Fellowship Training Program
HANDBOOK

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ACRRM acknowledges Aboriginal and Torres Strait Islander peoples as the custodians of the lands and waters where our members and staff work and live across Australia. We pay respect to their elders, lores, customs and dreaming. We recognise these lands and waters have always been a place of teaching, learning, and healing.

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Introduction

Welcome to the Australian College of Rural and Remote Medicine (ACRRM), the home of the Rural Generalist.

ACRRM is a professional college accredited by the Australian Medical Council to define standards and deliver training in the medical specialty of general practice.

ACRRM's standards and training program prepares medical practitioners to practise safely and confidently as Rural Generalists. Attainment of Fellowship (FACRRM) leads to specialist registration as a General Practitioner with the Medical Board of Australia.

Being a Rural Generalist means you have specific expertise in providing medical care for rural and remote or isolated communities. As a Rural Generalist you understand and respond to the diverse needs of rural communities including applying a population health approach, providing safe primary, secondary and emergency care, culturally safe Aboriginal and Torres Strait Islander people's health care and providing specialised medical care in one or more of the Advanced Specialised Training (AST) disciplines offered by ACRRM.

This handbook has been designed to support ACRRM's training program policies and provide you with comprehensive information to enable you to plan and tailor your training and education needs to attain Fellowship.

Curriculum

The ACRRM Rural Generalist Fellowship Curriculum provides a definition of Rural Generalist Medicine and describes the competencies, knowledge, skills and attributes required to be a rural generalist medical practitioner.

The curriculum informs the training, education and assessment requirements to achieve Fellowship. Therefore, an understanding of the curriculum is essential for all registrars.

The Curriculum competencies are structured under the eight domains of rural and remote practice.

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.

The curriculum consists of Core Generalist and Advanced Specialised components. Registrars must demonstrate meeting all competencies at the Core Generalist standard and choose one specialised area in which they demonstrate meeting the competencies at the Advanced Specialised standard.

These standards are described in the curriculum. The Curriculum also details the knowledge, skills and attributes in 37 clinical and non-clinical Learning Areas. The Learning Areas all include Core Generalised content and Advanced Specialised content is included for the approved AST disciplines.

Fellowship Training Program

Components of training

The training program is aligned to the eight domains of the ACRRM Rural Generalist Fellowship Curriculum and underpins the learning areas included in the Core Generalist and Advanced Specialised components of the Curriculum.

Core Generalist Training

Core Generalist Training (CGT) covers three years of training.

- developing broad generalist knowledge, skills and attributes in primary, secondary and emergency care in a rural and remote context, and
- fostering essential Rural Generalist knowledge and skills in paediatrics, obstetrics, and anaesthetics.

Advanced Specialised Training

Advanced Specialised Training (AST) covers one year of training (two years for Surgery AST)

- building on the Core Generalist competencies and increasing knowledge and skills in a procedural or non-procedural discipline
- in a specialised area relevant to the needs of rural communities
- to allow autonomous delivery in a defined scope of specialist clinical practice.

Training program summary

The table 1 below provides a summary of the training program requirements.

Fellowship Training Program		
Duration	Minimum 4 years	
Requirements	**Core Generalist Training (CGT)**	**Advanced Specialised Training (AST)**
Time	Minimum 3 years	Minimum 1 year (two years Surgery)
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 training requirements in the following:	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

	- primary care – 12 months FTE - secondary care - three months FTE - emergency care - three months FTE - rural or remote practice - 12 months FTE - paediatrics - obstetrics - anaesthetics	- Anaesthetics - Emergency Medicine - Mental Health - Obstetrics and Gynaecology - Paediatrics - Palliative Care - Population Health - Remote Medicine, and - Surgery.
Education	Successfully complete: - the education program as outlined and delivered by the College or training organisation - Rural Emergency Skills Training (REST - Advanced Life Support (ALS2)	Successfully complete: - the education provided by the training post and - specific courses as outlined for each of the AST
Assessment	Successfully complete: - Six-monthly supervisor reports - Nine 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: - Three-monthly reports - workplace based and standardised assessments as specified for each AST

Commencement of training

Registrars who hold general registration and are in postgraduate year (PGY) 2 must commence with CGT.

Registrars who hold general registration may commence AST training from PGY3 or above.

Registrars who hold limited or provisional registration require an individual training plan approved by the Regional Director of Training at the commencement of training.

Order of training

CGT and AST can be completed:

- Sequentially in either order, providing that prerequisites for the AST have been met or
- Concurrently, undertaking CGT and AST part-time.

If AST is undertaken at the beginning of training, a registrar must maintain currency in the discipline until the completion of training.

It is important to plan timing and sequencing of training, education and assessment activities. This training plan should be started at the beginning of training and reviewed regularly throughout training.

Core Generalist Training

Core Generalist Training (CGT) may be started at PGY 2 or above. Training program requirements must be met in four areas: time, training, education and assessment.

Time

CGT requires a minimum of three years full time equivalent (FTE) as described in the Training Time policy.

Training

All training must take place in accredited training posts. Training placements must provide the opportunity to gain the required scope, type and volume of clinical experience, at an appropriate level of responsibility.

ACRRM accredits training posts for CGT in regional, rural or remote areas of Australia. Accredited posts include general practices, Aboriginal and Torres Strait Islander medical services, hospitals, emergency departments and retrieval services.

ACRRM accredited training posts are generally suited to doctors who can function competently, with significant responsibility for making patient care decisions, under broad supervision.

