Australian Medical Council Limited

Accreditation Report: The Training and Education Programs of the Australian College of Rural and Remote Medicine

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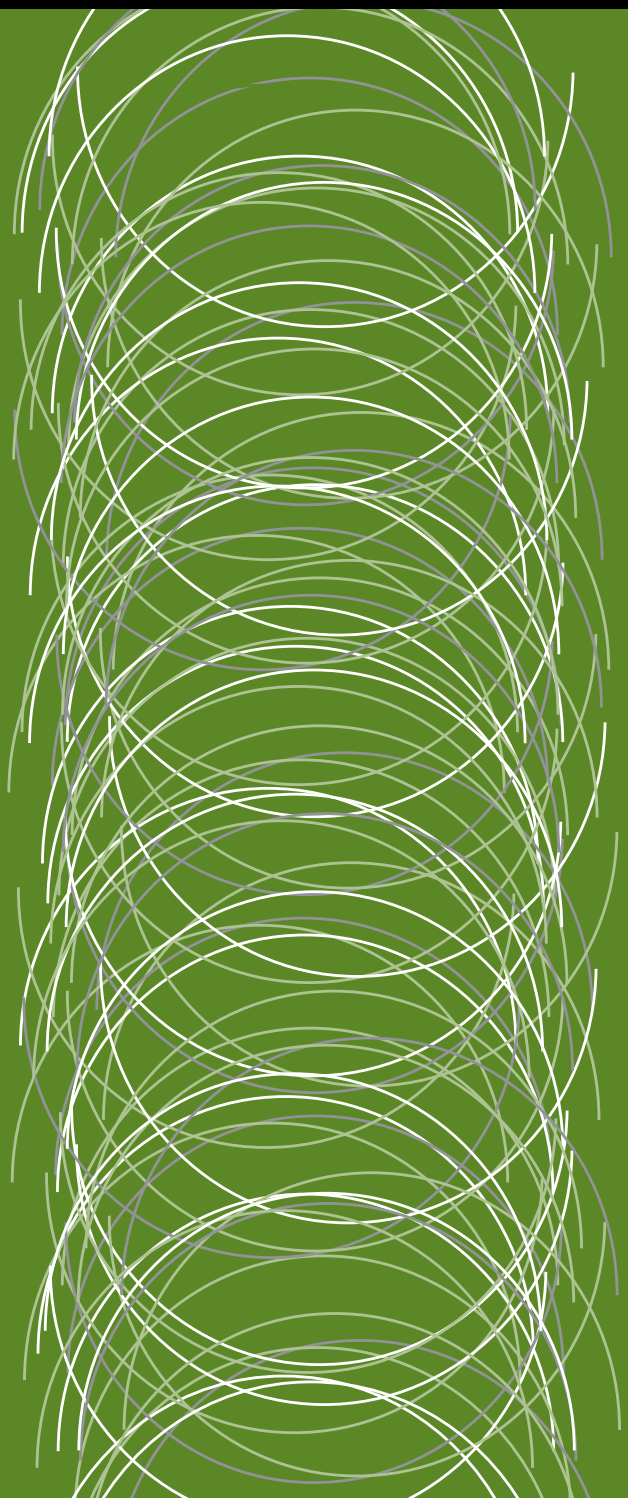

Specialist Education Accreditation Committee
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Acknowledgement of Country

The Australian Medical Council acknowledges the Aboriginal and Torres Strait Islander Peoples as the original Australians. We acknowledge and pay our respects to the Traditional Custodians of all the lands on which we live, and their ongoing connection to the land, water and sky.

We recognise the Elders of all these Nations both past, present and emerging, and honour them as the traditional custodians of knowledge for these lands.

Executive Summary: Australian College of Rural and Remote Medicine

The Australian Medical Council (AMC) document, *Procedures for Assessment and Accreditation of Specialist Medical Education Programs and Professional Development Programs by the Australian Medical Council 2019*, describes AMC requirements for reaccreditation of specialist medical programs and their education providers.

The AMC first assessed the training and education programs of the Australian College of Rural and Remote Medicine (ACRRM) in 2007. In 2011, the AMC granted ongoing accreditation to 31 December 2014, following an accreditation assessment completed in late 2010. In 2014, the AMC Directors agreed to change the College's expiry date for accreditation from 31 December 2014 to 31 March 2015. In December 2014, a follow-up assessment of the College's programs was completed by an AMC team, considering the progress against the recommendations from the 2010 AMC assessment, with the AMC Directors agreeing to extend ongoing accreditation of the College to 31 March 2018. The College submitted an accreditation extension submission in 2017 and the AMC extended the accreditation of the College's training and education programs, and continuing professional development programs to 31 March 2022.

In October 2021, an AMC team completed a reaccreditation assessment of the specialist medical programs leading to the award of fellowship of the Australian College of Rural and Remote Medicine (FACCRM) and the College's continuing professional development programs.

The team reported to the 9 February 2022 meeting of the Specialist Education Accreditation Committee. The Committee considered the draft report and made recommendations on accreditation to AMC Directors in accordance with the options described in the AMC accreditation procedures.

This report presents the accreditation decision made by the 4 March 2022 meeting of AMC Directors, and the detailed findings against the accreditation standards.

Decision on accreditation

Under the *Health Practitioner Regulation National Law*, the AMC may grant accreditation if it is reasonably satisfied that a program of study and the education provider meet an approved accreditation standard. It may also grant accreditation if it is reasonably satisfied that the provider and the program of study substantially meet an approved accreditation standard, and the imposition of conditions will ensure the program meets the standard within a reasonable time. Having made a decision, the AMC reports its accreditation decision to the Medical Board of Australia to enable the Board to make a decision on the approval of the program of study for registration purposes.

In 2021, the AMC team reviewed a range of College activities and met with College staff, fellows, trainees and specialist international medical graduates and the following accomplishments and initiatives were of note:

- The strong relationships and collaboration with external stakeholders including jurisdiction, health departments and regional training organisations supporting critical rural and regional workforce planning.

- The commitment to health outcomes and health equity of Aboriginal and Torres Strait Islander communities in Australia through its education and training program, and the development of the Innovate Reconciliation Action Plan.
- The pivoting of face-to-face components of the training program to online delivery during the COVID-19 pandemic, along with the availability of online methods and decentralised delivery to support continued and uninterrupted completion of assessments, and the CGT StAMPS examination during the COVID-19 pandemic.
- The College's progress in recruiting and graduating doctors who identify as Aboriginal and Torres Strait Islander and the support provided, including through the Aboriginal and Torres Strait Islander Members Group as mentors for doctors in the training program.
- The formation of the Respectful Workplaces Committee demonstrating a commitment to ensuring safe workplaces and training environments. The Respectful Workplaces strategy is a means to support trainee wellbeing.
- The accreditation of a significant number of Aboriginal Community Controlled Health Organisations to facilitate the core generalist training program.
- Creation of case-based discussion forums on *Connect@ACRRM*, supporting professional development within communities of practice.
- The access of medical educators to specialist international medical graduates (SIMGs) for pastoral care and development of learning plans and timelines.

From the 2021 assessment, the AMC team also ascertained a number of areas for the College to focus its attention on, including:

- Implementation of the 2022 – 2024 Strategic Plan and Innovate Reconciliation Action Plan, along with appropriate monitoring and evaluation.
- Adequately resourcing College operational structures to undertake all of the College's education and training activities following the transition to College-led training.
- Ensuring all trainees have access to locally delivered cultural safety training after the transition to College-led training. Processes also need to be developed to ensure cultural safety training for the local context is available for all supervisors, clinical trainers and assessors.

The College is congratulated on its many achievements, and the AMC looks forward to the progression in the areas identified in this report and to future developments and innovation from the College.

Findings

The AMC's finding is that it is reasonably satisfied that the training, education and the continuing professional development programs of the Australian College of Rural and Remote Medicine substantially meet the accreditation standards.

The 4 March 2022 meeting of AMC Directors resolved that:

(i) That the Australian College of Rural and Remote Medicine's specialist medical programs and continuing professional development programs in the recognised medical specialty of **general practice** be granted accreditation for **six years** until **31 March 2028**, subject to satisfying AMC monitoring requirements including monitoring submissions and addressing accreditation conditions.

(ii) That this accreditation is subject to the College providing evidence that it has addressed conditions in the specified monitoring submission as set out in the table below.

Standard:	Condition:	To be met by:
Standard 1	1 Provide evidence of effective implementation, monitoring and evaluation of: (i) 2022 – 2024 Strategic Plan. (Standards 1.1, 1.2, 6.1 and 6.2) (ii) Innovate Reconciliation Action Plan. (Standards 1.6.4, 6.1 and 6.2)	2024 2023
	2 Finalise terms of reference of the Aboriginal and Torres Strait Islander Members Group. (Standard 1.1.5)	2022
	3 Finalise and provide evidence of the implementation of the College's conflict of interest policy. (Standard 1.1.6)	2022
	4 Provide details of plans to adequately resource College operational structures to undertake all of the College's education and training activities following transition to College-led training. (Standard 1.5)	2022
	5 Demonstrate a formal approach to strengthening partnerships with relevant local communities, organisations and individuals in the Indigenous health sector. (Standard 1.6.4)	2023
Standard 2	6 Define how the College's vision, mission statement or purpose explicitly address the health of Aboriginal and Torres Strait Islander peoples. (Standard 2.1.2)	2023
	7 Develop a formal process by which external stakeholders, such as communities, can provide input into determining the College's educational purpose, program and graduate outcomes. (Standard 2.1.3)	2024
	8 Develop a formal process by which the health care needs of the community can be fed back into developing program and graduate outcomes. (Standards 2.2 and 2.3)	2024
	9 Ensure that Independent Pathway trainees, and all trainees, after the transition to College-led training, have access to locally delivered cultural safety training. (Standard 2.2.1)	2023
Standard 3	10 Provide evidence of alignment under College-led training of: (i) Entrustable professional activities in the curriculum framework and with evidence of integration into training pathways. (Standards 3.1 and 3.2) (ii) IP and AGPT pathways with transition plans. (Standard 3.2) (iii) Flexible training arrangements for all pathways. (Standard 3.4.3)	2023
	11 Evaluate the effectiveness of the Rural Generalist Curriculum with respect to its application at CGT and AST levels to meet program and graduate outcomes. (Standard 3.2.1)	2024

Standard:	Condition:	To be met by:
Standard 4	12 Undertake and complete a formal process to map, evaluate and report on whether the mandated six months in a general practice setting during training is sufficient. (Standards 4.2.4 and 6.2)	2023
Standard 5	13 Evaluate the effectiveness of entrustable professional activities in relation to workplace-based assessment. (Standard 5.2.1)	2024
	14 Evaluate the CGT StAMPS Examination to determine if: (i) Changes made are effective or need refinement, regarding pass rates, especially for 'first attempt' candidates. (ii) Flexibility of the training program and training time required in primary care training impacts pass rates. (Standard 5.4)	2024
Standard 6	15 Develop mechanisms within the monitoring and evaluation framework to seek confidential feedback from supervisors of training. (Standard 6.1.2)	2023
	16 Map the evaluation framework to the program and graduate outcomes, especially concerning the provision of general practice training and cultural safety, and the 'fitness for purpose' for graduates to practise in this area. (Standard 6.2.1)	2023
	17 Develop mechanisms within the evaluation framework for the collection of qualitative and quantitative data from external stakeholders. (Standards 6.2.2 and 6.2.3)	2024
	18 Provide feedback to the external stakeholders of the outcomes of the evaluation in a systematic manner. (Standard 6.3.2)	2024
Standard 7	19 Explicitly ensure support networks and channels, for trainees who are isolated or in distress, are well developed and well communicated. (Standard 7.4)	2024
	20 Strengthen monitoring and evaluation processes to be proactive and effective in: (i) Identifying existing power imbalance between supervisor and trainee, and ensuring wellbeing supports are communicated well to trainees. (ii) Measuring effectiveness of the resolution of training problems and disputes. (Standards 7.4, 7.5, 6.1 and 6.2)	2024
Standard 8	21 Provide evidence of plans to manage the oversight of supervision and accreditation for AGPT pathways in the transition to College-led training (Standards 8.1 and 8.2)	2022
	22 Develop processes to ensure cultural safety training for the local context for all supervisors, clinical trainers and assessors. (Standards 8.1.3 and 8.2.2)	2023
	23 In the training post accreditation standards, include a requirement that sites and posts demonstrate a commitment to Aboriginal and Torres Strait Islander	2023

Standard:	Condition:	To be met by:
	health with appropriate cultural safety and protocols with an acknowledgement of local context. (Standard 8.2.2)	
Standard 9	Nil.	-
Standard 10	Nil.	-

This accreditation decision covers the College's programs for the recognised specialty of general practice.

Next Steps

Following an accreditation decision by AMC Directors, the AMC will monitor that it remains satisfied the College is meeting the standards and addressing conditions on its accreditation through annual monitoring submissions.

By March 2028, the College may submit an accreditation extension submission. The AMC will consider this submission and, if the College is continuing to meet the accreditation standards, AMC Directors may extend the accreditation by a maximum of four years until 2032, taking accreditation to the full period the AMC may grant between assessments, which is ten years. At the end of this extension, the College and its programs will undergo a reaccreditation assessment. See section 5.1 of the accreditation procedures for a description of accreditation outcomes and section 4.3 for accreditation extension submissions.

