

FELLOWSHIP



SUPERVISORS AND TRAINING POSTS

STANDARDS



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ACRRM acknowledges Australian Aboriginal People and Torres Strait Islander People as the first inhabitants of the nation. We respect the traditional owners of lands across Australia in which our members and staff work and live and pay respect to their elders past present and future.

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Introduction

These Standards apply to supervisors and training posts training registrars on the ACRRM Fellowship Training Program. The Standards apply to Core Generalist and Advanced Specialised Training in all disciplines. They apply to primary, secondary, emergency and retrieval services providing ACRRM training.

The domains, standards and criteria are the Accreditation of Training Sites for Specialist Medical Training: [AHMAC agreed standards](#)

These standards are outcome standards and do not prescribe inputs, such as number of hours, percentages, etc. The description of evidence is outlined by ACRRM; it provides guidance around the College expectations for the ACRRM Fellowship Training Program.

The competencies, knowledge, skills and attributes to be gained through training in these posts are described in the [Rural Generalist Curriculum](#).

Definitions

ACRRM uses the following definitions:

Training post

A training post refers to the accredited health service in which the registrar trains, under supervision, to meet the ACRRM training program requirements. ACRRM training posts are in primary, secondary, emergency and retrieval services. A training post may be a single health service or several health services.

Registrar

A registrar is a doctor training on the ACRRM Fellowship Training Program.

Supervisor

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

The **Principal Supervisor** is the doctor responsible for the overall clinical and educational supervision of a registrar in the training post. A registrar must always have a principal supervisor.

An **Additional Supervisor** contributes to the clinical and educational supervision for a registrar. An additional supervisor provides supervision at times when the registrar cannot access the principal supervisor.

Domain 1 Promotes the health, welfare and interests of trainees

Standard 1.1 Governance, safety and quality assurance.

Criterion 1.1.1 A training site has clear governance structures which support:

Education and training

Evidence that demonstrates training systems are established, including documentation relating to:

- composition of the training post; describing the main health service and any other associated sites or services
- methods of health service provision for example face to face and telehealth
- orientation program for training post and evidence of its implementation
- registrar training/education program, for example timetables of teaching, learning, feedback activities
- supervisor training and development provided by the training post or provided by others and facilitated to attend by the training post
- reporting and engagement with associated training organisation/s

Workplace health, safety and welfare of trainees

Evidence of documentation and implementation of policies and processes that cover the following areas for registrars

- wellbeing support
- respectful workplaces
- cultural safety
- registrar grievances/complaints
- safety: including physical safety at the health service, during travel, home visits and after-hours, fatigue management and safe working hours
- responding to emergencies
- specification of issues that require urgent and non-urgent notification
- how to contact supervisory/support staff including during and after hours, during telehealth consultations and the process for when contact cannot be made with supervisor for an urgent matter

Improved training safety and quality

Evidence of effective systems to measure and improve training safety and quality, including:

- identification and management of registrars in difficulty
- safe ways for registrars to provide feedback on the training post
- ensuring an adequate volume and standard of staffing to ensure appropriate levels of registrar support
- critical incidents and adverse events identification, management and reporting to relevant organisations including training organisation/s

Trainee participation in governance

Evidence that the registrar is involved in the health services team, for example

- attendance at staff meetings
- attendance at multidisciplinary team meetings
- contribution to policies and protocols
- involvement in quality processes

Criterion 1.1.2 Trainee management structures are effective

Evidence of clear and adequate organisational management arrangements for registrars, including monitoring that

- job responsibilities are clear and at an appropriate level and scope for training
- registrar employment arrangements are consistent with requirements of the training pathway, for example National Terms and Conditions for Employment of Registrars for registrars training on AGPT or employer eg state health
- appropriate medical registration is held by registrars and supervisors and doctors are aware they have a duty to disclose if charged with a criminal offence, or receive notice of review or changes to medical registration status
- appropriate insurance is held by registrars, supervisors and the training post

Criterion 1.1.3 There are appropriate quality assurances in place

Evidence that the health service is suitably equipped and has access to diagnostic and medical services to allow the registrar to practise safely, including

- holding accreditation relevant to type of health service
- demonstrating essential clinical equipment, systems for clinical records and registers, access to diagnostic and medical services as appropriate for type of health service
- demonstrating that the equipment, records and services can be accessed whenever/wherever the registrar is working including when providing telehealth and working away from the main health service
- showing how information is gathered, analysed and acted upon to improve the quality of the health service
- demonstrating quality assurance processes appropriate to the type of health service for example: quality audits, mortality and morbidity meetings, significant event management systems

Standard 1.2 Infrastructure, facilities and educational resources

Criterion 1.2.1 There are appropriate educational resources, and these are available to trainees.