ACRRM recognises training posts accredited by a state or territory Postgraduate Medical Council (PMC) as training placements for CGT. These posts are suitable for doctors requiring higher levels of supervision for example doctors who commence training in PGY2.

ACRRM also recognises training posts accredited by other specialist colleges as suitable for short term placements up to three months to fulfil mandatory training requirements. Posts accredited by other specialist colleges may also be suitable for long term placements such as for an AST, however ACRRM accreditation is required. All posts must be ACRRM accredited prior to the placement commencing. See Training Placements Policy.

Regional, rural and remote placements

Registrars are required to work in regional, rural and remote locations (MM2-7) and gain experience across primary, secondary and emergency care in rural practice in order to gain the competencies,

knowledge, skills and attributes described in the Core Generalist curriculum. All registrars must demonstrate minimum training requirements in these rural contexts.

While training requirements for primary, hospital and emergency care and rural and remote practice are defined separately they are designed to be covered concurrently. An ideal training placement involves working in a rural general practice, admitting into the local hospital, providing inpatient care and after hours cover in the emergency department. Experience in rural primary, secondary and emergency contexts can also be gained through several training placements.

Tertiary hospital placements

Doctors undertaking regional or rural hospital placements in their junior doctor years must seek a combination of placements that provide generalist skills relevant to rural practice, including where possible the following placements:

- General medicine
- General surgery
- Emergency
- Paediatrics
- Obstetrics and gynaecology; and
- Anaesthetics.

Other generalist placements that would be helpful to include are:

- Rehabilitation
- Aged care
- Palliative care
- Intensive care
- Psychiatry
- Emergency (additional placement)

Experienced doctors (PGY3 onwards) seeking to meet secondary care requirements ideally seek placements in regional or rural hospitals (MMM 2–7) where care is typically provided by generalists rather than large hospitals where care is provided primarily by non-GP specialists.

For further information see Training Placements Policy

Training requirements

The training requirements as described in the Training Program Requirements Policy.
Ensure that all training is undertaken in rural contexts. Registrars are encouraged to maximise their training time to gain the required competencies articulated in the https://www.acrrm.org.au/resources/training/curriculum.

Evidence explanation

Where the training occurred in an approved training placement, the regular six-monthly supervisor report is acceptable evidence. Where a specific training placement was undertaken, a Supervisor Report is required for the placement, the Verification of Clinical Experience proforma, End of Term Assessment report, or other Supervisor Report is acceptable.

Where a case log is provided as evidence, it is anticipated that all cases have been conducted by the registrar. To meet the training requirement, 50% or more cases must be conducted by the registrar.

Paediatrics requirement

Completed at PGY1 or above through one of the options below.

Competencies

The knowledge, skills and attributes that are being worked towards are defined in the ACRRM Rural Generalist Fellowship Curriculum: Paediatrics learning area.

Accreditation options

Train in a post holding one of the following accreditations:

- Postgraduate Medical Council (PMC) or
- RACP basic training or
- ACRRM CGT or
- ACRRM AST Paediatrics

Training options	Evidence required
10 weeks or more FTE paediatrics placement	End of Term Assessment
Six months or more FTE emergency department placement, (where children are seen)	Supervisor report **or** Verification of Clinical Experience proforma **and** Case log of 50 paediatric cases (16 years and under) in the Case Log Proforma
General Practice placement	Supervisor report **or** Verification of Clinical Experience proforma (if reports do not include dates and location this must be provided separately) **and** Log of 50 paediatric cases (16 years and under) in the Case Log Proforma
Integrated rural hospital placement	Supervisor report **or** Verification of Clinical Experience proforma (if reports do not include dates and location this must be provided separately) **and** Log of 50 paediatric cases (16 years and under) in the Case Log Proforma
Paediatrics outreach service placement, assisting a paediatrician (or paediatrics team)	Supervisor report **or** Verification of Clinical Experience proforma (if reports do not include dates and location this must be provided separately)

	and Log of 50 paediatric cases (16 years and under) in the Case Log Proforma

Accreditation options
Train in a post holding accreditation for AST Paediatrics

Training options	Evidence required
AST Paediatrics	Letter of completion

* PIERCE A Queensland Rural Generalist Program, Prevocational Integrated Extended Rural Clinical Experience. May cover anaesthetics, paediatrics and obstetrics providing enough cases are seen.

Obstetrics requirement

Completed at PGY1 or above through one of the options below.

Competencies

The knowledge, skills and attributes that are being worked towards are defined in the ACRRM Rural Generalist Fellowship Curriculum: Obstetrics and Gynaecology learning area.

Accreditation options

Train in a post holding one of the following accreditations:

- PMC
- RANZCOG Fellowship training or
- RANZCOG Associate Training Program (Advanced Procedural) (APTP)
- ACRRM CGT

Supervisor with appropriate obstetrics qualification/ credentialing when undertaking sessions

Training options	Evidence required
10 weeks or more FTE O&G placement	End of Term Assessment
Clinical attachment or work with an obstetric RG or specialist Obstetrician (minimum of 10 half day sessions over no more than 6 months)	Confirmation of 10 sessions (if relevant) Supervisor report **or** Verification of Clinical Experience proforma (if reports do not include dates and location this must be provided separately) **and** Case log of 25 antenatal and 25 postnatal cases in the Case Log Proforma **and** Demonstrate intrapartum care **ie,** through deliveries (listed in logbook) **or**

- through simulation by completing one of the following courses
    - Rural Emergency Obstetrics Training (REOT), **or**
    - Preparation in Maternity Safety (PIMS), **or**
    - RVTS workshops, **or** CRANA Maternity Emergency care course