The focus of the 2021 reaccreditation assessment was on College's existing training programs as presented over the period of assessment. With ACRRM transitioning to a fully College-led training model by 2023, a material change assessment following implementation may be triggered depending on the overall impact on the training program. See section 3.2.1 of the accreditation procedures for a description of a material change assessment in an established program.

Overview of findings

The findings against the ten accreditation standards are summarised below.

Conditions imposed by the AMC so the College meets accreditation standards are listed in the accreditation decision (pages 3 to 5). The team's commendations of areas of strength and recommendations for improvement are listed under each standard in the body of the report (pages 26 to 73).

In the tables below, M indicates a standard is met, SM indicates a standard is substantially met and NM indicates a standard is not met.

1. The outcomes of specialist training and education				This set of standards is SUBSTANTIALLY MET
governance	SM	*educational resources*	SM	
program management	SM	*interaction with health sector*	SM	
reconsideration, review appeals	M	*continuous renewal*	M	
educational expertise	M			

2. The outcomes of specialist training and education				This set of standards is SUBSTANTIALLY MET
educational purpose	SM	*graduate outcomes*	SM	
program outcomes	SM			

3. The specialist medical training and education framework				This set of standards is SUBSTANTIALLY MET
curriculum framework	SM	*continuum of training*	M	
content	SM	*structure of the curriculum*	SM	

4. Teaching and learning				This set of standards is SUBSTANTIALLY MET
approach	M	*methods*	SM	

5. Assessment of learning				This set of standards is SUBSTANTIALLY MET
approach	M	*performance feedback*	M	
methods	SM	*quality*	SM	

6. Monitoring and evaluation				This set of standards is SUBSTANTIALLY MET
monitoring	SM	*feedback, reporting and action*	SM	
evaluation	SM			

7. Trainees				This set of standards is SUBSTANTIALLY MET
admission policy and selection	M	*trainee wellbeing*	SM	
trainee participation in provider governance	M	*resolution of training problems and disputes*	SM	
communication with trainees	M			

8. Implementing the program – delivery of educational and accreditation of training sites				This set of standards is SUBSTANTIALLY MET
supervisory and educational roles	SM	*training sites and posts*	SM	

9. Continuing professional development, further training and remediation				This set of standards is MET
continuing professional development	M	*remediation*	M	
further training of individual specialists	M			

10. Assessment of specialist international medical graduates				This set of standards is MET
assessment framework	M	*assessment decision*	M	
assessment methods	M	*communication with applicants*	M	

Introduction: The AMC accreditation process

Responsible accreditation organisation

In Australia, the Health Practitioner Regulation National Law Act 2009 (the National Law) provides authority for the accreditation of programs of study in 15 health professions, including medicine.

Accreditation of specialist medical programs is required before the Board established for the profession, in medicine's case the Medical Board of Australia, can consider whether to approve a program of study for the purposes of specialist registration.

In New Zealand, accreditation of all New Zealand prescribed qualifications is conducted under section 12(4) of the Health Practitioners Competence Assurance Act 2003 (HPCAA).

The Australian Medical Council (AMC) is the accreditation authority for medicine under the National Law. Most of the providers of specialist medical programs of the specialist medical colleges, span both Australia and New Zealand. The AMC accredits programs offered in Australia and New Zealand in collaboration with the Medical Council of New Zealand (MCNZ). The AMC leads joint accreditation assessments of binational training programs and includes New Zealand members, site visits to New Zealand, and consultation with New Zealand stakeholders in these assessments. While the two Councils use the same set of accreditation standards, legislative requirements in New Zealand require the binational colleges to provide additional New Zealand-specific information. The AMC and the MCNZ make individual accreditation decisions, based on their authority for accreditation in their respective country.

Accreditation standards applicable to the accreditation of specialist medical programs

The approved accreditation standards for specialist medical programs are the *Standards for Assessment and Accreditation of Specialist Medical Programs and Professional Development Programs by the Australian Medical Council 2015.*

These accreditation standards are structured according to key elements of the model for curriculum design and development and focus on the specific context and environment in which specialist medical programs are delivered. These standards are followed by two standards relating to processes undertaken by the providers of specialist medical training programs on behalf of the Medical Board of Australia.

In 2015, following a period of consultation, the AMC completed a review of the accreditation standards for specialist medical programs and continuing professional development programs. The Medical Board of Australia approved new accreditation standards which apply to AMC assessments conducted from 1 January 2016. The relevant standards are included in each section of this report.

The following table shows the structure of the standards:

Standards	Areas covered by the standards
1 The context of training and education	Governance of the education provider; program management; reconsideration, review and appeals processes; educational expertise and exchange; educational resources; interaction with the health sector; continuous renewal.
2 Outcomes of specialist training and education	Educational purpose of the provider; and program and graduate outcomes

Standards	Areas covered by the standards
3 Specialist medical training and education framework	Curriculum framework; curriculum content; continuum of training, education and practice; and curriculum structure
4 Teaching and learning	Teaching and learning approaches and methods
5 Assessment of learning	Assessment approach; assessment methods; performance feedback; assessment quality
6 Monitoring and evaluation	Program monitoring; evaluation; feedback, reporting and action
7 Issues relating to trainees	Admission policy and selection; trainee participation in education provider governance; communication with trainees; trainee wellbeing; resolution of training problems and disputes
8 Delivery of educational resources	Supervisory and educational roles and training sites and posts
9 Continuing professional development, further training and remediation	Continuing professional development programs; further training of individual specialists; remediation
10 Assessment of specialist international medical graduates	Assessment framework; assessment methods; assessment decision; communication with specialist international medical graduate applicants

Assessment of the programs of the Australian College of Rural and Remote Medicine

In 2020, the AMC began preparations for the reaccreditation assessment of the Australian College of Rural and Remote Medicine's programs. On the advice of the Specialist Education Accreditation Committee, the AMC Directors appointed Dr William Milford to chair the 2021 assessment of the College's programs. The AMC and the College commenced discussions concerning the arrangements for the assessment by an AMC team.

The AMC assesses specialist medical education and training and continuing professional development programs using a standard set of procedures.

A summary of the steps followed in this assessment follows:

- The AMC asked the College to lodge an accreditation submission encompassing the three areas covered by AMC accreditation standards: the training pathways to achieving fellowship of the Australian College of Rural and Remote Medicine processes to assess the qualifications and experience of overseas-trained specialists; and College processes and programs for continuing professional development.
- The AMC appointed an assessment team (called 'the team' in this report) to complete the assessment after inviting the College to comment on the proposed membership. A list of the members of the team is provided as Appendix One.
- The team met on Wednesday 18 August 2021 to consider the College's accreditation submission and to plan the assessment.

- The AMC gave feedback to the College on the team's preliminary assessment of the submission, the additional information required, and the plans for visits to accredited training sites and meetings with College committees.
- The AMC surveyed trainees and supervisors of training of the College. The AMC also surveyed overseas trained specialists whose qualifications had been assessed by the College in the last three years.
- The AMC invited other specialist medical colleges, medical schools, health departments, professional bodies, medical trainee groups, and health consumer organisations to comment on the College's programs.
- The team met by videoconference on Wednesday 6 October 2021 to finalise arrangements for the assessment.
- The team conducted virtual meetings with training sites located in the Australian Capital Territory, New South Wales, Northern Territory, South Australia, Tasmania, Western Australia, Queensland, and Victoria in September and October 2021.

The assessment concluded with a series of meetings with the College office bearers and committees from Monday 25 to Thursday 28 October 2021. On the final day, the team presented its preliminary findings to College representatives.

Appreciation

The team is grateful to the fellows and staff who prepared the accreditation submission and managed the preparations for the assessment. It acknowledges with thanks the support of fellows and staff in Australia who coordinated the site visits, and the contribution of trainees and fellows who met team members.

The AMC also thanks the organisations that made a submission to the AMC on the College's training programs. These organisations are listed at Appendix Two.

Summaries of the program of meetings and visits for this assessment are provided at Appendix Three.

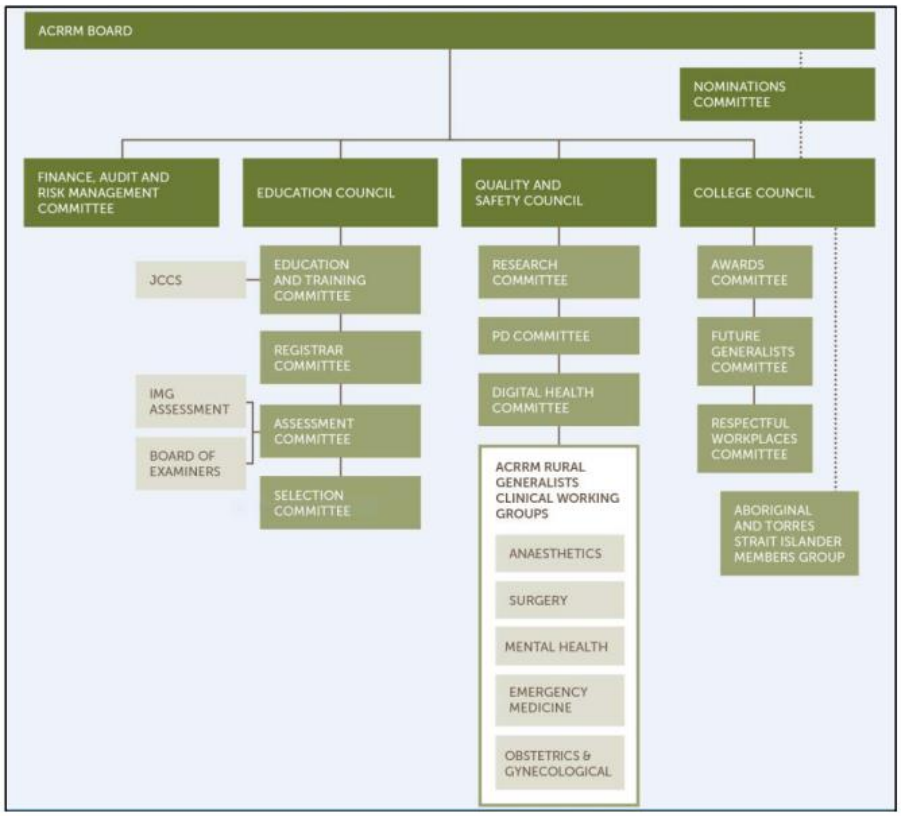
Section A Summary description of the education and training programs of the Australian College of Rural and Remote Medicine

A.1 History and management of its programs

The Australian College of Rural and Remote Medicine (ACRRM) was incorporated in 1997 as a dedicated medical college for rural and remote medicine general practice in Australia. It is a company limited by guarantee with its head office based in Brisbane, Queensland. The College defines its purpose as setting professional standards for practice, lifelong education, support and advocacy for specialist general practitioners and rural generalists.

Governance Structure

The College's structure and functions are determined by its Constitution and implemented through the ACRRM Board and Committee structure. The CEO and College Committees are appointed by the Board with relevant terms of reference and position descriptions.



The ACRRM Board is a skill-based body and sets strategy, policy and standards with advice from the three Councils and Committees that report to it. The College CEO and College Committees are appointed by the Board, and the organisational framework supports governance requirements and leadership to the Colleges core functions of education and training, member representation and quality and safety standards.

The College Council undertakes an annual strategic planning process to support continuous renewal and relevancy of the College's Strategic Plan, and education and training programs. Succession planning has been introduced requiring all committees undertake an annual process of reviewing member composition, reflecting on required skills, diversity and stakeholder representation as aligned to the College's mission and purpose.

The Education Council oversees education standard matters on behalf of the Board and operational aspects are managed through the committees reporting to the Education Council.

Training Programs

The College provides a broad membership service encompassing specialist medical education and training programs, administering continuing professional development (CPD) programs, professional networking, advocacy and support for mental health and wellbeing. The College has over 5000 members in all Australian states and territories as well as members based internationally. There were 4000 doctors (including 1900 fellows and 900 trainees) and 1000 medical students, reported to be members based on figures in April 2021.

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

**Figures as at 23 April 2021*

The College is one of two specialist medical colleges, the other being the Royal Australian College of General Practitioners (RACGP), administering general practice education and training programs, leading to qualifications for the purposes of specialist registration in Australia. There are multiple training pathways to attain Fellowship of the Australian College of Rural and Remote Medicine (FACRRM):

Independent Pathway (IP)

The independent pathway is a flexible training pathway delivered directly by the College and by fellows of the College to its trainees. Training is self-funded or partially funded by the Australian Government through the Non-Vocationally Registered Fellowship Support Program and this includes the Rural Generalist Training Scheme (RGTS) commencing in July 2022. Training is self-funded or partially funded by the Australian Government through the Non-Vocationally Registered Fellowship Support Program and the Rural Generalist Training Scheme (RGTS), which commenced in October 2021, and the IP pathway is wholly managed through the College Education Services team and overseen by the General Manager, Education Services. The formal education program is delivered by the Education Development Team in association with Medical Educators and assessment is overseen by the Assessment Manager.

Australian General Practice Training Program (AGPT)

Vocational training in general practice began in Australia in 1973 and managed by the RACGP through funding by the Federal Government from 1974 to 2001. In 1998, a review of general practice training recommended the development of local collaborative consortia to develop general practice and the establishment of a national body to coordinate the delivery.

