote and Aboriginal and Torres Strait Islander communities?

A scan of available literature shows the College's training and CPD to be consistent with recognised best-practice for producing long-term rural doctors which is the key need for rural and remote communities. The evidence also pointed to FACRRM broad scope of practice being consistent with the demands on, and practices of rural doctors. There continues to be a need for better workforce and service data of rural advanced care and procedural practice across Australia to improve understanding of needs. College surveys have indicated members' views that healthcare workforce shortages were the key area of unmet need for their rural communities. They also pointed to unmet needs across a breadth of healthcare services, with key areas of need highlighted including mental health, lifestyle/population health issues such as nutrition, addiction, and domestic violence, hospital, maternity and emergent care services, and general chronic disease management.

1 Taylor et al. ACER (2021) ACER AGPT *National Report on the National Registrar Survey 2020*.

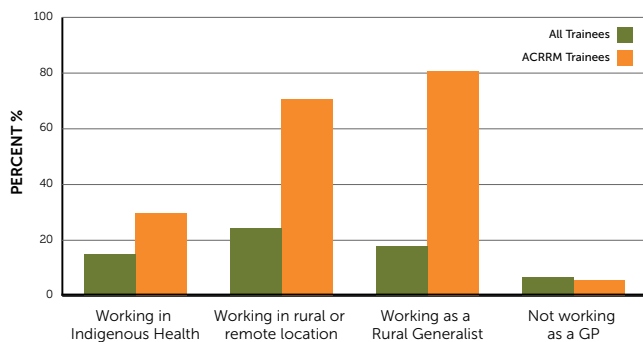
2 Medical Board of Australia and Ahpra (2021) *Medical Training Survey 2020*.

3 McGrail M, O'Sullivan B (2020) *Faculties to support General Practitioners working rurally at broader scope: A national cross-sectional study of their value*. International Journal of Environment Research and Public Health. 17(13), 4652.

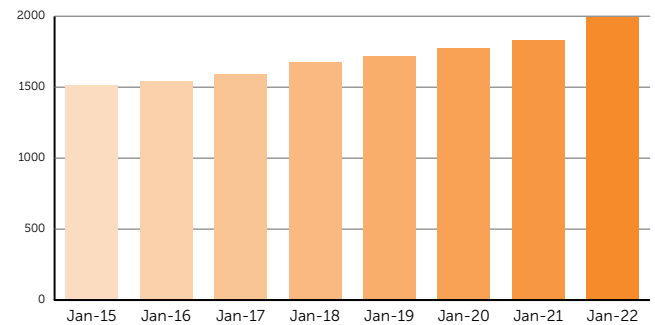
REPORT SNAPSHOT

	Target	Outcome	Rating
Fellowship growth	5% annual growth	9%	●
New Indigenous Fellows	Annual increase in Fellows	2 new Fellows	●
Advanced skills growth	5% annual increase - FACRRM MOPS participation	6%	●
Measure of Quality	MSF Aggregate pass rates =>80%	90%	●
Social media following growth	10% annual growth (all platform average)	13%	●
Newsletter readership growth	5% annual growth in weekly readership	24%	●
Registrar readiness by 360° feedback (MSF)	Over 80% average rating in MSF	96%	●
FACRRM supervisor pool	5% annual growth	1%	●
Training program growth	5% annual growth	17%	●

AGPT trainees career plan in 5 years⁴



Fellowship Growth 2015-2022

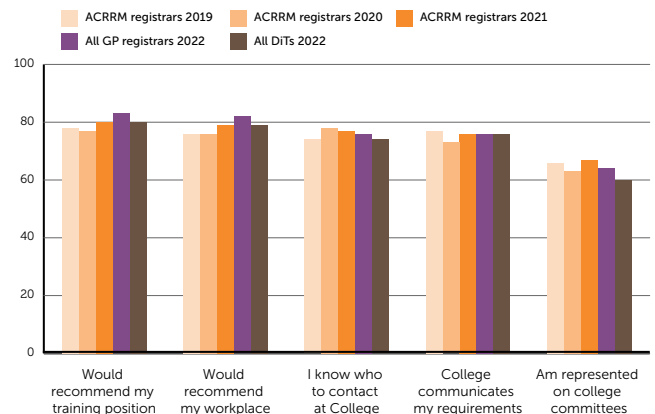


Medical Training Survey 2021: Workforce indicators⁵

	All GP registrars	ACRRM registrars	% Difference
Training in regional or rural areas	6% (All DITs)*	86%	46%
Training in rural areas	32% (All DITs)*	40%	16%
Interested in Indigenous healthcare	56%	72%	16%
Interested in rural practice	60%	94%	34%
Interested in teaching	66%	76%	10%

* All Doctors in Training national average given, national GP Registrar average not accessible.

Registrar Satisfaction key indicators⁶



4 Source: Taylor et al. ACER (2021) AGPT National Report on the 2021 National Registrar Survey – ACRRM.

5 Source: Medical Board of Australia and Ahpra (2021) Medical Training Survey 2021. [MedicalTrainingSurvey.gov.au](https://www.medicaltrainingsurvey.gov.au)

6 Source: Medical Board of Australia and Ahpra, Medical Training Survey 2019-21. [MedicalTrainingSurvey.gov.au](https://www.medicaltrainingsurvey.gov.au)