General Practice placement	Supervisor report **or** Verification of Clinical Experience proforma
	(if reports do not include dates and location this must be provided separately)
	
	and
	Case log of 25 antenatal and 25 postnatal cases in the Case Log Proforma
	
	and
	Demonstrate intrapartum care **ie,** through deliveries (listed in logbook) **or**
	
	- through simulation by completing one of the following courses
	    - Rural Emergency Obstetrics Training (REOT), **or**
	    - Preparation in Maternity Safety (PIMS), **or**
	    - RVTS workshops, **or** CRANA Maternity Emergency care course

Integrated rural hospital placement	Supervisor report **or** Verification of Clinical Experience proforma
	(if reports do not include dates and location this must be provided separately)
	
	and
	Case log of 25 antenatal and 25 postnatal cases in the Case Log Proforma
	
	and
	Demonstrate intrapartum care **i.e.,** through deliveries (listed in logbook) **or**
	
	- through simulation by completing one of the following courses
	    - Rural Emergency Obstetrics Training (REOT), **or**
	    - Preparation in Maternity Safety (PIMS), **or**
	    - RVTS workshops, **or** CRANA Maternity Emergency care course

Accreditation options

As applicable for the program

Training options	Evidence required

[Certificate in Women's Health](#)

RANZCOG Associate Training Program (Procedural) (PTP)	Evidence of completion
RANZCOG Associate Training Program (Advanced Procedural) (APTP)	Evidence of completion

Anaesthetic requirement

Completed at PGY1 or above through one of the options below.

Competencies

The knowledge, skills and attributes that are being worked towards are defined in the ACRRM Rural Generalist Fellowship Curriculum: Anaesthetics learning area.

Accreditation options

Train in a post holding one of the following accreditations:

- PMC
- ANZCA training
- ACRGA

Supervisor with appropriate anaesthetic qualification/ credentialing when undertaking sessions

Training options	Evidence required
10-weeks or more FTE anaesthetics placement	End of Term Assessment
Six months or more FTE in a combination of placements providing anaesthetics skills (e.g. ICU, emergency, or retrieval)	End of Term Assessment **or** Supervisor report **or** [Verification of Clinical Experience proforma](#) (if reports do not include dates and location this must be provided separately) **and** Log 50 procedures selected from the Anaesthetic component in the Procedural Skills Logbook in the [Case Log Proforma](#)
Integrated rural hospital placement	End of Term Assessment **or** Supervisor report **or** [Verification of Clinical Experience proforma](#) (if reports do not include dates and location this must be provided separately) **and** Log 50 procedures selected from the Anaesthetic component in the Procedural Skills Logbook in the [Case Log Proforma](#)

Clinical attachment or work with an anaesthetic RG or a specialist Anaesthetist (minimum of 10 anaesthetic half day sessions).	Confirmation of 10 sessions Supervisor report **or** Verification of Clinical Experience proforma **and** Log 50 procedures selected from the Anaesthetic component in the Procedural Skills Logbook in the Case Log Proforma **Plus,** an advanced airways skills workshop, **or** RVTS workshop (RVTS registrars only)
ProStart Anaesthetics program This requires undertaking sessions with an anesthetist while working through the program	Certificate of completion
Advanced Certificate Rural General Anaesthetics (ACRGA)	Letter of completion

Primary care requirement

Primary care training of twelve months or more FTE at PGY 2 or above

Competencies

The competencies required are defined in Rural Generalist Fellowship Curriculum:

- Domain 2: Provide primary care

plus

- Domain 1: Provide expert medical care in all rural contexts
- Domain 7: Practise medicine within an ethical, intellectual and professional framework

Accreditation options

Train in a post holding ACRRM accreditation for

- CGT, to cover primary care

Training options	Evidence requirement
Twelve months or more FTE	Supervisor reports
Prorated over a longer period for part time To demonstrate continuity of care, primary care training must be undertaken - no less than two days per week (averaged over one month) or	Supervisor reports

in FTE blocks, of no less than three months duration

Secondary care requirement

Secondary care training of three months or more FTE at PGY 2 or above

Competencies

The competencies required are defined in ACRRM Rural Generalist Fellowship Curriculum:

- Domain 3: Provide secondary medical care

Plus

- Domain 1: Provide expert medical care in all rural contexts
- Domain 7: Practise medicine within an ethical, intellectual and professional framework

Accreditation options

Train in a post holding one of the following accreditations:

- ACRRM CGT, to cover secondary care or
- ACRRM AST
- Other Specialist College Accreditation – as relevant to training

Training options	Evidence required
Three months or more FTE of hospital placements providing skills relevant to rural practice, Experience should be at an appropriate level of decision making, for the level of an RG	End of Term Assessment **or** Supervisor report
Minimum of 60 inpatient rural generalist hospital shifts (minimum eight hours)	Supervisor report
Visiting Medical Officer (VMO) with admitting rights, admitting and managing care, for an average of three inpatients per week, over a period of at least 12 months	Supervisor report
Advanced Specialised Training in AIM, Mental Health, O&G. Paediatrics, Palliative Care or Surgery.	Evidence of completion

Emergency care requirement

Emergency care training of three months or more FTE at PGY 2 or above

Competencies

The competencies required are defined in the ACRRM Rural Generalist Fellowship Curriculum:

- Domain 4: Respond to medical emergencies

Plus

- Domain 1: Provide expert medical care in all rural contexts
- Domain 7: Practise medicine within an ethical, intellectual and professional framework