In 2001, the *Australian General Practice Training* (AGPT) program was established to deliver training in general practice and the *General Practice Education and Training Limited* (GPET), a government owned company, funded and managed the AGPT program across Australia through Regional Training Organisations (RTOs). In 2014, GPET wound down and its functions transferred to the Australian Federal Government Department of Health. There are nine RTOs contracted by the Department of Health to deliver the AGPT program across 11 training regions.

Map of AGPT Training Regions*, General Practice Training in Australia: The Guide*

Each RTO is subject to the accreditation standards in delivering the education and training programs of ACRRM and RACGP. Training is fully funded by the Australian Government and trainees who elect to train in the AGPT program can train towards Fellowship of each College in the same training region.

Since 2019, the Department of Health, ACRRM and RACGP have been transitioning to College-led training that would cease delivery training of the AGPT program by RTOs. Both Colleges will be responsible for delivering the AGPT program by 2023. This transition is being managed under the auspices of the Transition to College-Led Training Advisory Committee (TCLTAC) that provides advice to the Australian Government on the development and implementation of these reforms to general practice training in Australia.

Remote Vocational Training Scheme

Another general practice training program is the Remote Vocational Training Scheme (RVTS), a government-funded program providing vocational training for medical practitioners. The RVTS Ltd facilitates and delivers training in remote and isolated communities, including Aboriginal and Torres Strait Islander communities in Australia, and is subject to the accreditation standards of both ACRRM and RACGP.

Reconsideration, Reviews and Appeals Policy, Complaints Policy, Code of Conduct

The College has clear conflict of interest procedures for all governance structures. All College meeting agendas have a standing declaration of conflicts of interest item and a conflict of interest clause is contained as a standard item within terms of reference. The College has a designated senior officer responsible for ensuring that all committee support officers understand the College requirements with respect to declaration of conflict of interest and other matters or protocols with respect to conducting and recording meetings.

The ACRRM Reconsideration, Review and Appeals Policy relates to grievances against decisions made by the College. The policy is available on the College website and includes a diagrammatic explanation of the process. The College's appeals processes are also available to trainees in relation to decisions made by an accredited training organisation. Each accredited training organisation has a policy, which is made publicly available. Trainees on the AGPT pathway are able to follow the AGPT Appeals Policy if they remain dissatisfied following the training organisation appeals process.

Interactions with the health sector

The College has well established practices of engaging with appropriate partner groups in all major undertakings. The College's *External Stakeholder Strategic Engagement Framework* provides a blueprint and the principles and approaches entailed are reflected in all its engagement plans.

A.2 Outcomes of the Australian College of Rural and Remote Medicine Fellowship Training Programs

The College's Constitution sets out the objectives on which ACRRM was established. The College's purpose is: *"To set professional standards for practice, lifelong education, support and advocacy for specialist general practitioners and rural generalists."* The College vision statement is: *"The right doctors, in the right places, with the right skills, providing rural and remote people with excellent health care"*, and the mission statement is: *"To be a vibrant professional home for members that delivers inspiration, collegiality, value and social accountability."*

The College's educational goals are described by the following principles of the Fellowship curriculum:

1 Grounding in professional standards

2 Responsiveness to community needs

3 Responsiveness to rural and remote context

4 Integrated rural pathway

5 Competency based approach

6 Focus on experiential learning

7 Relevance to practice

8 Validity, reliability, and educational soundness

9 Appropriateness and acceptability of delivery and assessment methods

10 Contribution to improving workforce capacity.

In the revised Fellowship Curriculum, the College defines an ACRRM Fellow as a medical specialist who has been assessed as meeting the requisite standards for providing high-quality Rural Generalist medical practice. A Rural Generalist medical practitioner has been defined as a General Practitioner who has specific expertise in providing medical care for rural and remote or isolated communities. Eight domains of practice describe the contexts of rural and remote practice:

1 Provide expert medical care in all rural contexts: this includes a patient-centred approach, diagnosis, management and teamwork.

2 Provide primary care: this includes whole patient care, longitudinal care, first point of care, undifferentiated presentations, care across lifespan, acute and chronic care and preventive activities.

3 Provide secondary medical care: this includes inpatient management, respond to deteriorating patient, handover, safe transfer and discharge planning.

4 Respond to medical emergencies: hospital and prehospital, resource organisation, initial assessment and triage, emergency medical intervention and patient evacuation.

5 Apply a population health approach: community health assessment, population level health intervention, statutory reporting and disaster planning.

6 Work with Aboriginal, Torres Strait Islander, and other culturally diverse communities to improve health and wellbeing: strengths-based, respect and understanding.

7 Practise medicine within an ethical, intellectual and professional framework: ethical practice, clinical documentation, quality and safety, professional obligations, continuous learning, leadership, teaching and research.

8 Provide safe medical care while working in geographic and professional isolation: resourcefulness, independence, flexibility, technology, professional network and extended practice.

The program outcomes were developed by the College in response to well-evidenced distinctions, access challenges and ongoing unmet needs of rural and remote communities. Graduate outcomes are grouped under the eight domains of rural and remote practice, and forms part of the curriculum.

A.3 Australian College of Rural and Remote Medicine Fellowship Training Program

The ACRRM Fellowship Training Program has a duration of a minimum of four years with a structure comprising of Core Generalist Training and Advanced Specialist Training. The curriculum defines core competencies that trainees must obtain to practice independently across a diverse range of settings across Australia as general practitioners. Handbooks describing the ACRRM Fellowship Training Program, Core Generalist Curriculum and Advanced Specialist Training requirements are available on the College's website.

Core Generalist Training (CGT)

Trainees commence core generalist training at PGY2 or above and train for a minimum of 3 years in regional, rural and remote general practices, hospitals, Aboriginal and Torres Strait Islander health services, and retrieval services. The CGT standard must be met by all trainees, who are expected to complete the minimum full time equivalent training in:

- Primary care – 6 months
- Secondary care – 3 months
- Emergency care – 3 months
- Rural or remote practice – 12 months
- Paediatrics – 10 weeks
- Obstetrics – 10 weeks
- Anaesthetics – 10 weeks

Advanced Specialist Training (AST)

Trainees undertake a minimum of one year of supervised training from PGY 3 or above in their selected specialised area, relevant to the needs of rural and remote communities. The twelve fields of advanced specialist training identified by the College, by which a local general practitioner may improve access to quality care for these communities, are:

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

The curriculum is organised on the following basis with eight domains of rural and remote practice identified and each domain contains a set of competencies. The domains that describe the context of rural and remote practice are:

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.

Competency standards under each domain detail levels of competency required at core generalist and advanced specialised levels with indicators for progression specified. A competency blueprint maps each competency within each domain to associated 37 learning areas. Each learning area describes associated knowledge, skills and attributes to be attained, including clinical and non-clinical areas, and the role of a doctor as defined in the CanMEDS framework. The College identified 20 attributes to describe characteristics of a doctor in the field of specialty practice, particularly general practitioners based in rural and remote settings.

The College's training program provides for recognition of prior learning and a trainee may complete other qualifications that contribute to training requirements. The recognition of prior learning and process for application is documented in the Fellowship Training Handbook.

A.4 Teaching and learning

The College is undergoing a transition to direct delivery of training to all its registrars, coming into effect in 2023. The College currently delivers direct training to its IP registrars, while AGPT and RVTS registrar training is managed through external training organisations. Following the transition, ACRRM aim to have a "single integrated Fellowship Program with a single Rural Generalist Education Program built entirely on the ACRRM Fellowship Curriculum and thus fully aligned with the content of ACRRM assessments and Fellowship standards."

All Registrars must complete:

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

The Rural Generalist Education Program is taught to registrars on the IP and will be delivered to all ACRRM registrars from 2023. The program has 20 modules to be delivered over four semesters with five modules per semester. The modules are set out below.

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

The College training program is set out in two stages, Core Generalist Training (CGT) and Advanced Specialist Training (AST). An AST consists of a minimum of 12 months training in one of twelve specified fields, a Rural Surgery AST requires 24 months. The College has replaced its six monthly AST Supervisor Report with a three monthly Plan and Progress Report, which incorporates contributions from Registrars, Supervisors and Medical Educators.

ACRRM registrars have access to a Medical Educator, who is a College Fellow. With their Medical Educator, registrars develop Learning Plans, and review, track and manage their learning. Medical Educators facilitate clinical case-based discussion forums and live capstone webinars.

As a result of the COVID-19 pandemic, the College experienced difficulties delivering face-to-face aspects of the training program. Workshops, small group case discussions and social networking events have been delivered virtually due to COVID-19 restrictions. Online content is delivered via the College's online learning management system. Online learning content is available to registrars for a prolonged period to assist in assessment preparation.

Successful interdisciplinary work is central to effective rural and remote practice. ACRRM includes specified interdisciplinary skills in the curriculum domains, which are programmatically assessed.

A.5 Program assessment

The College indicates its program of assessment has been developed on two key principles:

- Assessment content is developed by clinically active rural and remote medical practitioners, ensuring currency of practice within the context.
- Candidates are able to participate in an assessment where they live and work during assessment period. This supports workforce provisions in rural and remote Australia as candidates and assessors are not unduly removed from their stations.

The ACRRM Fellowship Training Program aims to provide for trainees to attain skillsets for safe, high quality specialist general practice, particularly in rural and remote settings. As such, all assessment processes and modalities support this principle, mapped to the attainment of the ACRRM curriculum competencies. The assessment blueprints are published in the Fellowship Assessment Handbook to ensure all competencies are assessed and completed. The assessment process adopts a *programmatic assessment* approach that integrates assessment into all aspect of the curriculum across the minimum four-year training program. This approach allows for an

integration of workplace-based and standardised assessments to assess competence. Trainees are required to attain a minimum grade of 'Satisfactory Completion' for each of the five summative assessment modalities to ensure competency is achieved across the curriculum.

The assessment modalities utilised are both formative and summative with completion requirements clearly detailed in the Fellowship Assessment Handbook. These assessment modalities are:

Summative Assessment

- Multiple choice question (MCQ) assessment
- Case-based Discussion (CBD)
- Structured Assessment using Multiple Patient Scenarios (StAMPS)
- Multi-source Feedback (MSF)
- Procedural Skills Logbook

Formative Assessment

- Mini Clinical Evaluation Exercises (MiniCEX)
- Supervisor reports
- AST formative assessment specific to each AST discipline

All trainees must complete the **summative assessments** and obtain a pass grade for their selected AST discipline.

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

For **formative assessments**, trainees must complete at least nine MiniCEX and six monthly supervisor reports, including that which is specific to their selected AST discipline.

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

Obstetrics and Gynaecology, and Anaesthetics have assessment programs set by the joint Committees between the two general practice colleges and respective specialist college.

Remediation

There are a number of policies and processes available to support trainee progress in the training program and these are the:

- Remediation policy
- Performance and Progress policy
- Registrar in Difficulty policy
- Assessment Eligibility policy
- Withdrawal from Training policy (for voluntary or involuntary withdrawal)
- Doctor in Training Review Process (to reach determination for involuntary withdrawal).

Trainees in the IP now have a more formalised remediation program recently implemented. This is supplemented with progress meetings with the Medical Education at least twice a year to review progress and learning plans. The College's Education Services Manager and Director of Training have weekly meetings to review progress of trainees who have been listed as at risk of not progressing. These trainees may be identified as requiring Formal Assessment Support and significant levels of regular monitoring and assessment support.

Trainees undergoing training with accredited training organisations are offered similar approaches. Training organisations are subject to an accredited standard to conduct regular progress reviews with trainees and to notify the College if there are significant concerns and requirements for additional support.

Special considerations policy

The College has a special considerations policy to accommodate candidates who may have suffered disadvantage in assessment beyond their control. An Academic Code of Conduct outlines the behaviour expected from all participants in the ACRRM assessment process.

A.6 Monitoring and Evaluation

The College coordinates systems for continuous quality improvement, including continuous monitoring and evaluation of its operations and resources while enabling documentation and appropriate escalation of any serious issues that may arise in the College's governance structure. Feedback loops have been built into many aspects of College operations, including online courses, webinars, assessments and courses workshops. In accordance with the College's Project Logic based *Evaluation and Monitoring Framework*, high level evaluation with annual revision takes place. The Framework concentrates efforts on meeting the College's vision, values, mission, purpose and strategic goals. Evaluation evidence is gathered to assess the College's performance against each of these, and the Framework incorporates information from the following sources:

- Internal and external surveys of members and the broader profession.
- Literature scans, and national workforce and healthcare data.
- Internal program data sets.

The Framework involves an ongoing of evaluation, feedback processing that guides program improvement, evaluation plan review and adjustment and re-evaluation.

Since 2020, the College has completed reviews of curriculum, supervisor and training post standards, selection process, and StAMPS, in accordance with regular review cycles. The reviews engaged the involvement of broad groups of relevant stakeholders through consultation, including ACRRM members, committees, supervisors and medical educators, medical colleges, ACRRM accredited training organisations, universities, Indigenous groups, Rural Generalist programs and rural organisations, CPMC Education group and national NGOs.

Across 2018 and 2021, the College completed the following evaluation activities:

- Project Logic Annual College Evaluation Report 2018, 2019, 2020 and 2021
- Membership survey (Fellows) 2019
- Project Logic Annual Report
- Member surveys 2021: including Fellows, registrars and supervisors.

The College continues development of its minimum data sets and clearer benchmarks and targets throughout the strategic planning cycles, with this work being conducted in conjunction with major data systems capacity developments.

