Qualify to be a General Practitioner
Work anywhere in Australia

Training towards Fellowship of ACRRM

www.acrrm.org.au
A medical career of discovery and achievement

General Practitioners (GPs) who work in rural and remote areas need a broader set of skills than their colleagues in urban practice. Where an urban GP will readily refer cases to a specialist or tertiary hospital – a GP in rural or remote communities is trained to take direct responsibility for all cases presented to them. This often means extending from primary care to secondary and ongoing care.

Their additional skills and competencies can include a broader, deeper, generalist skill set plus secondary medical care – such as surgery, obstetrics, anaesthetics, and emergency medicine – and the privilege of admitting their patients to the local hospital, where the GP continues to provide personalised care. Fellows of ACRRM acquire these advanced specialist skills as part of their training.

Research indicates that rural and remote medicine is particularly attractive to doctors who relish a challenge and value their independence. What is also evident throughout rural Australia is a spirit of collegiality.

GPs readily exchange ideas with colleagues on particular cases and on rural and remote health issues generally.

They also develop strong bonds with their communities. Many emerge in leadership roles, becoming articulate advocates in local, regional, state, and national forums.

As GPs with extended specialist skills, Fellows of ACRRM are more than adequately equipped to also practise in metropolitan and large regional centres. Should a life stage require that they live for a time in an urban location, they can continue to enjoy the satisfaction, status, and income of a specialist General Practitioner.

The practice of rural medicine is measured in generations, not minutes. If you have chosen a medical career because you want to make a difference, rural General Practice as a Fellow of ACRRM creates opportunities for you to make a difference every day you practise, for life.

“The big advantage of ACRRM training is that you feel confident to work in a variety of environments.”

Dr Patrick O’Neill
Training supervisor
Fellow of ACRRM

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Fellowship of ACRRM: independence, scope, and flexibility

The qualification, Fellowship of ACRRM (or FACRRM), is recognised by the Australian Medical Council as a standard that practitioners must attain to be recognised for the specialty of General Practice.

Fellowship of ACRRM entitles you and your patients to the maximum benefits available from Medicare (A1 items).

Fellows of ACRRM are qualified to work independently (e.g. solo practice), in a team (e.g. clinic, hospital, or retrieval service), or as a collaborator (e.g. complementing the local regions health service skills with their specialist skills, such as anaesthetics, surgery, or obstetrics).

Recruiters for senior clinical and team leadership roles with government and other health services, now frequently identify Fellowship of ACRRM as an advantage for candidates, especially where the role calls for demonstrated breadth of medical knowledge and experience.

As ACRRM expands reciprocal recognition around the world, your FACRRM will take you even further.

As a Fellow of the College, you will be entitled to use the post-nominal: FACRRM.

You can begin training for Fellowship after you graduate from an Australian university medical school and complete your intern year (also called postgraduate year one, or PGY1).

Currently, you have a choice of three training pathways:

- Vocational Preparation Pathway (via Australian General Practice Training, or AGPT)
- Remote Vocational Training Scheme (RVTS), or
- ACRRM Independent Pathway (IP).

(More about these on page 7).

There is also one assessment only pathway, the Specialist Pathway. This provides a pathway to Fellowship for International Medical Graduates holding a recognised overseas general practice qualification.

“Training in rural settings with experienced rural doctors and developing useful procedural skills has given me confidence and a sense of readiness to practice unsupervised.”

Dr. Shawn Shahram Saremi
ACRRM Registrar
The ACRRM training program

You can complete your training within four years. Training time will be reduced if ACRRM determines that your prior experience is equivalent to training requirements. Read more about Recognition of Prior Learning on the College website.

Core Clinical Training

The Fellowship of ACRRM begins with Core Clinical Training. This stage is 12 months working in an accredited hospital, where you ideally complete terms in:

- general internal medicine
- general surgery
- paediatrics
- emergency medicine
- obstetrics and gynaecology, and
- anaesthetics.

This training should provide you with sufficient clinical cases and opportunistic learning to form a good foundation to begin work in rural or remote practice.

Where completion of these terms is not possible, there are flexible ways to build these skills sets as you progress through training.

With my previous experience working as a doctor, ACRRM’s recognition of prior learning credited my skills and shortened my time training by 12 months.

Dr Marion Davies
ACRRM Registrar
Primary Rural and Remote Training

Primary Rural and Remote Training comprises 24 months in health services accredited by ACRRM. These can include hospitals, general practices, Aboriginal Medical Services, or the Royal Flying Doctor Service.

You may choose to complete your Primary Rural and Remote Training in one or several locations. The experience must include a minimum of six months in community and primary care facilities, six months hospital and emergency experience and a minimum of 12 months living and practising in a rural/remote setting.

Training in a single location will enable you to build a strong relationship with colleagues and your community. However, training in several locations may better equip you to expand your posting opportunities later in your career.

Primary Rural and Remote Training will build your clinical and procedural skills, and your confidence to work in rural and remote contexts.