Accreditation options

Train in a post holding one of the following accreditations:

- ACRRM CGT to cover EM or
- PMC or
- ACEM Fellowship or Diploma, Certificate training, or
- AST EM training

Training options	Evidence required
Three months or more FTE emergency placement	End of Term Assessment **or** Supervisor reports
Minimum of 60, (minimum eight hour) shifts in an emergency department	Supervisor reports
Minimum 12 months FTE in an integrated rural hospital or hospital that provides 24/7 emergency cover, (demonstrating a minimum of 60 shifts)	End of Term Assessment **or** Supervisor reports
Minimum of 12 months of providing one in four after hours or weekend cover in an emergency department in a hospital that provides 24/7 emergency cover	End of Term Assessment **or** Supervisor reports
Advanced Specialised Training in Emergency Medicine	Evidence of completion

Rural and remote practice requirement

Rural and remote practice training of 12 months or more FTE at PGY 2 or above

Competencies

The competencies required are defined in the ACRRM Rural Generalist Fellowship Curriculum:

- Domain 8: Provide safe medical care while working in geographic and professional isolation

Plus

- Domain 1: Provide expert medical care in all rural contexts
- Domain 5: Apply a population health approach

- Domain 6: Work with Aboriginal, Torres Strait Islander, and other culturally diverse communities to improve health and wellbeing
- Domain 7: Practise medicine within an ethical, intellectual and professional framework

Accreditation options
Train in a post holding accreditation for ACRRM CGT, to cover Rural and Remote

Training options	Evidence required
12 months FTE living and working in rural or remote community (MM 4-7, or 3 case by case). May live and work in different communities providing they are both rural. The following options providing they total 12 months FTE are suitable: - living and working in the rural location averaging four or more days per week, for example regular fly in fly out arrangements - living and working FTE in rural location in blocks, each of at least three months duration	Supervisor report

Accreditation options
Prospective approval where time permits Retrospective for short notice deployments

ADF registrars may include up to six months FTE for the following deployments: - at sea aboard a Navy ship - leading the treatment team in remote field environment - in a military field hospital - in an aeromedical evacuation - or other types of work as approved This applies to deployments as a medical officer of 14 or more continuous days, including pre-activity preparation and post activity refurbishment, but not travel.	Supervisor report Evidence of: - time and - role and - case/treatment log

Orientation

All registrars are required to actively participate in, and complete, the face-to-face regional orientation to primary care.

Education

Education program

All registrars are required to actively participate in the ACRRM Fellowship Education Program. This consists of the following:

- Online Semesters A, B, C and D
- Virtual national education workshop for Semesters A and B
- Face to face national education workshop for Semesters A and B
- Cultural education:
    - upon commencement on the Fellowship program
    - when the placement region changes

Refer to Appendix 3 for Education Release requirements, Training Programs requirements and Performance and Progression Policies

RVTS registrars, should refer to your training organisation for your education requirements.

Participation in the education program counts towards Training Time.

Emergency medicine courses

- Rural Emergency Skills Training (REST) completed once during training.
- Advanced Life Support 2 (ALS2) completed once during training or 3 years prior to Fellowship.

Assessment

Registrars must satisfactorily complete the following assessments during Core Generalist Training.

- Supervisor reports, each six months, or at the end of a training placement if less than six months
- Nine mini–Clinical Evaluation Exercises (miniCEXs), conducted by supervisors, medical educators and other Fellows of ACRRM
- Certification of the Procedural skills Logbook
- Multi-Source Feedback (MSF), early in training, ideally while working in primary care

Obtain a pass grade in the following assessment by the end of training

- Multiple Choice Questions (MCQ)
- Case Based Discussion (CBD)
- Structured Assessment using Multiple Patient Scenarios (StAMPS)

Information on these assessment and resources available to assist with preparing for assessment are provided in the Fellowship Assessment Handbook.

Assessment eligibility requirements must be met prior to enrolling into an assessment see the Assessment Eligibility policy.

Advanced Specialised Training

Advanced Specialised Training (AST) may be undertaken at any stage of training providing that registrars are at least postgraduate year three or above. It is expected that registrars have core generalist knowledge and skills in the discipline prior to commencing AST.

Training

AST may be undertaken as full time or part time training or in two or more blocks as appropriate to the discipline. Training must be undertaken in a training post accredited by ACRRM and be supervised by ACRRM accredited supervisors.

Education

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

Registrars are expected to participate in the relevant Specialist College registrar education program where this is provided by the Training Post. The Specialist College education program should be supplemented with (or when a program is not provided, replaced with) education activities tailored to the AST curriculum. These education activities may come from a variety of sources. Courses that are provided or accredited by ACRRM are mapped to the Rural Generalist Fellowship Curriculum to enable relevant courses to be identified. Search under Online Learning for the relevant curriculum Learning Area provided by ACRRM.

Registrars are encouraged to consider working towards related academic qualifications while undertaking their Advanced Specialised Training; especially when undertaking an AST in Population Health, Remote Medicine, Aboriginal and Torres Strait Islander Health, Academic Practice and Mental Health. This may include work towards Graduate Certificate, Graduate Diploma, or master's level qualifications in a related area.

Assessment

The following changes apply to registrars who commence an AST in 2021. Registrars who commenced an AST in 2020 or earlier are required to complete the requirements that applied when their AST commenced.