To facilitate opportunities for communication and collaboration, the College actively uses an online forum and smart phone application, *Connect@ACRRM*. The platform offers opportunities for its 2930 active members to seek advice and gain insight into College staff and leader perspectives on current issues.

The College have a range of mechanisms to allow and encourage supervisors, medical educators and registrars to provide informed comment, which is used for organisational and program improvement. Such mechanisms include:

- Training, College and ACER AGPT Registrar surveys, in addition to the Medical Training Survey.
- Online surveys for participants, invigilators, assessors, writers and editors involved in standardised assessment to provide feedback.
- FACRRM recommended online courses and education events incorporate a feedback mechanism or opportunity to provide comment, with all feedback assessed as part of review cycle updates and continuous program improvement.
- Inviting registrars to provide feedback following each training placement.
- An Annual Report submitted by RTOs to the College detailing supervisor and training post accreditation activities, which includes Registrar feedback and experience.
- Regular attendance at the RTO, CEOs, and Director of Training meetings and annual conference, offering opportunities for engagement and organisation feedback.

Feedback, reporting and action

An Evaluation Report offers opportunities to identify improvements in a project logic format, and is distributed to Councils, Committees, stakeholders and summarised on the College's website. Survey results are also communicated to all College members. Any program improvements that have been made on the basis of feedback are appropriately communicated.

The Annual Evaluation report is distributed to Councils and Committees, in addition to having a summary published on the College's website. The report outlines the College's work against the Project Logic Map outcomes, and comprises of:

- The Project Logic Map.
- A review of the College performance against four key evaluation questions, which include benchmarked measures.
- A review of the College's progress against each of the short- and intermediate-term outcomes, adopting a traffic light system.

A.7 Trainee selection and support

Selection

The College's selection process involves:

1 **Online application**: applicants provide their details for eligibility assessment purposes, work location preferences and referee details. Eligible applicants are invited to apply for suitability assessment.

2 **Suitability assessment**: applicants submit a personal statement outlining their capacity against the section criteria.

3 **Multiple Mini Interviews (MMIs)**: candidates identified as suitable are shortlisted and invited to complete the MMIs, a series of six interviews where applicants have two minutes to read a scenario and eight minutes to respond to it. The questions allow applicants to demonstrate their ability to think logically about a topic and effectively communicate ideas. Interviews have been successfully delivered both in-person and online, with interview teams consisting of a Fellow, a community representative and a clinician who is also a representative of the College or training organisation.

4 **Referee check**

5 **Candidate ranking**: according to a combined score from the Suitability Assessment and the MMIs. Suitable candidates are offered a place. All scores are ranked, and where over-subscribed, places are awarded in order of rankings.

Once eligibility has been established, the selection process is based entirely on an assessment of the predictive indicators of each candidate's likelihood to become a confident and competent Specialist General Practitioner in accordance with ACRRM Fellowship standards The College selects candidates for entry in the Fellowship training program based on the following criteria:

- Demonstrated commitment to a career as a specialist general practitioner working in rural or remote Australia.
- Demonstrated capacity and motivation to acquire abilities, skills, and knowledge in the ACRRM domains of practice.
- Demonstrated connection with rural communities.
- Demonstrated commitment to meeting the needs of rural and remote communities through an extended scope of practice.
- Possesses the personal characteristics associated with a successful career in rural or remote practice.

These indicators are consistent with the skills, competencies and aptitudes outlined in the College's Fellowship Curriculum.

The College's application and selection process considers recognition of prior learning and the *Reconsideration, Review and Appeals* process applies to selection decisions, with relevant information made available on the College website and within the Application Guide. The College recognises the importance for ACRRM fellows to work effectively in Aboriginal and Torres Strait Islander Healthcare and in rural and remote communities. The selection criterion gives positive consideration to a candidate's demonstrated community orientation toward Aboriginal and Torres Strait Islander communities, recognising that candidates that identify as Aboriginal and/or Torres Strait Islander are likely to perform strongly under this criterion. The Australian Indigenous Doctor's Association are represented on the Selection Committee to ensure appropriate program development and support the College's strategic goals to increase recruitment and Fellowship of Aboriginal and Torres Strait Islander peoples.

Selection of Aboriginal and Torres Strait Islander peoples

The College has developed an overarching framework in consultation with its Aboriginal and Torres Strait Islander members, which is currently being revised, along with its Terms of Reference, to provide a more detailed strategic approach to actioning its commitment to Aboriginal and Torres Strait Islander health and medical workforce development and to guide future efforts in this area. Selection data on the recruitment of Aboriginal and Torres Strait Islander peoples to the ACRRM training program is monitored and additional recruitment initiatives are implemented as required.

Trainee participation in governance and communication with trainees

ACRRM governance structures support registrar involvement in key College operations, including strategic planning, curriculum and education standards development and review, development of College position statements, training organisation accreditation, assessment governance and selection policy development and determinations. Trainee participation in the College's governance structure is possible through representational membership on the following:

- ACRRM Selection Committee
- Assessment Committee
- Education and Training Committee
- IMG Assessment Committee
- Research Committee
- Respectful Workplaces Committee
- Selection Committee
- Training Organisation Accreditation Reference Group
- RMA (Annual Conference) Planning Committees
- Education Council
- College Council
- ACRRM Board.

A Registrar Director is included on the ACRRM Board of Directors, and the Council involves a minimum of two registrars and a junior doctor member. Registrar members are entitled to the same rights and eligibility to vote as other members. Eight trainees sit on the Registrar Committee, representing each training pathway, Aboriginal and Torres Strait Islander peoples and a balance across gender, geography and age. The Registrar Committee meets at least six times per year, primarily via videoconference with two face-to-face meetings.

The College communicates with registrars and disseminates information through direct phone calls and emails, via the ACRRM website with direct alerts to registrars relating to important changes, a monthly newsletter, information webinars, social media, direct communication to accredited training organisations and monitored discussion forums on ACRRM Connect.

Program requirements and assessments are articulated in the *Fellowship Program Handbook* and the *Fellowship Assessment Handbook*, both of which are available on the College's website.

Trainee wellbeing

The College's *Standards for Training Organisations* includes a dedicated section on workplace health, safety and welfare of trainees. A mentoring program available to all registrars links trainees with College Fellows, while the College also includes a range of supportive learning environment strategies in the *Supervisor Module* and *Supervisors Guide*, to identify and support trainee wellbeing and trainees in distress.

All members of the College have free access to the College Employee Assistance Program, which offers immediate and confidential phone counselling. Accredited training organisations are required to inform the College of any serious issues involving ACRRM registrars or supervisors and in 2017, the College completed an audit of all RMOs and RVTs seeking advice of any serious complaints involving ACRRM registrars.

Resolution of training problems and disputes

The College has a free call number, dedicated email and online feedback facility for trainees to raise or resolve issues, with the Manager of Education Services being responsible for ensuring appropriate manage of concerns, including resolution and record maintenance. The College is responsible for assisting with dispute resolution on the IP, adopting a peer approach to assist in the issues. The *Respectful Workplaces Framework, Bullying, Harassment and Discrimination Policy, Complaint Procedures* and ACRRM Complaints Policy outline appropriate management of inappropriate behaviour and resolution of training grievances.

A.8 Supervisory and training roles and training post accreditation

Supervisory and training roles

The College has defined the responsibilities for supervisors in the *Standards for Supervisors and Training Posts* document and this is available on the College website. The standards relating to supervisors outline the qualifications, experience, abilities and professional development required by supervisors and evidence of a commitment to teaching and supporting trainees.

The College regularly communicates with supervisors through the monthly training e-newsletter *College Training Connections* as well as the weekly newsletter *Country Watch*. Supervisors are encouraged to take advantage of the College's online learning platform which includes education modules, courses, online forums, webinars and other resources to enhance their skills and confidence as supervisors. There is also a page on the College website dedicated to supervisor resources. Training organisations are required to provide training, support and professional development for supervisors who supervise trainees on the AGPT and RVTS pathways. The standards that training organisations are required to meet are outlined in the *Standards for Training Organisations.*

Training organisations (including the College for the IP) are required to have processes in place to collect information on supervisor performance and trainees provide feedback to the training organisation at the end of each training placement.

The College has an expression of interest process to recruit writers, editors and assessors. All assessors must complete training prior to commencing in their role. The method of training varies depending on the assessment modality but generally includes completing online modules or reading material, a session with the Lead Assessor plus working alongside other assessors and co-marking. Post-assessment feedback from trainees, assessors, invigilators and others involved in assessment occurs routinely after each assessment. This information is reviewed by the Lead Assessor and fed back to assessors as appropriate.

Training post accreditation

All training towards Fellowship of ACRRM must take place in an accredited post. The *Standards for Supervisors and Training Posts* outline the standards for training post accreditation. Post accreditation follows a three year cycle. RTOs are required to visit each accredited post at least once every three years, however most accredited posts are visited more frequently.

Trainees on the IP may train in posts that are already accredited for the AGPT pathway or seek to have a post accredited for their training. Training posts apply to the College and provide information against the standards. The College undertakes a desktop audit of the training post

and supervisor with consideration of the standards and the training posts is then awarded provisional accreditation.

In April 2021, the College had a total of 1032 accredited training posts with 137 of those newly accredited in 2020. This includes Aboriginal and Torres Strait Islander Health Services (90 for Core Generalist Training and 16 for Advanced Specialist Training).

A.9 Continuing professional development, further training and remediation

The College's program to support continuing professional development is the ACRRM Professional Development Program (PDP). Essential information on the requirements for the program are outlined in the 2020-2022 Triennium Handbook and the College website provides additional information and guidance to assist program participants. The program is compulsory for all fellows and is optional for non-fellow members of the College.

There are three professional development categories (educational activities, performance review and outcome measurement) and activities in each of these categories are measured in hours. Compliance requires participants achieve 150 hours per triennium, with 25% from educational activities, 25% from performance review, 25% from outcome measurement and the remaining 25% from any category.

Program participants are able to access and track their PDP activity in their PD portfolio via the College website. The PD portfolio shows the participants status in each category and all completed activities with their number of hours. College staff regularly contact participants throughout the triennium to advise on their CPD status. A random sample of 10% of PD portfolios are audited annually to verify activities and assess compliance. Fellows who are non-compliant at the end of the triennium enter a period of remediation. If that fellow does not participate in the College's remediation process, or is still non-compliant following remediation, fellowship will be withdrawn in line with the *ACRRM Professional Development Remediation Policy*.

A.10 Assessment of specialist international medical graduates

The College assesses specialist international medical graduates (SIMGs) for comparability to an Australian-trained general practitioner on behalf of the MBA through the ACRRM Specialist Pathway. Applicants must hold a qualification in general practice or family medicine included on the College's *Codified List* to be eligible to apply for the specialist pathway. The framework for the pathway is detailed in the *Specialist Pathway Guide* available on the College's website.

The assessment process commences with an interim assessment that has two components, the Paper Based Assessment and Structured Interview. The interim assessment determines the applicant's comparability to an Australian-trained FACCRM, their suitability to commence a period of supervised practice and approval of a specific "Area of Need" or other rural placement if applicable. The Structured Interview panel consists of three Fellows, with one appointed as Panel Chair, and is conducted via videoconference.

Applicants assessed as substantially comparable are required to undertake up to a maximum of 12 months FTE supervised practice, with a minimum of three months. The period of supervised practice includes the satisfactory completion of workplace-based assessments (WBAs), case based discussions (CBD) and multi-source feedback (MSF).

Applicants assessed as partially comparable are required to undertake up to a maximum of 24 months FTE supervised practice, with a minimum of six months. The period of supervised practice includes satisfactory completion of CBD, MSF and StAMPS.

The College selects the WBAs and other standardised assessment modalities used in the ACRRM training program.

The comparability assessment determination may be changed during the period of supervision if performance does not support the interim assessment. The College may:

- Reduce the period of supervised practice to no less than three months for substantially comparable SIMGs and six months for substantially comparable SIMGs.
- Increase the period of supervised practice, upskilling and assessment requirements.
- Change the determination to not comparable and withdraw the SIMG from the specialist pathway.

SIMGs on the Specialist Pathway are not required to complete a formal AST program, although can choose to complete an AST program either before or after Fellowship is attained.

The College's *Reconsideration, Review and Appeals Policy* pathway is available to applicants.

Section B Assessment against specialist medical program accreditation standards

B.1 The context of training and education

1.1 Governance

The accreditation standards are as follows:

- The education provider's corporate governance structures are appropriate for the delivery of specialist medical programs, assessment of specialist international medical graduates and continuing professional development programs.
- The education provider has structures and procedures for oversight of training and education functions which are understood by those delivering these functions. The governance structures should encompass the provider's relationships with internal units and external training providers where relevant.
- The education provider's governance structures set out the composition, terms of reference, delegations and reporting relationships of each entity that contributes to governance, and allow all relevant groups to be represented in decision-making.
- The education provider's governance structures give appropriate priority to its educational role relative to other activities, and this role is defined in relation to its corporate governance.
- The education provider collaborates with relevant groups on key issues relating to its purpose, training and education functions, and educational governance.
- The education provider has developed and follows procedures for identifying, managing and recording conflicts of interest in its training and education functions, governance and decision-making.