Evidence of relevant, current resources, for registrars, including

- clinical and decision support resources that are accessible while working and
- education and training resources available and how they can be accessed

Criterion 1.2.2 The training site provides a physical environment that supports trainees

Evidence of the physical environment providing the registrar

- with a quiet space with computer and internet access for teaching, learning and study
- in primary care with a suitably equipped dedicated patient consultation room or with resources that can be easily moved to available patient consultation room

Domain 2 Ensure trainees have the appropriate knowledge, skills and supervision to deliver quality patient care

Standard 2.1 Training post specialist staffing and supervision

Criterion 2.1.1 There are appropriate staff to ensure effective supervision of trainees at all times

Evidence that demonstrates all the following

- Registrars have a nominated, documented supervisor who is responsible for their overall clinical and educational supervision
- An accredited supervisor is accessible either face to face, or virtually when a registrar is working, including when providing telehealth
- Other health professionals contribute to the supervision of registrars
- The level of supervision is tailored to individual registrar needs
 - a supervision plan is documented and accessible to the registrar
 - supervision plans that involve off site and team supervision are agreed by the registrar and are submitted to the training organisation and College for approval
- Supervisors
 - are professional and clinical role models, exhibiting a high standard of clinical competence and professional values in relation to patient care
 - possess personal attributes suited to undertaking a supervisor role, including well developed communication and interpersonal skills, self-awareness, open mindedness, reliability, innovation, resourcefulness, flexibility and an understanding of their limitations

These supervisor qualities may be evidenced in a combination of ways, for example, having:

- current registration with the Medical Board of Australia
- specialist registration in a discipline relevant to the type of health service
- compliance with the professional development requirements of their College
- other qualifications relevant to the supervisor role
- the type of experience relevant to the type of health service
- a volume of experience relevant to the level of training; core generalist or advanced specialist training
- positive references
- positive registrar feedback

Criterion 2.1.2 Supervisory staff understand their roles and responsibilities and are supported in their supervisory roles

Evidence that supervisors demonstrate all the following:

- Knowledge of the requirements for supervisors
- Knowledge of the ACRRM Fellowship Training Program
- Completion of initial and ongoing training as a supervisor
- Skills in assessing and providing feedback on performance
- Provision of the required level of supervision and support
- Completion of required workplace based assessments and supervisor reports
- Collaboration with the registrar to plan graduated exposure to activities
- Use of a range of teaching methods
- Use of a range of educational resources

Standard 2.2 The provision of clinical experience and work is relevant

Criterion 2.2.1 The training site and/or training network provides the appropriate breadth and volume of clinical experience

Evidence that demonstrates the training post

- is in a regional, rural or remote location (MMM 2-7) or demonstrates clinical experience appropriate for rural generalist training
- occupies the registrar with clinical work for most of the working day
- manages the patient workload for the registrar
- adjusts the number of patients seen per hour according to the experience and competency of a registrar

Evidence that Core Generalist Training posts provide clinical experience in one or more of the following Rural Generalist Curriculum domains:

- Primary care
- Secondary care
- Emergency care
- Rural or remote practice, be categorised
 - Modified Monash Model Category (MMM) 4-7 or
 - MMM3 and provide relevant experience.

Evidence that Advanced Specialised Training (AST) posts provide relevant clinical experience for an AST in:

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

Domain 3 Supports a wide range of educational and training opportunities aligned to the curriculum requirements

Standard 3.1 Education, training, teaching and learning opportunities

Criterion 3.1.1 Teaching and learning opportunities in the workplace are targeted and enable exposure to the breadth of experience in the learning environment

Evidence that the registrar is provided with opportunities

- for exposure to the breadth of experience provided by training post eg after hours, home, nursing home, secondary care
- to work with and be part of the broader health care team, including nurses, consultant medical services, (including Telehealth options) hospitals, allied health professionals, diagnostic services, Aboriginal Health Services and other community services
- to be involved in teaching and mentoring others
- to take on positions of community advocacy and leadership as appropriate

Criterion 3.1.2 Structured education programs and continuing medical education sessions are accessible to the trainees

Evidence that demonstrates registrars

- have a learning plan that is reviewed regularly
- have access to curriculum aligned education activities
- are aware of education activities available to them
- are released to attend activities to meet training program requirements
- have a record of education activities attended

Standard 3.2 Multidisciplinary clinical support services and equipment

Criterion 3.2.1 Information on relevant supporting services and specialties to support the delivery of the specialty service

Evidence that registrars are made aware of and can access networks for consultation, referral and support.

Criterion 3.2.2 Equipment is available to provide the specialty service

Evidence is provided of timely access to the essential clinical equipment as appropriate for the:

- type, size and location of health service
- Core Generalist or Advanced Specialised component of training

Standard 3.3 Research opportunities are promoted and facilitated

Criterion 3.3.1 The training site and/or training network facilitates and supports specialty specific research activity

Evidence that registrars have opportunities to become familiar with and take part in quality assurance and research activities.

Standard 3.4 Accreditation by others where required

Criterion 3.4.1 Accreditation by other relevant recognised accreditation bodies provides supporting information

Evidence of other accreditations, as relevant

- Accreditation as a health service
- Accreditation as a training post by Medical Colleges or Post Graduate Medical Councils.