The supervisor report is replaced by a Plan and Progress Report which begins with a training plan and is updated by the registrar and supervisor every three months. The report is submitted to the training organisation and ACRRM at training@acrrm.org.au along with completed workplace-based assessments and course certificates.

Registrars are strongly encouraged to complete and submit case-based discussions conducted by a supervisor in addition to miniCEXs conducted by their supervisor. In the procedural ASTs some miniCEXs may be replaced by Direct Observation of Procedural Skills (DOPS). Formative workplace-based assessments forms may be found here.

Information and requirements for each type of assessment are provided in the Assessment Handbook.

AST options

There are twelve AST disciplines to choose from that will meet AST requirements. The time, training, education and assessment requirements for each AST disciplines are provided below.

It is expected that registrars will undertake one AST within their Fellowship training time to achieve Fellowship.

Information on individual ASTs can be found at the links below

Advanced Specialised Training	Link to Fact sheet and Handbook
Aboriginal and Torres Strait Islander Health	Aboriginal and Torres Strait Islander Health Factsheet and Handbook
Academic Practice	Academic Practice Factsheet and Handbook
Adult Internal Medicine	Adult Internal Medicine Factsheet and Handbook
Anaesthetics	ANZCA website
Emergency Medicine	Emergency Medicine Factsheet and Handbook
Obstetrics and Gynaecology	RANZCOG website
Mental Health	Mental Health Factsheet and Handbook
Paediatrics	Paediatrics Factsheet and Handbook
Palliative Care	Palliative Care Factsheet and Handbook
Population Health	Population Health Factsheet and Handbook
Remote Medicine	Remote Medicine Factsheet and Handbook
Surgery	Surgery Factsheet and Handbook

Training Program Policies

View training program policies

Training

Eligibility for Training

This policy describes the eligibility requirements to apply to the ACRRM Training Program. It covers eligibility for first time applicants, repeat applicants and applicants who have previously been accepted for training but not completed.

Recognition of Prior Learning

This policy aims to provide guidelines for the granting of recognition of prior learning that is deemed comparable to the training program requirements for training, education and assessment program.

Recognition of prior learning is assessed in consideration of currency of experience, skills, knowledge and time.

Training Program Requirements

This policy defines the requirements that must be met to complete the ACRRM Training Program.

Performance and Progression

This policy sets the requirement for registrars to demonstrate progression through training and to improve the level of performance during training. Registrars must achieve Fellowship within 10 calendar years from the commencement of training unless there are extenuating and unforeseen circumstances.

Training Time

This policy defines the minimum Training Time for registrars on the ACRRM Training Program. It defines how training time is accrued and provisions for part-time training.

Training Placements

This policy sets the requirements that need to be met to have a placement count towards Training Time.

Overseas Training Placements

This policy sets the requirements that need to be met for training placements to be undertaken outside Australia.

Medicare Provider Number

The policy defines the situations where ACRRM will support an application to be placed on the Register of Approved Placements while in training, and when advice will be provided to Department of Human Services (DHS) to remove a registrar from the Register of Approved Placements.

Registrar in Difficulty

This policy defines 'a registrar in difficulty' in the context of the Training Program and defines the responsibilities for the registrar, training post, training organisation and the college when a difficulty is identified.

Leave from Training

This policy defines what leave can be taken while in training, including statutory and additional leave.

Training Pathway Transfer

This describes the policy to transfer within the Fellowship Program.

Withdrawal from Training

This policy defines voluntary and involuntary withdrawal from training, the reasons for actioning involuntary withdrawal and the actions that follow withdrawal.

Doctors who have withdrawn either voluntarily or involuntarily may apply for re-entry to training, acceptance is at the discretion of the College.

Assessment

Assessment Eligibility

This policy defines eligibility requirements to enrol in and undertake assessments, rules around reattempting assessments and undertaking assessments while on leave from training.

Special Consideration policy

This policy describes the criteria by which candidates may apply for reasonable adjustments to accommodate for circumstances beyond their control and which is likely to affect participation in assessment.

Conduct and behaviour

Academic Code of Conduct

The Code of Conduct aims to provide a clear statement of the College's expectations of doctors participating in education or training programs in respect to personal and professional conduct and a duty to disclose a review of or changes to medical registration.

Academic Misconduct

The Academic Misconduct Policy defines how alleged breaches of the Academic Code of Conduct are investigated and the penalties that may be applied for proven misconduct.

Reconsideration, Review and Appeals

This policy defines College decisions that can be reconsidered, reviewed, or appealed. The policy defines the processes and timeframes and the possible outcomes.

Comments, compliments and complaints

ACRRM welcomes all feedback from registrars and others to enable continued improvement of training. Any formal complaints received by the College will be managed appropriately and will also be de-identified and considered for the purposes of ongoing program improvement. Feedback is encouraged anytime:

- by phoning 1800 223 226 or emailing our training team training@acrrm.org.au; or
- by emailing the Registrar committee registrarchair@acrrm.org.au

Complaints

The complaints policy outlines the principles and processes for handling complaints. It is applicable to any person accessing College services or programs.

ACRRM invites registrars to provide feedback via online surveys:

- following education or assessment events
- training program feedback surveys, and
- as required around specific areas.

Resolving problems

If you have a problem or concern during training the following general principles should assist you to resolve the concern.