1.1.1 Team findings

The Australian College of Rural and Remote Medicine (ACRRM) has corporate governance structures fit-for-purpose, with a separation of policy, membership and education/training under a single, skills-based Board. The College's governance structure and constitution was last reviewed in 2014 and it does not appear to have had any formal evaluation since. The governance structure remains largely unchanged since the last accreditation review and the Board was confident that the structure would remain fit-for-purpose with the transition to College-led training in 2023. The College does not anticipate substantive change to the scope of operations, however, is planning for significant upscaling of operations. The College reported that its 2022 – 2024 Strategic Plan would be finalised shortly after the 2021 reaccreditation. An articulation of short and long-term outcomes in ways that are measurable and in alignment with its Project Logic Map will be a point of interest in future reporting to the AMC.

Aspects of training have already transferred to College management and the team acknowledges the challenge in planning for this whilst specific elements are continuing to be negotiated with various stakeholders. The process is being overseen by the Transition to College-Led Training Advisory Committee (TCLTAC) that provides advice to the Australian government on the transition to College-led training for the delivery of general practice training. The College is represented at this Committee along with other stakeholders. The Australian General Practice Training (AGPT) pathway trainees generally represent a majority of the College's trainee cohort, the challenges of ensuring consistency, adequacy, and training through the transition process is appreciated by the College.

The team considers the College's governance structures give appropriate priority to its educational role relative to other activities, and is defined in relation to its corporate governance, with sufficient autonomy and appropriate resourcing to meet the current education functions. There is strong leadership observed with experienced staff and fellows leading the transition and delivery of education and training programs to College-led training. Under the current model of

the AGPT program, the College has clear expectations of Regional Training Organisations (RTOs) and the delivery of the AGPT pathway through the accreditation of RTOs and the relationship between the College and these entities is clear. With the transition imminent, the College is rightly engaging with RTOs closely to ensure minimal disruption to training.

The College has done considerable work to improve the diversity of its committees, and representation of its Aboriginal and Torres Strait Islander members and rural and remote communities on its governance committees. The establishment of the Aboriginal and Torres Strait Islander Members Group has representation on key governance committees as well as an Independent Board Member. Their combined knowledge and guidance is an asset to the College. The College is in the process of formalising the Aboriginal and Torres Strait Islander Members Group to consolidate their role within College governance and to ensure succession planning with formal terms of reference.

The Registrar Committee that includes 25% Aboriginal and Torres Strait Islander representation is to be commended. The Committee reports directly to the Board through its Registrar Director and is represented on the College Council. The inclusion of nominated representatives from the Future Generalist committee (junior doctors and medical students) on College governance bodies supports increased pathways for feedback.

The College is commended for their collaboration with external stakeholders and efforts to increase representation through the establishment of the Community Reference Group, with potential inclusion of an Aboriginal and Torres Strait Islander representative, to reflect rural and remote community perspectives and contribute to evaluation of the College's programs. The team recommends developing and implementing a more formal stakeholder engagement strategy including regular review to continue this trajectory, following the transition to College-led training.

The Respectful Workplaces Committee was formed to foster a workplace culture that values and supports diversity, inclusion, respect, fairness and transparency. This Committee reports directly to the College Board. The formation of this Committee to propagate safe workplaces and training environments is valued by trainees, and while its inception is commended, it would be useful to review its purpose and effectiveness as part of the transition to College-led training and promote the related *Respectful Workplaces* framework within the College to enable improved awareness.

The College reports there are procedures and clauses applied with clear instructions for all participating in College governance and applicable operational roles to declare and record conflicts of interest. These procedures also apply to panels for trainee and specialist international medical graduate selection interviews, appointment of assessment leads and consideration of reconsideration, review and appeals. The College indicated an overarching Conflict of Interest Policy was being developed that would articulate the principles and approaches advocated for managing conflicts of interest in the College. This should include a transparent system for consistent identification, management and recording of conflicts of interest. The team supports this development, as it would amalgamate the policy and procedures across governance and operational structures.

1.2 Program management

The accreditation standards are as follows:

- The education provider has structures with the responsibility, authority and capacity to direct the following key functions:
    - planning, implementing and evaluating the specialist medical program(s) and curriculum, and setting relevant policy and procedures
    - setting and implementing policy on continuing professional development and evaluating the effectiveness of continuing professional development activities

- setting, implementing and evaluating policy and procedures relating to the assessment of specialist international medical graduates
- certifying successful completion of the training and education programs.

1.2.1 Team findings

The College has clear governance and appropriate structures in place to support program management of its specialist-training program, continuing professional development (CPD) program and assessment of specialist international medical graduates. This includes various Committees (Assessment, Education and Training, Board of Examiners, IMG Assessment, Registrars) that report to the Board via the Education Council. These governance entities have clear terms of reference and function effectively.

Arrangements for training delivery differ between the various pathways; however, training standards are maintained through the College's standards for training organisations and accreditation process. All supervisors and training posts are accredited by the College either directly through the Independent Pathway (IP) or in the case of AGPT and the Remote Vocational Training Scheme (RVTS) in collaboration with accredited training organisations.

The College is commended on its focus and dedicated levels of planning occurring to meet the imminent operational challenges of the transition to College-led raining

1.3 Reconsideration, review and appeals process

The accreditation standards are as follows:

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

1.3.1 Team findings

The College's Reconsideration, Review and Appeals policy and processes are present and appropriate. The policy, with a diagrammatic explanation of the process, is available on the College website, and last reviewed in 2019. The College's Complaints policy, that is publicly available on the website, supports this review process. The College implemented recommendations to revise and simplify language to support applicants from linguistically diverse backgrounds. Appeals processes are also in place for ACRRM trainees via accredited training organisations and monitored via the Training Organisation Accreditation process. The College records and tracks all applications and outcomes, and tables them for discussion with the College Board. The College reported the revised policy and procedures have improved efficiency. The College had resolved 36 of 52 requests (69%) received since 2019 at the Reconsideration level that represents the lowest cost for applicants. The CGT StAMPS assessment is responsible for a high number of complaints and continues to be an area of focus and review for the College. With changes made to the CGT StAMPS and scoring rubric, the team expects the College will continue to provide updates on developments in this area to the AMC through monitoring submissions.

1.4 Educational expertise and exchange

The accreditation standards are as follows:

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

1.4.1 Team findings

The College utilises the expertise of its fellows and there is clear passion and engagement by FACRRMs in the development of its training and education function. There is evidence of involvement at all levels, ongoing review and mapping through the governance structures described under Standard 1.2. Numerous collaborative arrangements and activities were demonstrated including with national and international and with educational institutions. There is clear and positive engagement with RTOs, noting the uncertainty for RTOs in the transition to College-led training. The College's engagement with the Royal Australian College of General Practitioners (RACGP) continues to be an important partnership in the advocacy and support for training pathways and trainees.

The College is commended on engaging with the many individuals with educational expertise throughout its governance structures. This includes those involved in the delivery of training programs that contribute to the robustness of its education and training programs.

1.5 Educational resources

The accreditation standards are as follows:

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

1.5.1 Team findings

Consideration for resourcing and capacity is clearly an important area for the College going forward as it transitions to delivering College-led training by 2023 and the anticipated commencement of the Rural Generalist Training Scheme (RGTS). The College is undergoing a rapid expansion and transition and staffing arrangements are currently subject to continuing changes. The College has over 90 operational staff, and 80 staff with key clinical roles, such as medical educators, assessors and assessment writers with specified role descriptions. About 80 clinicians contribute as course instructors and content experts and with about 50 that contribute as interview panel assessors. The College also contracts some operational support services including information technology support, human resources, and legal services as required.

The College currently has the necessary resources and management capacity to deliver the training to those on the Independent Pathway. The Colleges' strong leadership with experienced staff and fellows involved in education and training delivery contributes to the robustness of its education and training programs and is a key strength in the move to College-led training. The team considers close monitoring is needed, as it is a rapidly evolving aspect to ensure resourcing and financial sustainability, with a particular focus on strengthening local structures.

The team recognised there was significant cultural burden on the Aboriginal and Torres Strait Islander Members Group. The College is encouraged to develop internal resources to support cultural safety and culturally appropriate engagement with stakeholders. This could potentially extend to further development of education and training resources that align with one of the

central tenets of the College's training program that is the health of Aboriginal and Torres Strait Islander peoples or giving attention to the actions of the College's Reconciliation Action Plan.

1.6 Interaction with the health sector

The accreditation standards are as follows:

- The education provider seeks to maintain effective relationships with health-related sectors of society and government, and relevant organisations and communities to promote the training, education and continuing professional development of medical specialists.
- The education provider works with training sites to enable clinicians to contribute to high-quality teaching and supervision, and to foster professional development.
- The education provider works with training sites and jurisdictions on matters of mutual interest.
- The education provider has effective partnerships with relevant local communities, organisations and individuals in the Indigenous health sector to support specialist training and education.

1.6.1 Team findings

The College has long-standing and strong working relationships with jurisdiction and health services, rural generalist coordinating units (RGCUs), rural training hubs and rural clinical schools. The team commends the College's astuteness and advocacy shown through the development of relationships and collaboration with stakeholders in rural/regional workforce planning as part of transition to College-led training. As identified under Standard 1.5, there is considerable work to be done in preparation and this includes training sites currently accredited by RTOs needing to be directly accredited or identified by the College to come under the IP. This would apply to training sites for Core Generalist Training (CGT) and Advanced Specialty Training (AST). Positive relationships with RTOs should support the transition to College-led training with greater ease, however, careful planning continues to be required to ensure standards of teaching and supervision are maintained.

The College is commended for its Innovate Reconciliation Action Plan with Reconciliation Australia, defining the College's commitment to the Aboriginal and Torres Strait Islander communities. The team notes the Innovate Reconciliation Action Plan has 23 actions to be completed within 18 months and Reconciliation Australia recommends the 'Innovate: Implementing reconciliation initiatives' stage of a Reconciliation Action Plan have an implementation time of two years. The actions within the Innovate Reconciliation Action Plan are meant to be deliverable whilst the College undergoes enormous organisational change. The team recommends plans for monitoring and evaluating the effectiveness of implementation of the Innovate Reconciliation Action Plan to be enacted to ensure key objectives are kept top of mind.

The College is committed to supporting rural and remote health delivery with evidence of engagement with Aboriginal and Torres Strait Islander communities, both at higher levels through national organisations and on the ground with fellows working in Aboriginal Community Controlled Health Organisations (ACCHOs). To prevent fatigue and allay the cultural burden on its fellows and trainees the College should also consider ways to develop and support grassroots engagement with Aboriginal and Torres Strait Islander communities through non-member representation.

The team supports an evaluation of existing stakeholder engagement with ACCHOs, as this will result in relevant education and training programs that contribute to the trainee practicing in a culturally safe manner. This will also result in a more localised, targeted program rather than being representative of a few voices as a select group of Aboriginal people who are not representative of all Aboriginal and Torres Strait Islander peoples. An overall improvement of engagement with external stakeholders in the development of the College's education and training

programs through formal evaluation of the effectiveness of existing stakeholder consultation is recommended. Consultation with ACCHOs in relation to community priorities is highly encouraged with consideration for additional avenues to be developed to support broader stakeholder engagement to enable referencing across various programs, projects and developments within the College.

1.7 Continuous renewal

The accreditation standards are as follows:

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

1.7.1 Team findings

The College is committed to regular strategic planning with appropriate succession planning in place. There has been good focus on the structures and functions, but as the team has observed, the transition to College-led training will require significant upscaling within College governance and operationally. The College has demonstrated its ability to respond to changing needs and environmental factors by its response and support for members over the course of the COVID-19 pandemic. The College has maximised existing structures and operational methods to ensure education and training functions continue uninterrupted.

The team notes the College is on the precipice of rapid change that will require resilience built into its existing structures. As the last review of the College governance structure was in 2014, and considering imminent changes to the College's education and training programs, the team recommends the College review its current governance structure to determine if it will remain fit-for-purpose and efficient following transition to College-led training.

There are also a number of recommendations for the College to detail plans and implement monitoring and evaluation processes to measure progress and/or success. It will be important for the College to utilise the results from monitoring and evaluation to refine its education and training programs as well as overall strategic goals.

2022 Accreditation Commendations, Conditions and Recommendations

Commendations

A The well-defined governance structures and committees that are inclusive of trainees, Aboriginal and Torres Strait Islander members and, community members.

B The inclusion of a trainee, as a director with full voting rights, on the skill-based Board.

C The commitment to health outcomes and health equity of Aboriginal and Torres Strait Islander communities in Australia through its education and training program, and the development of the Innovate Reconciliation Action Plan.

D The formation of the Respectful Workplaces Committee demonstrates a commitment to ensuring safe workplaces and training environments for trainees.

E The strong relationships and collaboration with external stakeholders including jurisdiction, health departments and regional training organisations supporting critical rural and regional workforce planning.