Advanced Specialised Training

Advanced Specialised Training extends your skills and capacity in a specialist discipline of GP training. With these supplementary skills, your expanded professional scope can include clinical privileging in hospitals, access to additional Medical Benefits Scheme item numbers, and contributing to the pool of medical skills in your district.

Advanced Specialised Training requires a minimum of 12 months training in one of the 11 disciplines specified by the College:

- Aboriginal and Torres Strait Islander Health
- Academic Practice
- Adult Internal Medicine
- Anaesthetics
- Emergency Medicine
- Mental Health
- Obstetrics and Gynaecology
- Paediatrics
- Population Health
- Remote Medicine, or
- Surgery.

Each Advanced Specialised Training discipline has its own curriculum and assessment requirements.
Flexible training

After completing your Core Clinical Training, you can undertake components of your Primary Rural and Remote Training and your Advanced Specialised Training in any order, or concurrently.

Your ACRRM training plan can be tailored to fit with your personal and family circumstances. For instance, it may suit you to do some aspects of your training part-time or spend some training time abroad. Current opportunities exist in South Africa.

Other elements of your training can be completed at any point:

- four modules from the College’s teaching and learning resource, Rural and Remote Medical Education Online (RRMEO), and
- at least two ACRRM-accredited courses in emergency medicine.

“I enjoy the inherent challenge of rural general practice and I decided to train through ACRRM so that I can confidently tackle the challenges and opportunities rural general practice presents.”

Adele van der Merwe
ACRRM Fellow
The three training pathways at a glance

The table summarises the three pathways that can lead to Fellowship of ACRRM. Details on how to apply for each is on the relevant organisation’s website. (See in the last row of the table).

<table>
<thead>
<tr>
<th>TRAINING PATHWAYS</th>
<th>Vocational Preparation Pathway (AGPT)</th>
<th>Remote Vocational Training Scheme (RVTS)</th>
<th>ACRRM Independent Pathway (IP)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Entry level</strong></td>
<td>Recent medical graduates</td>
<td>Recent medical graduates and experienced doctors</td>
<td>Experienced doctors</td>
</tr>
<tr>
<td><strong>Training provider</strong></td>
<td>Regional Training Provider (RTP)</td>
<td>RVTS</td>
<td>ACRRM</td>
</tr>
<tr>
<td><strong>Modes of learning</strong></td>
<td>Structured education program primarily face-to-face</td>
<td>Structured education program primarily by distance</td>
<td>Structured education program primarily by distance</td>
</tr>
<tr>
<td><strong>Supervision</strong></td>
<td>Mainly on site</td>
<td>Mainly off site</td>
<td>Mainly on site</td>
</tr>
<tr>
<td><strong>Location</strong></td>
<td>ACRRM accredited metropolitan, rural or remote facilities.</td>
<td>Continue to work and reside in your rural or remote community (ACRRM accredited post)</td>
<td>ACRRM accredited metropolitan, rural or remote facilities.</td>
</tr>
<tr>
<td><strong>Fees</strong></td>
<td>Government-funded</td>
<td>Government-funded</td>
<td>Self-funded (full fee)</td>
</tr>
</tbody>
</table>
| **Application Process** | 1. Apply to AGPT  
2. Choose a training provider  
3. Enrol with ACRRM | 1. Apply to RVTS  
2. Enrol with ACRRM | 1. Apply to ACRRM  
2. Enrol with ACRRM |
| **Applications close** | Usually in May | Usually in June | Usually September and February |
| **Training commences** | January or February | February | February and July |

More information?

For more about any of the training pathways, please call the ACRRM Vocational Training and Assessment team on (Freecall) 1800 223 226.

www.acrrm.org.au Freecall 1800 223 226
How registrars are assessed

The assessment process has been designed by experienced rural doctors and leading academics. It ensures that you are acquiring the right mix of knowledge, skills and attitudes to work safely and competently in unsupervised general practice in all settings in Australia, especially in more challenging rural and remote contexts. The assessment is undertaken progressively throughout key stages of your training, rather than as one big exam at the end of your training.

Primary Training Assessment
These assessments are undertaken by all ACRRM registrars.

Multiple Choice Questions (MCQs)
To take an MCQ exam, you could attend a central exam centre, or arrange a suitable local venue and engage an invigilator who is approved by ACRRM. ACRRM offers practice exams and online introduction session to assist you to prepare for this exam.

Multi Source Feedback (MSF)
The Multi Source Feedback assessment provides a gauge of how well you interact professionally with colleagues and your patients. ACRRM recommends you take this assessment early in your training so that you can make best use of the feedback you receive.

Mini Clinical Evaluation Exercise (miniCEX)
In a mini Clinical Evaluation Exercise you are assessed in your clinical environment by an experienced peer, who is appointed by ACRRM. You can prepare for your miniCEX by asking your supervisor or medical educator to observe your consulting performance from time to time and mark your performance against the criteria on the standard miniCEX marking sheet.