- Direct contact is usually the quickest and most effective way to resolve an issue. Raise the issue with the person involved and explain your point of view. Under normal circumstances, this discussion should occur as close to the time of the relevant event as possible.
- If you feel that the issue was not dealt with appropriately as a result of speaking with the person most directly involved, or if you feel uncomfortable speaking with the direct contact, then you should speak with the next senior person of responsibility.
- If you still feel that the issue has not been resolved satisfactorily, you should speak with someone in a senior management position in the organisation responsible.
- If you feel that the issue has not been resolved satisfactorily, lodge a formal complaint in writing.
- There are many organisations involved in general practice training and it may not always be clear where to direct your concern. You may wish to seek guidance on where to direct your concern from ACRRM. As a general guide, the areas of responsibility for the College include the following:
- Delivery of assessment
- Delivery of education and support
- Ensuring College Standards for Supervisors and Teaching Posts and Standards
- and deliver training in accordance with the ACRRM curriculum
- Delivery of placement matching and approvals
- Delivery of payments to support training

Accessibility and support

Access to Training

This policy describes how the College seeks to ensure that doctors with a disability can access and participate in the ACRRM Training Program on the same basis as other doctors. It applies to selection into training and during training.

Refund

This policy details the circumstances under which refunds are paid.

Information, support and advocacy

ACRRM training and assessment requirements are outlined in this handbook and the assessment handbook as well as ACRRMs training and assessment policies.

You may contact the College at any time by phone on 1800 223 226 or email. If your query relates to:

- Training, your training program advisor will be your best contact. Region Information -
  training.qld@acrrm.org.au
  training.nt@acrrm.org.au
  training.wa@acrrm.org.au
  training.sa@acrrm.org.au
  training.vic@acrrm.org.au
  training.tas@acrrm.org.au
  training.nswact@acrrm.org.au

- Registrar Liaison Officer

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  RLO.TAS@acrrm.org.au
  RLO.VIC@acrrm.org.au
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- Assessment, the assessment team will be your best contact. Email:
  assessment@acrrm.org.au

- Membership, ask for the Member Engagement Team when you call the College or
  email: membership@acrrm.org.au

There is a range of available resources, communities and groups through the College and externally for you to connect and network, share your views and find support, including:

Rural Medicine Australia conference

ACRRM and Rural Doctors Association host the Rural Medicine Australia (RMA) annual conference and scientific forum each October. The conference includes a wide range of presentations and workshops relevant to rural and remote practice.

Research Grants

Registrars training on the AGPT pathway who wish to undertake research as part of training may apply for a funded Academic Post. A registrar in an academic post will work 0.5 FTE in an academic institution and 0.5 FTE in a clinical position in an accredited training post. Registrars may choose to undertake Advanced Specialised Training in Academic Practice, Population Health, Aboriginal and Torres Strait Islander Health or Remote Medicine. The topic of the research and the post where clinical work is undertaken will determine which AST is appropriate.

ACRRM Registrar Committee

The committee provides registrars of the College with an opportunity to provide feedback, suggestions, and advice to the ACRRM Board and Council, which ultimately determines College policy and direction. The Registrar Committee aims to have membership from all training pathways. The Committee represents the views of registrars in Committees of the College including the College Board, College Council, Education Council, Education and Training Committee and Assessment Committee.

The Registrar Committee also represents and advocates for ACRRM registrars on a range of external national fora.

If you have any suggestions or feedback for the committee, or would like to join the committee, or get more involved – please email: registrarchair@acrrm.org.au.

Registrars Online Community

Registrars have access to their own exclusive community on Connect@ACRRM. Connect@ACRRM is an online forum where you can communicate, collaborate and connect with fellow registrars across Australia. Through the dedicated Registrars Community, you can engage in conversation about member-driven topics regarding your education and training journey, work life balance, or life as a Fellow.

Now available on desktop and mobile devices! Conveniently access Connect@ACRRM on the go by downloading the new app. Anywhere, anytime, all the features now fit into your back-pocket. Google Play (Android) App Store (Apple iOS)

Industry-relevant resources, professional learning opportunities, and other members' insights on industry-specific topics are just a click away. To find out more, please visit https://connect.acrrm.org.au/home

General Practice Registrars Australia

General Practice Registrars Australia (GPRA) is an independent, not-for-profit organisation. It is funded by the federal government to provide advocacy services for registrars on employment and policy issues in general practice. For further information see: https://gpra.org.au/

Employee Assistance Program

If you are experiencing workplace, training, exam, or other stresses or issues that are impacting your personal well-being you can call ACRRM's Employee Assistance Program.

ACRRM's Employee Assistance Program is available to any registrar and provides immediate confidential phone counselling support 24 hours, 7 days a week in Australia & Overseas. Phone 1800 818 728.

Counselling aims to resolve work or personal problems before they adversely impact general well-being.

Additional resources and practical advice are available on the Employee Assistance Program website.

Doctors Health Advisory Service (DHAS)

DHAS operate a telephone Help Line and are available to provide confidential personal advice to practitioners facing difficulties. They also provide health promotion and educational information through their website, and they provide lectures to interested groups.

The advice is used mostly in relation to stress and mental illness, drug and alcohol problems, or personal and financial difficulties. More information is available here: http://dhas.org.au/contact/contact-dhas-in-other-states-territories-and-new-zealand.html

CRANAPlus Bush Crisis Line

This service has a trained psychologist available 24 hours, 7 days a week through a phone counselling service to all remote and rural registrars, health workers and their families who may be in distress with support and assistance every day of the year at 1800 805 391. More information is available here: https://crana.org.au/support

DRS4DRS

The Drs4Drs website is provided by Doctors Health Services and offers doctors and medical students access to resources to support their own health and wellbeing, as well as training modules to support doctors who treat other doctors. More information is available here: https://www.drs4drs.com.au/

Beyond Blue

Beyond Blue provides free, confidential, 24 hours, 7 days a week phone counselling services for people experiencing mental stress or illness at 1300 22 4636. Further information regarding these and other national services is available here: https://www.beyondblue.org.au/

Building respectful workplaces

ACRRM is committed to promoting and upholding safe and respectful workplaces and communities with a culture of belonging; where diversity is celebrated, and people can reach their full potential.