Conditions to satisfy accreditation standards

1 Provide evidence of effective implementation of the:

(i) 2022 – 2024 Strategic Plan. (Standards 1.1 and 1.2)

(ii) Innovate Reconciliation Action Plan. (Standard 1.6.4)

2 Finalise terms of reference of the Aboriginal and Torres Strait Islander Members Group. (Standard 1.1.5)

3 Finalise and provide evidence of the implementation of the College's conflict of interest policy. (Standard 1.1.6)

4 Provide details of plans to adequately resource College operational structures to undertake all the College's education and training activities following transition to College-led training. (Standard 1.5)

5 Demonstrate a formal approach to strengthening partnerships with relevant local communities, organisations, and individuals in the Indigenous health sector. (Standard 1.6.4)

Recommendations for improvement

AA Consider a formal governance review following the transition to College-led training. (Standard 1.1)

BB Consider how the role of lay members (consumer, community and/or skills based) and Aboriginal and Torres Strait Islander representation on the Council, Board and/or other committees may facilitate more diverse perspectives at a strategic level. (Standard 1.1.3)

CC Consider developing a more formal stakeholder engagement strategy, including regular review of stakeholder satisfaction. (Standard .1.6.4)

B.2 The outcomes of specialist training and education

2.1 Educational purpose

The accreditation standards are as follows:

- The education provider has defined its educational purpose which includes setting and promoting high standards of training, education, assessment, professional and medical practice, and continuing professional development, within the context of its community responsibilities.
- The education provider's purpose addresses Aboriginal and Torres Strait Islander peoples of Australia and/or Māori of New Zealand and their health.
- In defining its educational purpose, the education provider has consulted internal and external stakeholders.

2.1.1 Team findings

The College has a clearly defined educational purpose for the specialty medical training program for specialist general practice. The College's purpose statement is '*to set professional standards for practice, lifelong education, support and advocacy for specialist general practitioners and rural generalists."* The College's vision is *'the right doctors, in the right places, with the right skills, providing rural and remote people with excellent health care."*

While it is implicit, the health of Aboriginal and Torres Strait Islander peoples is not addressed explicitly in the College's educational purpose. Clear statements addressing the improvement of health outcomes for Aboriginal and Torres Strait Islander people need to be embedded in the College's educational purpose. The team recommends formally consulting with relevant stakeholders to define its purpose in this aspect.

The College's vision, purpose and values were determined by the College Council, which is the College's peak representative body. Through this process, there has been significant engagement with internal stakeholders on behalf of the communities that they live and work in, but there has not been a formal process, by which external stakeholders have been consulted.

2.2 Program outcomes

The accreditation standards are as follows:

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

2.2.1 Team findings

The College has developed a set of publicly available program outcomes designed to describe a practitioner able to contribute effectively and optimally to meeting the breadth and depth of medical needs of people in rural and remote areas. These have been summarised in the College's vision and mission statement and have been developed in response to the distinctions, access challenges and ongoing unmet needs of rural and remote communities. Eight domains of rural and remote practice have been identified and described, including Domain 6 that specifically addresses Aboriginal and Torres Strait Islander Health – "*Work with Aboriginal, Torres Strait Islander, and other culturally diverse communities to improve health and wellbeing."*

If the College purports to serve Aboriginal and Torres Strait Islander communities through its training and education functions, then the training program should to take into account specific community needs. The current wording of Domain 6 does not outline how ACRRM will '*work with Aboriginal and Torres Strait Islander…'* which risks having a trainee placed within an Aboriginal and/or Torres Strait Islander community or within an ACCHO as a simple 'cultural tick' for working with Indigenous communities without producing deeper understanding, therefore improvement in health and wellbeing outcomes. It is important Domain 6 reflects that strengths-based, holistic and culturally appropriate care, will be provided to Aboriginal and Torres Strait Islander people, and other culturally diverse communities, based on respect and understanding to improve overall health and wellbeing.

There is an expectation that medical practitioners will demonstrate cultural competence and practice in a culturally aware and safe manner. The College provides national level cultural safety training via a number of mechanisms, and localised cultural safety training is largely delivered by the Regional Training Organisations with variable success. Trainees on the Independent Pathway have access to cultural safety training via local, individual mechanisms, which can also be variable. With the transition to College-led training, there is a significant risk that the local delivery of cultural safety training may be lost.

The program outcomes were reviewed routinely during 2018-2020 and internal and external stakeholders informed this review. Additionally, the curriculum review process, which included a review of graduate outcomes, had processes by which communities could be engaged and provide feedback. There is no independent and formal process through monitoring and evaluation, by which the healthcare needs of the community are fed back into developing program and graduate outcomes.

2.3 Graduate outcomes

The accreditation standards are as follows:

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

2.3.1 Team findings

The graduate outcomes are given as competencies listed in the Rural Generalist Curriculum and Fellowship Training Handbook under each of the eight domains. These are publicly available.

The College has defined an ACRRM Fellow as a medical specialist who has been assessed as meeting the requisite standards for providing high-quality rural generalist medical practice. This is further defined as a general practitioner who has a particular expertise in providing medical care for rural and remote or isolated communities. This includes applying a population approach, providing safe primary, secondary and emergency care, culturally engaging Aboriginal and Torres Strait Islander peoples' healthcare as required and providing specialised medical care in at least one additional discipline.

The team notes that ACRRM fellows are granted specialist medical registration as a General Practitioner and therefore the program and graduate outcomes should recognise this as the primary endpoint of the training program.

2022 Accreditation Commendations, Conditions and Recommendations

Commendations

F The College's educational purpose, program outcomes and graduate outcomes are clearly elucidated and publicly available.

G The College has included Aboriginal and Torres Strait Islander Health as a separate domain with associated competences for program and graduate outcomes.

Conditions to satisfy accreditation standards

6 Define how the College's vision, mission statement or purpose explicitly addresses the health of Aboriginal and Torres Strait Islander peoples. (Standard 2.1.2)

7 Develop a formal process by which external stakeholders, such as communities, can provide input into determining the College's educational purpose, program and graduate outcomes. (Standard 2.13)

8 Develop a formal process by which the health care needs of the community can be fed back into developing program and graduate outcomes. (Standards 2.2 and 2.3)

9 Ensure that Independent Pathway trainees, and all trainees, after the transition to College-led training, have access to locally delivered cultural safety training. (Standard 2.2.1)

Recommendations for improvement

Nil.

B.3 The specialist medical training and education framework

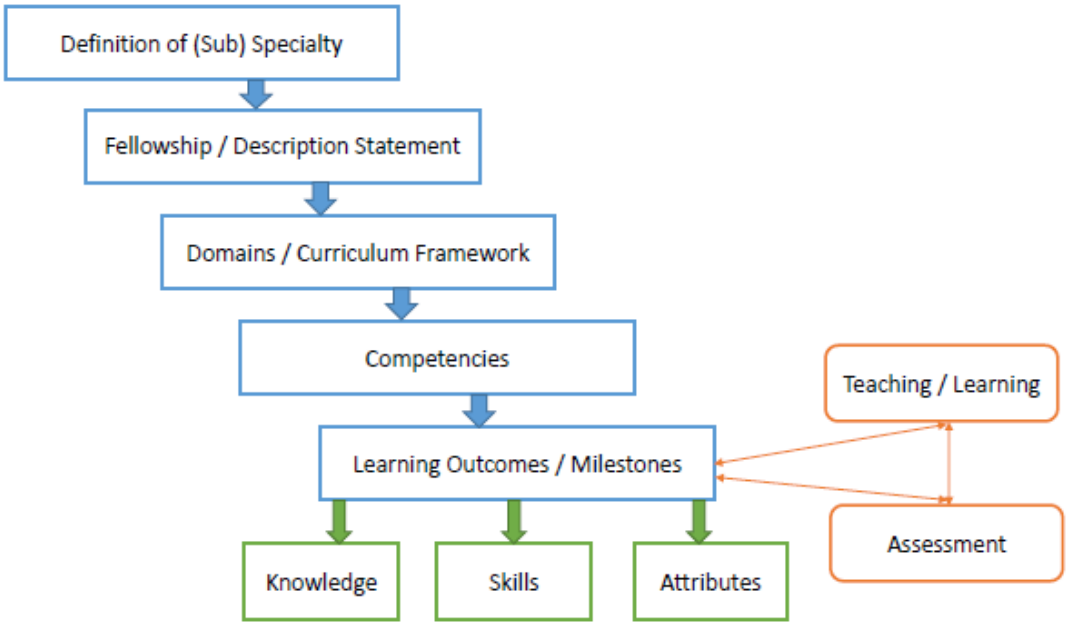
3.1 Curriculum framework

The accreditation standards are as follows:

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

3.1.1 Team findings

The College's framework and curriculum, as described within the College's reaccreditation submission, endeavours to cover AMC requirements, and carefully references the AMC standards. The College developed the fifth edition of the Rural Generalist Curriculum from 2018 to 2020, and implemented the new curriculum in early 2021. The team has observed that this is an organised, comprehensive document, introducing the term 'rural generalist' in College terminology and defines the role of the Rural Generalist Medical Practitioner. The diagram below illustrates the College's Curriculum Framework:



The curriculum framework covers the Core Generalised Training (CGT) and Advanced Specialist Training (AST) programs, providing comprehensive content, incorporating the eight domains of practice. These eight domains of rural and remote practice describe the different contexts of general practice in which fellows may work, particularly in the rural and remote clinical context. It also defines the extra training, experience and assessment for AST programs compared with the CGT program.

There are 60 competencies in total listed across the domains and these describe the observable abilities that require the integration of multiple aspects of knowledge, skills and attributes. These define the professional capability expected at successful completion of training and comprise the graduate outcomes. Thus, the graduate outcomes are meaningful for the trainees, being the patient care competencies expected as a FACRRM after individual program completion.

The curriculum is well set out in terms of stages of training: the team notes the useful descriptors of 'beginning', 'progressing' and 'achieved'. Mandatory components of the training are indicated clearly through the four-year training program for all trainees. Competency standards provide further detail as to the level of competency required and as indicators of stages of progression

toward fellowship standards. They define the minimum level of competency required at CGT level and the higher level to be attained at the advanced specialised level in each of the AST areas.

The breadth required in CGT is large and the team notes the incorporation of the doctor roles, not just "medical content". There are twenty attributes expected for a doctor working in the field of practice. They describe the appropriate professional approaches characteristic of the doctor in their practice. The team also notes the progression of specified competencies within the AST components. 'Learning areas' are useful pointers to where the competency development with learning through clinical experience may occur.

The Fellowship Handbook and AST handbooks on the College's website provides trainees, fellows and the public with easy access. The team noted the adaptation of the CanMEDS roles, listed in the last few pages of the curriculum. As these roles are generic, the team considered they could be listed earlier in the document.

AST programs are now available in 12 fields, usually of 12 months duration. Assessment principles and methods are the same as for CGT but not all streams require StAMPS examination. The curricula are carefully linked to CGT by defining the advanced (AST) competencies. A major project report of 4000-5000 words is suitably integral to some AST curricula.

The College's plans for the transition of the AGPT pathway to College-led delivery of the training program are also well documented and the team was reassured that the inherent risks to this change in curriculum delivery has been considered by the College. The introduction of the rural generalist curriculum consolidates the concept of being a rural generalist as being more than a general practitioner in a rural location, bringing together two previously separate curricula. The application of the rural generalist curriculum, in comparison with previous curricula, will require continued monitoring and evaluation with respect to trainee progress and completion.

The scope of the 2021 reaccreditation covers the College's role in providing education and training programs and continuing professional development programs in the approved medical specialty of General Practice, albeit that ACRRM trainees and fellows are often located in rural and remote locations. The team is aware of the College's application for 'rural generalism' to be recognised as a specialty. The team notes there are ACRRM trainees and fellows based in regional cities and metropolitan areas. While the team understands the College's justification for the 'rural generalist' specialty, the College should ensure all ACRRM trainees and fellows are able to continue to practice in all settings, according to the outcomes of its training programs.

3.2 The content of the curriculum

The accreditation standards are as follows:

- The curriculum content aligns with all of the specialist medical program and graduate outcomes.
- The curriculum includes the scientific foundations of the specialty to develop skills in evidence-based practice and the scholarly development and maintenance of specialist knowledge.
- The curriculum builds on communication, clinical, diagnostic, management and procedural skills to enable safe patient care.
- The curriculum prepares specialists to protect and advance the health and wellbeing of individuals through patient-centred and goal-orientated care. This practice advances the wellbeing of communities and populations, and demonstrates recognition of the shared role of the patient/carer in clinical decision-making.
- The curriculum prepares specialists for their ongoing roles as professionals and leaders.
- The curriculum prepares specialists to contribute to the effectiveness and efficiency of the health care system, through knowledge and understanding of the issues associated with the

delivery of safe, high-quality and cost-effective health care across a range of health settings within the Australian and/or New Zealand health systems.

- The curriculum prepares specialists for the role of teacher and supervisor of students, junior medical staff, trainees, and other health professionals.
- The curriculum includes formal learning about research methodology, critical appraisal of literature, scientific data and evidence-based practice, so that all trainees are research literate. The program encourages trainees to participate in research. Appropriate candidates can enter research training during specialist medical training and receive appropriate credit towards completion of specialist training.
- The curriculum develops a substantive understanding of Aboriginal and Torres Strait Islander health, history and cultures in Australia and Māori health, history and cultures in New Zealand as relevant to the specialty(s).
- The curriculum develops an understanding of the relationship between culture and health. Specialists are expected to be aware of their own cultural values and beliefs, and to be able to interact with people in a manner appropriate to that person's culture.

3.2.1 Team findings

The content of the curriculum centres on trainees becoming fellows and the team notes there were many positive responses from the stakeholders about ACRRM, its curriculum and role in providing rural and remote healthcare through its curriculum, training program, trainees and fellows. It has been noted that some trainees have indicated inconsistency continues to exist, in the delivery of the training program and curriculum by training organisations, in comparison with IP trainees. This may have potentially been exacerbated by changes in personnel in some training organisations and the transition to the Rural Generalism curriculum "…being about a general practitioner who has specific expertise in providing medical care for rural and remote communities, who may provide care in an additional discipline…" as an outcome for the AST specialty.