Structured Assessment using Multiple Patient Scenarios (StAMPS)
The Structured Assessment using Multiple Patient Scenarios has been specially designed for ACRRM so that registrars can be assessed in their communities. It is similar to a viva voce, where you are questioned about clinical scenarios. The exam is conducted by video conferencing and face to face.

ACRRM offers coaching and study groups to assist you to prepare for this assessment.

Procedural Skills Logbook
The Procedural Skills Logbook identifies the skills you need to practise independently in a rural and remote setting. ACRRM recommends you start gaining these important skills early in your career. You can begin making logbook entries during the 12 months prior to enrolling as an ACRRM registrar, or at any point during your training.
Advanced Specialised Training Assessment

The Advanced Specialised Training year has additional assessment requirements specific to the discipline. These are outlined in the individual Advanced Specialised Training curricula, which are available on the College website.

“ACRRM does not expect you to travel vast distances to do your assessments. I have undertaken my StAMPS assessment remotely using video conferencing, which was really convenient. I didn’t need to organise locum support or spend days travelling to and from assessments.”

Dr Leah Hatton
ACRRM registrar
Why would I consider training for a FACRRM?

Fellowship of ACRRM equips you to practise unsupervised anywhere in Australia. This gives you real freedom, independence and scope of practice throughout your career. This unique integrated training program provides the skills and confidence to practise in a broad range of geographic and clinical settings. From solo practice in small communities to leadership roles in larger hospitals; from retrieval and expeditionary medicine to Aboriginal health services or urban general practice. Achieving a FACRRM will verify that you are qualified to practise anywhere – independently and safely.

There is no other general practice fellowship that covers this scope of practice. So when you are looking for a career that is more than just a day at the office, consider the FACRRM program. There is no equivalent.

How is FACRRM integrated into the AGPT and RVTS programs?

Registrars enrolled in the AGPT and RVTS can elect to train to either or both the FACRRM and the FRACGP. In AGPT FACRRM training is open to both rural and general pathway registrars providing they work in ACRRM-accredited training posts.

What is the difference between the ACRRM and RACGP training programs?

ACRRM has a unique curriculum and set of assessments which reflect the broader and deeper requirements of the rural and remote context. Registrars must train in posts accredited by ACRRM. The ACRRM program is an integrated program that usually takes four years post – internship. However registrars with experience may apply for recognition of prior learning (RPL).

Do you have to undertake all training in rural or remote locations?

No, while most registrars will spend a significant amount of training in rural areas, the focus is gaining skills and knowledge required in rural and remote settings. Some of these skills can be developed in urban or rural facilities. However having a good understanding of the context of rural medicine is also essential therefore all registrars must spend a minimum of 12 months of training living and practising in a rural or remote setting.

When do you undertake the assessments?

Once you have met the minimum eligibility of 24 months training, or equivalent RPL you can commence assessment. However it is important to note that the standard for all assessments is that of a doctor practising independently and safely at Fellowship level; so it is important to be well prepared. While the order is not specified it is strongly recommended that StAMPS is left until you have had experience across the broad range of learning experiences including community primary, emergency and hospital care and rural or remote settings.

What is available to help in preparing for ACRRM assessments?

New information is being developed all the time. Check out the ACRRM website for sample questions and scenarios, plus recorded virtual classroom sessions, there are also online modules on Rural and Remote Medical Education Online (RRMEO). StAMPS preparation workshops and study groups are now offered via live virtual classroom or face to face at least twice a year.
Join now!

Join the Australian College of Rural and Remote Medicine and train towards Fellowship—and enjoy the broadest possible scope to practise medicine anywhere in Australia.

Professional recognition
Fellows of ACRRM are recognised nationally as specialists in the discipline of general practice. Fellowship is frequently cited as the required standard for supervisory, executive and managerial roles in the public and private health sectors—and in challenging settings, such as expedition medicine.

Practise anywhere
Fellows of ACRRM are able to practise in any location in Australia: rural, remote, coastal, and metropolitan. This can be in teams (e.g. retrieval, hospital), independently (general practice), or in a collaboration contributing skills such as surgery, anaesthetics, emergency, and obstetrics. As the demands of your personal life change, you have real options to change where and how you work.

Medicare access
Fellowship of ACRRM entitles you to access Medicare items at the highest level (A1 items).

Peer network
Because of their extended skills set—and their special interests—Fellows of ACRRM have developed strong, rich, and productive professional networks. Regional and national events, such as the annual Rural Medicine Australia conference, give Fellows opportunities to renew acquaintances, share skills, and compare developments in medical practice, especially in rural and remote contexts.

For members, by members
ACRRM is a member-based organisation and the first college in the world dedicated to training, qualifying, and supporting general practitioners in rural and remote medicine.

The College specialises in designing and delivering quality education, training, assessment, and networking services that doctors and other members in rural and remote communities can easily access. The College has an international reputation as an innovator and adaptor of interactive communication and information management technology that bridges distance and provides members with 24-hour access.
Train for Fellowship with ACRRM and be rewarded every day ... for life