Accordingly, the College framework to address issues of Bullying, Discrimination, Harassment and Racism is based on a resilience paradigm, emphasising proactive and preventive approaches to encourage positive behaviours across entire workplace cultures.

While regulatory processes are in place our focus is on creating training and work environments for our members which understand and value respectful behaviours and which enable the individuals within them to learn, improve, and support their peers towards creating a better workplace

An overview of the College framework for preventing and addressing bullying, discrimination, racism and harassment is provided here.

Appendix 1 Glossary

Word/Term	Definition
Additional leave	Leave taken by a registrar when not working, or undertaking work that is not able to count towards Training Time
Advance Life Support (ALS)	ALS skills and knowledge must include: • An understanding of, and practical competence in, one-person and two-person expired air resuscitation and external cardiac compression • Competence in airway management techniques that include Guedel airway, bag and mask, oxygen therapy and either laryngeal mask or intubation • Demonstrated ability to efficiently use automated external defibrillators (AEDs) and/or biphasic defibrillators • Demonstrated ability to identify and manage basic arrhythmias; and • Competence in intravenous access and drug therapy.
Candidates	Doctors enrolled to undertake an assessment
Competency	Observable abilities that require the integration of multiple knowledge, skills and attributes
Education program	The education that is provided during training; this may be provided by the training post, training organisation or the College.
MMM	The Modified Monash Model is a geographic classification system that categorises metropolitan, regional, rural and remote areas. For more information on the MM system see: https://www.health.gov.au/resources/apps-and-tools/health-workforce-locator/app
Formative assessments	This includes supervisor reports, miniCEX and other assessments undertaken by supervisors or medical educators
Summative assessments	Multi Choice Question exam, Multi-source Feedback, Case Based Discussion, Procedural Skills Logbook, Project and StAMPS for Core Generalist Training and as relevant for Advanced Specialised Training.
Training	Working in an accredited training post under supervision.
Training Placement	Placements that count towards Training Time and may meet Training Program Requirements
Training plan	A prospective map of the training journey, planning when and where Training Program Requirements will be met
Training Pathway	A funding option for ACRRM Fellowship Training Program i.e. AGPT, RGTS, IP and RVTS
Training Post	Facilities accredited by the ACRRM to provide training on the ACRRM Training Program
Training Program Requirements	Requirements that must be met to complete the ACRRM Training Program
Training Time	Minimum training time required to meet Training Program Requirements

Appendix 2 Acronyms and Abbreviations

ACRRM and	Australian College of Rural Remote Medicine		JCCA	Joint Consultative Committee for Anaesthesia
AGPT Training	Australian General Practice		JCTS	Joint College Training Services
AHPRA	Australian Health Practitioner Regulation Agency		MCQ	Multiple Choice Questions
			MSRPP	Medical Superintendent with Right of Private Practice
ALS	Advanced Life Support		MMM	Modified Monash Model
AMC	Australian Medical Council		MSF	Multi-Source Feedback
AMS	Aboriginal Medical Service		PGY	Postgraduate year
AST Training	Advanced Specialised		PMC	Postgraduate Medical Council
CBD	Case Based Discussion		RANZCOG	Royal Australian and New Zealand College of Obstetricians and Gynaecologists
CGT	Core Generalist Training			
CRANA Nurses of	Council of Remote Area Australia		REOT	Rural Emergency Obstetrics Training
DHAS Service	Doctors Health Advisory		REST	Rural Emergency Skills Training
			RFDS	Rural Flying Doctors Service
RGA	Rural Generalist Anaesthesia		RGTS	Rural Generalist Training Scheme
FACRRM College of Medicine	Fellowship of Australian Rural and Remote		RPL	Recognition of Prior Learning
			RVTS	Remote Vocational Training Scheme
FASP	Focused Assessment Support Program		StAMPS	Structured Assessment using Multiple Patient Scenarios
GPRA Australia	General Practice Registrars		VMO	Visiting Medical Officer
IMG Graduate	International Medical			
IP	Independent Pathway			

Appendix 3 Table of changes to training requirements

The core components for training have remained relatively constant since training was implemented. However there have been several adjustments to make requirements more explicit or to articulate flexibility. The table below describes changes made and when they were introduced.

Registrars are required to meet the training requirements in place at the time of enrolment but may choose to move to revised requirements.