The tension between prescribed curriculum and the varied clinical experiences encountered by trainees is acknowledged. In preparation for the transition to College-led training in 2023, the College should align the requirements for trainees on the AGPT training pathway to the IP training pathway as the latter forms the basis for the expanded College-led training program. The team has observed the College has robust methods to track trainee progression and expects the College to undertake measures to support AGPT trainees transitioning to the new training pathway especially in terms of required supervision and education sessions.

The College is commended for defining learning areas with increasing levels of competence under *Domain 6: Aboriginal, Torres Strait Islander, and other culturally diverse communities to improve health and wellbeing.* There are substantive requirements under *Domain 6* to support the understanding of Aboriginal and Torres Strait Islander health, history and culture. The College has revised its curriculum in consultation with its Aboriginal and Torres Strait Islander Members Group to adopt a more contemporary, strengths-based approach to the health of First Nations peoples. The College offers online courses related specifically to cultural awareness and cultural competency, with online education modules and workshops mapped to curriculum and assessment for IP trainees.

The team heard the development of a comprehensive cultural safety-training program has had appropriate input from the Aboriginal and Torres Strait Islander Members Group and relevant community consultation. As this is intended to be a flagship cultural safety online course, the College is asked to provide updates on the implementation and update of this course in future monitoring submissions to the AMC. It is intended that this training will be made mandatory for trainees and is to be adapted for fellows as part of continuing professional development (CPD). The team understood there was a preference in the College for the learning of cultural safety

awareness to develop on self-driven basis. The team asks the College to consider mandating cultural safety training, to ensure that all members related to the College have basic awareness.

Apart from modular training, there is also support for experience-based training in local settings to enable trainees involved in the care of Aboriginal and/or Torres Strait Islander people to be culturally safe. It is noted in dialogue during the accreditation week that the trainees may be less capable to care for Aboriginal and Torres Strait Islander patients in practice settings where these patients are infrequently encountered. The team heard concerns from trainees and supervisors that localised context related to the care of Aboriginal and Torres Strait Islander peoples may get lost in the transition to College-led training as this is mainly managed by the regional training organisations. In its overall transition plan, The College is asked to integrate localised content in the context of cultural safety to enhance its role with input from the Aboriginal and Torres Strait Islander Members Group and other community input as appropriate.

Scientific foundations and patient-centred care, including the management in rural/remote contexts, are described across several domains. Being a leader is emphasised in several areas and makes specific the need to work in multidisciplinary teams. Population health is noted mainly as AST training, albeit aspects of Standard 3.2.4 and 3.2.6 are covered elsewhere in the CGT curriculum. The College has also included palliative care as an option in advanced specialist training, in response to feedback from fellows, trainees and health needs.

The research component is covered under *Domain 7: Practise medicine with an ethical, intellectual and professional framework* with learning area #36 'Scholar', the Academic Practice AST, and within some of the other AST programs as a project. This is consistent with the AMC standard encouraging research skills development with options to pursue these requirements. The team noted that there were not many existing locations for the Academic Practice AST and heard of delays with organisation of new locations that the College is strongly encouraged to look into.

While clinical tasks are described, the focus of the curriculum is on trainees and their progress. The introduction of 20 Entrustable Professional Activities (EPAs) will cover many common tasks in rural general practice. The development and planned implementation of EPAs should provide further basis for connecting the clinical work to the progress described by the training program.

Specific comments were provided by stakeholders about the need for climate change to being better articulated, the usefulness of developing EPAs as planned, and the teacher-scholar aspects of being a rural/remote doctor. The team notes integration into existing training models and programs under College-led training is planned in 2022. Significant developments should be provided in future monitoring submissions to the AMC.

The context of rural and remote practice as described by Domain 8 requires training in primary care (general practice) for a minimum of six months and fellows are expected to be able to practise anywhere in Australia. The team notes that this reflects the tension between being proficient in general practice and the 'rural generalist' above. The team heard some concerns from supervisors about this length of training time as being insufficient, although it was reassuring to hear that more than 90% of trainees complete more than 12 months in primary care practice or general practice settings. This information came as supplementary information from the College.

With the implementation of the rural generalist curriculum, the team considers the primary care component might require greater minimum time. The College should consider how additional training time in primary care might be included to ensure the requirements of *Domain 2: Provide primary care* are adequately met by trainees in all settings. The team recommends the College consider increasing the minimum time to 12 months in primary care training, to satisfy the requirements of practicing anywhere in Australia and to support primary care as a strong feature in CGT StAMPS examinations (see Standard 5).

3.3 Continuum of training, education and practice

The accreditation standards are as follows:

- There is evidence of purposeful curriculum design which demonstrates horizontal and vertical integration, and articulation with prior and subsequent phases of training and practice, including continuing professional development.
- The specialist medical program allows for recognition of prior learning and appropriate credit towards completion of the program.

3.3.1 Team findings

Purposeful design is evident in the stages of training, and the CGT and AST aspects. The curriculum clearly looks to deepen knowledge and to advance skills and performance. The required learning modules and associated teaching within the first two years of the program directly support clinical practice. The medical specialty content has been authored by fellows of ACRRM. An evaluation of the new curriculum over the next 3-4 years would be appropriate to measure its impact and the results will be of interest to the AMC.

The continuum of rural and remote practice is well supported by engagement of medical students and doctors as members yet not trainees nor fellows. This integration is supported by access to resources including the learning management system and portfolio, especially for medical students and prevocational doctors. The learning portfolio enables an emergent record of achievement, courses completed and logbook of clinical activities and procedures, even before becoming a trainee. The team notes the College's comments about integrating training across the medical continuum and has membership on Commonwealth-funded jurisdictional Rural Generalist Coordinating Units (RGCU) that includes supporting prevocational doctors undertaking rural generalism as a training pathway. Key College fellows are involved with rural clinical schools, Federation of Rural Academic and Medical Educators (FRAME), Postgraduate Medical Councils (PMC) and health departments. Continuing Professional Development is suitably tailored (see Standard 9).

All of the relevant submission documents and the discussion during the accreditation week was about commencement at PGY2 or later, and often PGY3-4 for Australian trainees. The team noted that in the Fellowship Training Handbook, that there was discussion about recognising PGY1 experiences and training (pp9-12, handbook). There were opinions expressed during the accreditation week that commencement at PGY3-4 works well: this will fit with the emergent two-year internship approach.

The College last revised its recognition of prior learning (RPL) policy in 2019, in response to finding that the high rate of RPL being awarded was identified as a factor in poor assessment outcomes. Applicants are allowed up to two years RPL of the minimum four years of training, for those entering the training pathway to fellowship. The team learned from the College's submission that a majority of requests for RPL requests continue to be granted, although there are less applications received due to the revised policy. Depending on the field of RPL, this may be recognised directly as AST, given adaptation to the rural and remote context through CGT for two years. RPL may be approved based on progress/experience in another specialist training program, including previous completion of another fellowship. The College reported that the policies and requirements for RPL are aligned across all of the College's training pathways.

3.4 Structure of the curriculum

The accreditation standards are as follows:

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

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

3.4.1 Team findings

The Rural Generalist Curriculum clearly articulates the nexus between CGT and AST, as well as stages within the College program. This is complemented by the assessment approach (see Standard 5) and summarised in the College's reaccreditation submission.

The usual time for trainees in the program appears to be more than the minimum four years. This may be because of non-completion of summative assessments, especially CGT StAMPS, the interface of CGT and chosen AST training or a change in location with some AST programs requiring two years. Should most trainees complete in five years, they are expected to be well trained, suitably experienced and able to perform independently as fellows.

The training program certainly provides flexibility, whether this be related to requiring support or even remediation, as well as location changes, move to part-time training or a break in training. The team notes there was good gender balance in applications for part-time and interrupted training that signified equitable access for all trainees. Providing this flexibility is commendable, although keeping track of where trainees are on the program requires careful management. The College manages this for IP trainees while the RTOs manage these training requirements for the AGPT/RVTS trainees. Trainees reported that flexibility in training was usually easy to access. As IP trainees find their own jobs, the team notes that organisation following the 2023 College-led transition will be a much larger task. A review of the ACRRM website shows it is expected there would be about 900 eligible accredited practice locations. Consequently, the team notes that the website statement "choosing your own adventure" and trainee numbers will require more administration from 2023.

The team notes that this trainee-centred training program is well developed compared with many other training programs. Flexibility is embedded in individual four-year learning plans developed with the relevant medical educator. The team notes there is significant flexibility in the sequence of training, meaning that where suitable, an AST program may be completed prior to CGT training. The College considers that early AST may not affect actual career focus of rural generalist practice, because the CGT is about the rural generalist as defined above. The team, however, heard some views from those in smaller towns or rural/remote communities that "hospital facilities" and "GP practice locations" are often the same, and mindfulness on adequate resourcing and access to training is needed to ensure appropriate training for the relevant AST. Summative assessments may also overlap between CGT and AST, being two components of the overall, individual, training program. Trainees in the IP pathway, in particular, appreciated the flexible approach of the training program that afforded them more control over their pathway. The AGPT pathway appears less flexible and the College indicates that closer alignment to flexible training is being considered in the transition to College-led training.

2022 Accreditation Commendations, Conditions and Recommendations

Commendations

H The breadth and structure of the Rural Generalist Curriculum with its nexus between core generalist training and advanced specialist training, the broader professional medical roles and stages of training. The approach allows comprehensively for the medical training continuum.

I The Fellowship (CGT) and AST Handbooks, and Rural Generalist Curriculum, are available on the ACRRM website and accessible to trainees, fellows and the public.

J The clearly defined domains for attaining competences with increasing markers of progression as a core generalist and in its advanced specialised training components.

K The flexibility of the training program, particularly for the Independent Pathway, is appropriate and appreciated by trainees.

Conditions to satisfy accreditation standards

10 Provide evidence of alignment under College-led training of:

(i) Entrustable professional activities in the curriculum framework and with evidence of integration into training pathways. (Standards 3.1 and 3.2)

(ii) IP and AGPT pathways with transition plans. (Standard 3.2)

(iii) Flexible training arrangements for all pathways. (Standard 3.4.3)

11 Evaluate the effectiveness of the Rural Generalist Curriculum with respect to its application at CGT and AST levels to meet related program and graduate outcomes.

Recommendations for improvement

DD Consider having the broader professional skills referred to as non-clinical CanMEDS given prominence by presenting earlier in the new Rural Generalism Curriculum. (Standard 3.2.5)

EE Clarify in the training program and curriculum how trainees are prepared for general practice in a range of settings. (Standard 3.2.6)

B.4 Teaching and learning

4.1 Teaching and learning approach

The accreditation standards are as follows:

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

4.1.1 Team findings

Training towards ACRRM Fellowship is provided to AGPT and RVTS trainees through accredited Registered Training Organisations (RTOs). This means that, other than through the application of accreditation standards and training progression requirements, the College is limited in its ability to directly affect the training experiences of these trainees.

For trainees on the Independent Pathway (IP), however, the College provides training directly, through a broad range of teaching and learning mechanisms, and with support for trainees both locally and centrally.

This difference in approach by training pathway is significant, both in assessing the College's current compliance with the standards and the likely impact of the imminent transition to College-led training.

The trainees on the IP currently represent a minority of the overall cohort of ACRRM trainees, the College has indicated that the current Fellowship Education Program delivered to IP trainees "*…will become the program for all ACRRM registrars although aspects of delivery may be delegated to other organisations".* This means that the experiences and training of IP trainees are relevant across the board, as it is the only stream over which the College has direct control, and also indicates the likely direction of training in light of imminent changes in the general practice training landscape.

This also means that responding to the increased demands of providing direct education to the entire cohort of trainees will require significant analysis and, if necessary, changes in governance, resourcing and approach. Fortunately, it is clear that the College is fully aware of this and is approaching the challenge with due care. The College Discussion Paper *"Transition of ACRRM Training Program from Australian General Practice Training by 2023",* dated July 2021, was shared with the team, and indicates that there is a significant body of work already underway. This is a detailed document, and includes analysis of current governance and educational structures to ensure fitness-for-purpose, key operational priorities in the post-transition delivery, and a clear charter outlining commitments of the College in the transition including, pleasingly, a commitment to collaborate closely with the RACGP and other key stakeholders.

Various elements of the transition, including the funding arrangements for trainees previously funded under AGPT, remain unresolved. However, the College has identified some of the key risks inherent in the transition, including the potential impact on current trainees, public debate on the transition, and the recognition that the transition occurs in what is already a reform-heavy space, with the Medical Workforce Strategy focussing strongly on both generalism and geographic maldistribution.

While the changes driven by the change to College-led training are not the primary focus of this accreditation assessment, the scaling up of training and education resources, in preparation for the new environment in which training is provided directly by the College to all trainees, will be of interest.

Discussions with IP trainees, as those who receive training directly overseen by the College (and who serve as an early indicator of a post-transition training environment) revealed positive views of the trainees on the range of teaching and learning approaches. It was clear that, over the last

three years, well-resourced and integrated online teaching and learning resources had been developed to facilitate training delivery to IP trainees.