Year Training Commenced	CCT 12 months	PRRT 24 months	AST 12 months	Online Learning modules	EM courses	Education
2007	Rotations: AIM, Surgery EM, Paeds and recommend Anaesthetics O&G	Range of rural posts including GP, hospitals, AMS, retrieval must be accredited	Ten disciplines named Individual training plans	Any four modules	Two EMST, APLS, ELS, ALSO or equivalent	N/A
2008	No change	No change	No change	No change	No change	N/A
2009	Rotations: AIM, Surgery, EM Paeds, Anaesthetics, O&G	No change	No change	No change	2 tier 1, or 1 tier 1, and 2 tier 2	N/A
2010	Alternatives to rotations described	No change	Curricula published: EM, Remote Health, ATSI, Assessments required for these ASTs	No change	No change	N/A

Year Training Commenced	CCT 12 months	PRRT 24 months	AST 12 months	Online Learning modules	EM courses	Education
2011	No change	No change	Curricula published: AIM, Mental health, Surgery, Paeds Assessments required for these ASTs	Only those with a green flag	No change	N/A
2012	No change	6 months community primary care and 6 months rural Formative miniCEX required	No change	No change	No change	N/A
2013	No change	No change	Academic practice named as a discipline. Registrars apply under individual training plan	No change	No change	Education program 32 virtual classrooms & 2 workshops
2014	No change	6 months community primary care,6 months hospital emergency care and 12 months rural	No change	No change	Courses must be within 10 years of Fellowship, providing one ALS is within three years of Fellowship	No change
2015	No change	No change	No change	No change	No change	No change

Year Training Commenced	CCT 12 months	PRRT 24 months	AST 12 months	Online Learning modules	EM courses	Education
2016	Alternatives increased. Evidence to demonstrate completion of skills sets defined; logbook and supervisor report	Definition of requirements for hospital and emergency care; community primary care and population health and R&R. Case Based Discussion replaced MiniCEX as a summative assessment. Applied to all registrars commencing training in 2016. MiniCEX maintained as formative assessment requirement.	Academic Practice added as an AST option. Revised curricula: EM, Paeds, Mental Health, Pop, Remote, ATSI Minor changes to prerequisites and formative miniCEX required for all clinical ASTs	Now referred to as FACRRM recommended modules	REST mandated as one of the tier 1 courses	No change
2017	Training plan required Maximum RPL reduced to 2 years on AGPT and RVTS and 3 years for IP, training plan must be submitted with RPL application	Options for flexibility defined	No change	No change	No change	No change

Year Training Commenced	CCT 12 months	PRRT 24 months	AST 12 months	Online Learning modules	EM courses	Education
2018	Currency of experience required to apply for RPL reduced to: CCT within past seven years, PPRT within past five years and AST within past two years. Must undertake minimum six months community primary care while in training.	No change	No change	No change	No change	No change
2019	No change	Time restrictions removed from PRRT posts. Registrar must continue to meet mandatory requirements for experience in domains of rural practice. Minor changes to Procedural Skills Logbook. 100% essential skills must be completed and at least 75% of important skills.	No change	No change	No change	National education program restructured and renamed as Semesters A and B

Year Training Commenced	CCT 12 months	PRRT 24 months	AST 12 months	Online Learning modules	EM courses	Education
2020	CCT and PRRT merged into Core Generalist Training (CGT). No change to requirements, but there is more flexibility for experienced doctors to commence training in either hospital or general practice. Continued refinements in options and evidence to meet Paediatrics, Obstetrics and Anaesthetics.		Palliative care added as an AST option.	No change	No change	No change
Year Training Commenced	**CGT**		**AST 12 months**	**Online Learning modules**	**EM courses**	**Education**
2021	No change		6 monthly Supervisor report replaced with the 3 monthly Plan and Progress Report. Formative CBD encouraged.	No change	No change	No change
2022	No change		No change	No longer a requirement	No change	No change
Year Training Commenced	**CGT**		**AST 12 months**	**EM courses**	**Education**	

2023	Sydney Child Health program no longer delivered. Education (not clinical) only requirements can be met by Graduate Certificate of Child Health and Graduate Diploma of Child Health	APEM no longer available equivalent now PEM REST removed as Education requirement option for AST EM and AST AIM if completed after 17 June 2023. JCCA replaced with ACRGA	REST course no longer includes ALS from 17 June 2023	Online semesters C and D mandatory training requirements
2024	Evidence to demonstrate completion of skills sets defined Removed Courses requirement & procedural skills logbook from Paediatrics evidence Removed procedural skills logbook from obstetrics & anaesthetics evidence requirements Removed EOT as evidence for OBs – Clinical attachment, GP placement. Removed EOT as evidence for Paeds – 6 months for more FTE in emergency. Emergency Care Training Option of 12 months providing 24/7 cover & 12months FTE in Integrated rural hospital evidence required updated to include "roster may be requested"	Updated DRANZCOG to RANZCOG Associate Training Program (Procedural) (PTP) Updated DRANZCOG Advanced to RANZCOG Associate Training Program (Advanced Procedural) (APTP)	ALS2 identified as the training requirement with effect Semester 2 2024 onwards Removed from EM courses - Completed by the end of second year CGT Tier 1 & Tier 2 Courses removed from Handbook but still applicable for those prior to 2024.2 cohort. APPENDIX 4 list of approved courses.	Orientation to Primary Care and Cultural Education identified as the training requirement with effect Semester 2 2024 onwards Updated education requirements and release days

	Emergency Care Training Option – minimum 60 shifts evidence "removed EOT" Secondary Care Training Option – Added in AST Palliative Care Secondary Care Training Option for Three months or more FTE of hospital placements removed wording to refer to Tertiary hospital placements section page 7 with Experience should be at an appropriate level of decision making, for the level of an RG		
2025	6 months community primary care changed to 12 months community primary care from 2025.2 Training organisation records (RIDE Report) for evidence of training time and requirements for CGT PC, Sec, EM, R&R pre 2023 **or** Verification of clinical experience proforma – removed as supported evidence only applicable based on historical records this is not the standard.		Tier 1 & Tier 2 Courses removed from Handbook no longer need to complete and not cohort dependent. New minimum is REST & ALS2.	

Policy Information

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