There was particularly positive feedback on the online resources. In demonstration of the educational resources and the College's Learning Management System, the team was impressed by the range and relevance of online offerings, and this was confirmed when explored with trainees.

The twelve-month online education program, developed by FACRRMs, comprises ten four-week modules across two semesters, with each module representing approximately six hours of engagement by trainees. The pattern of each module across the four weeks includes self-directed learning, discussion forums, a capstone webinar and a mandatory summative MCQ assessment. Trainees valued the breadth of material in the modules, the ability to engage directly with FACRRMs (outside of their day-to-day supervisory relationships), and the structured nature of the online offerings.

In addition to completion of the modules, trainees must complete two five-day skills-based workshops (with over 40 options), four Online Learning courses (which may be chosen from a range of approximately 100 options) and a number of emergency medicine courses.

The modules are complemented by other elements in the online offerings by the College. One element that was singled out by trainees for particular praise were the monthly "Lifehack" webinars which, while not mapped to the curriculum, provided opportunities for peer networking and support, and covered topics that might not otherwise be discussed.

It should be noted also that many of the online resources are provided (under various arrangements) to medical students, prevocational doctors and non-members.

The online delivery also provided the College with a solid start when changes needed to be implemented in the face of the COVID-19 pandemic and its impacts on face-to-face learning and assessment. While the online program had relied on in-person workshops, the College was able to pivot effectively to provide enhanced online and decentralised teaching and assessment, including the delivery without disruption of the CGT StAMPS assessments. IP trainees indicated that, on the whole, they had felt well-supported with steady communication throughout the COVID-19 period.

The scalability and agility of the online platform also should respond well in the transition to College-led training.

4.2 Teaching and learning methods

The accreditation standards are as follows:

- The training is practice-based, involving the trainees' personal participation in appropriate aspects of health service, including supervised direct patient care, where relevant.
- The specialist medical program includes appropriate adjuncts to learning in a clinical setting.
- The specialist medical program encourages trainee learning through a range of teaching and learning methods including, but not limited to: self-directed learning; peer-to-peer learning; role modelling; and working with interdisciplinary and interprofessional teams.
- The training and education process facilitates trainees' development of an increasing degree of independent responsibility as skills, knowledge and experience grow.

4.2.1 Team findings

Discussions with trainees, supervisors and the College indicated that the program is well structured to deliver a training experience that provides graduated support and encourages the development of independent practice in the clinical setting. There was a firm focus on practice-based, experiential learning across both the Core Generalist and Advanced Specialised Training

elements of the program. This was evident across the breadth of training settings, in both traditional "office-based" general practice and also in more diverse clinical settings.

Conversations with both trainees and supervisors demonstrated that there were multiple complementary mechanisms to support *in situ* training, and many were applicable to AGPT, RVTS and IP trainees. These included in-person or online interactions with Medical Educators, and the well-received and highly valued Clinical Teaching Visits, which provided opportunities for reflection on the learning environment as well as direct provision of training.

Feedback from both trainees and supervisors also indicated that, recognising the teamwork inherent on general practice (regardless of clinical setting), there is a strong focus on encouraging interprofessional learning and working in multidisciplinary teams. This was evident across the AST offerings as well as during CGT.

In the words of a number of supervisors, General Practice is a specialty that is often taught "from the next room". The College has clear indications of the development of trainee independence throughout the program, from the first six months (learning the system, including Medicare Benefits Schedule billing and the processes of interaction between primary and secondary/tertiary care), through the experiential learning in the clinical setting, to the point of graduation to specialist practice. This is observed and developed through direct supervision and teaching, online modules, and close mentorship with College and RTO personnel.

Two issues did arise during the course of the assessment. The first was that some specialist international medical graduates expressed concern that the level of support received was, to some extent, dependent on practice location and medical educator. The team considered that there may be benefit to the development of a mandatory and structured induction process, that included access to cultural safety training and introduction to the local area of practice.

The second issue identified, and also discussed under Standard 3, relates to the period mandated during training for clinical experience in the traditional general practice setting- often referred to as "office-based general practice". The minimum mandated duration is set at six months. In essence, this means that a trainee can reach Fellowship, and thus recognition as a Specialist in General Practice, with only six months exposure to a "standard" General Practice setting.

The College supported the six-month mandatory time in general practice training with two observations:

- The first was that the training program develops rural generalists, who perforce will work in many more settings than a traditional General Practice surgery, including hospitals, emergency departments, clinics, operating theatres and other clinical settings. This is true, and will potentially position trainees and fellows well should the current application for Rural Generalism as a field of specialty practice within General Practice be approved and recognised. However, the team recognises the training program assessed in this 2021 reaccreditation is towards a specialist qualification in General Practice, and that this should be reflected in the clinical experience of trainees.
- The second was that while the mandated minimum of general practice only six months, the College indicated that the "overwhelming majority" of trainees elect to do more than this. However, the observation of the assessment team was that, if this is the case, there would seem little impediment to increasing that mandatory requirement.

Concerns about adequate training time in general practice were also made to the team in discussions with both trainees and some supervisors. The view expressed was that more time in more traditional/office-based general practice settings during training would increase graduates' preparedness for independent practice in that setting.

For this reason, the team recommends that the College should undertake a formal evaluation of the sufficiency of the period of mandated exposure to general practice during training, with mapping to the curriculum and graduate outcomes.

2022 Accreditation Commendations, Conditions and Recommendations

Commendations

L The range of teaching and learning approaches, with both face-to-face and online components, supplementing experiential learning with a structured delivery available for Independent Pathway trainees.

M Pivoting face-to-face components of the training program to online delivery during the COVID-19 pandemic was positively received by trainees.

Conditions to satisfy accreditation standards

12 Undertake and complete a formal process to map, evaluate and report on whether the mandated six months in a general practice setting during training is sufficient. (Standards 4.2.4 and 6.2).

Recommendations for improvement

FF Support specialist international medical graduates with a structured induction, including access to cultural safety training and introduction to local area of practice. (Standard 4.2.1)

B.5 Assessment of learning

5.1 Assessment approach

The accreditation standards are as follows:

- The education provider has a program of assessment aligned to the outcomes and curriculum of the specialist medical program which enables progressive judgements to be made about trainees' preparedness for specialist practice.
- The education provider clearly documents its assessment and completion requirements. All documents explaining these requirements are accessible to all staff, supervisors and trainees.
- The education provider has policies relating to special consideration in assessment.

5.1.1 Team findings

The College employs a programmatic approach to assessment by design, utilising supervisor reports, with a combination of five formative and summative assessments, leading to the CGT StAMPS examination. The team considers the College's assessment approach to be robust, and complements the goals of is training program, and has been recognised through the National Medical Workforce Strategy as a benchmark for assessment demonstrating competent safe practice.

Supervisors and trainees were positive about the CGT assessment requirements, perceiving them to be valid and relevant. Advanced specialty training (AST) typically lasts for 12 months and there are three-monthly supervisor reports with specified workplace-based assessment, project assessments for some ASTs, including specialty StAMPS examinations where required. Five AST programs require specialty StAMPS. Two require completion of collaboration education /assessment programs governed by agreements with ANZCA for anaesthesia (JCCA certification) and RANZCOG for Obstetrics & Gynaecology (DRANZCOG).

Whether trainees are on the CGT or AST programs, the scheduling of training and therefore, assessments is flexible. Assessment can organised with the trainees training pathway in mind. This could be a bespoke individual timeline for trainees on the IP or be guided for trainees on the AGPT pathway. The CGT StAMPS examination is usually but not always the final assessment for a trainee, which reflects positively on the flexible approach of the College's training program. Flexibility, whilst commendable, does require monitoring and this will need careful management from 2023 with the transition to College-led training.

5.2 Assessment methods

The accreditation standards are as follows:

- The assessment program contains a range of methods that are fit for purpose and include assessment of trainee performance in the workplace.
- The education provider has a blueprint to guide assessment through each stage of the specialist medical program.
- The education provider uses valid methods of standard setting for determining passing scores.

5.2.1 Team findings

The College has clear guidelines for both trainees and supervisors to progress through their training and assessment modalities, aligned with and blueprinted to the eight curriculum domains. The assessment blueprints are published in the Fellowship Assessment Handbook, publicly available on the College website. These are underpinned by principles of progress under supervision to eventual independence at completion.

There are several assessment methods used by the College in its programmatic approach and by design intended to vary in purpose and outcomes with method.

- Multi-sourced feedback (MSF) is well developed and found to be useful in early- and mid-training. Described as a major formative assessment, the team noted there was a 100% pass rate within the submission tables. This belies its usefulness for the trainees – that all meet the expected standard of practice through facilitated feedback.
- The Multiple Choice Questions (MCQ) and Case-Based Discussion (CBD) assessments are reported to have a typically 80% success rate. Feedback is provided to trainees and further attempts are possible. A second attempt is usually successful. Whilst the MCQ assessment tests knowledge, the formal applied CBD assessment is seen to be integral to rural and remote practice.
- Formal CBDs are done by trained examiners from outside the immediate practice setting, evidence of thoughtful development of a commonly used tool. CBD results are reviewed and published annually.
- The CGT StAMPS examination is undergoing a process of change. For some years, the examination was based mainly on the global impression of trainees being able to practise the level of fellows through interactive structured questioning about eight scenarios. Subsidiary components were sometimes referenced for borderline candidates. It has been the subject of a number of appeals as pass rates overall have been 53-64% (2016-2020) for first attempts at CGT StAMPS. From the College website, the pass rates appear to have improved in 2021, with 81% achieving success for first attempts and 70% overall.

The team considers the range of assessment methods employed by the College, involving workplace-based assessments and summative examinations to be appropriate. The College has matured its use of MSF in assessment as a tool to benchmark its trainees, and to support further professional development required. Due to the benchmarking process, the College was able to identify those in the lowest quartile tend to need longer to complete the training program. With the development of the 20 EPAs described under Standard 3.2.1, the College should evaluate the EPA implementation with assessment processes in the workplace.

The CGT StAMPS examination is undergoing a process of change. For some years, the examination was based mainly on the global impression of trainees being able to practise the level of fellows through interactive structured questioning about eight scenarios. Subsidiary components were sometimes referenced for borderline candidates. It has been the subject of a number of appeals as pass rates overall have been 53-64% (2016-2020) for first attempts at CGT StAMPS. From the College website, the pass rates appear to have improved in 2021, with 81% achieving success for first attempts and 70% overall.

The use of programmatic assessment with clear blueprinting of assessment methods to the curriculum supports a gradual building of competence to the CGT StAMPS examination, and the College's identified need to improve examination pass rates. In 2021, the College changed their approach to scoring the StAMPS examination by introducing the Behaviourally Anchored Rating Scales (BARS) scoring approach:

- Eight exam scenarios are now rated 0-7 for each of six parts, making total 48 (8 x6) parts.
- Three of the six parts relate to Management in the Rural and Remote Context.
- The remaining three parts relate to Systematic Approach and Problem Definition, Communication & Professionalism and Flexibility.

The BARS scoring approach utilises data and a spread of the assessment points across different topics. The improved rubrics should contribute to objectivity and lessen the perception of bias. The scoring concludes with a pass/borderline or fail. Although the examination continues to peg trainees at the standard of a fellow, this has been much de-emphasised compared to the past. The BARS scoring approach should prove more defensible and arguably more transparent. To

complement the new scoring system, examiner training is provided with comprehensive information for candidates. The team understands that the College has evaluated changes to approach to CGT StAMPS and support continued evaluation of the examiner training, briefing and BARS scoring to support development of this process, along with explicit communication on changes made based on evaluation to examiners and trainees as required.

For five AST programs, following workplace-based assessments and CBDs, there are AST StAMPS examinations, tailored to the field. The principles are similar, although the contextual location is re-defined. Two AST programs involving other Colleges rely on the JCCA approach for Anaesthesia and the RANZCOG Diploma for Obstetrics and Gynaecology.

The College's submission provided information about overall AST StAMPS success for first attempts of 50-63% (2016-2020). Information was available on the website for the Emergency Medicine AST results in 2021, with 72% pass rate overall (13:18). These exams still used the older StAMPS format, however, the College plans to transition and align with the BARS scoring format.

The remaining five AST programs rely on workplace-based assessments and CBDs, and all except Palliative Care require a research project with a 4000-5000 word report. There are statements about "Master's standard" and being encouraged to do (or commence) a related Graduate Diploma or Master's degree.

The College has notability utilised online methods to support the delivery of its training program, including assessment processes. The availability of online methods and decentralised delivery has enabled the College to continue with various assessments and the CGT StAMPS examination uninterrupted through the COVID-19 pandemic, compared with other medical colleges making similar attempts.

5.3 Performance feedback

The accreditation standards are as follows:

- The education provider facilitates regular and timely feedback to trainees on performance to guide learning.
- The education provider informs its supervisors of the assessment performance of the trainees for whom they are responsible.
- The education provider has processes for early identification of trainees who are not meeting the outcomes of the specialist medical program and implements appropriate measures in response.
- The education provider has procedures to inform employers and, where appropriate, the regulators, where patient safety concerns arise in assessment.

5.3.1 Team findings

The College provides performance feedback through six monthly supervisor reports with MSF adding comprehensive information on trainees' holistic development. Summative assessments such as MCQ and CBDs have high pass rates (around 80%) and trainees provided feedback following assessment. The remediation program is structured and has a number of modalities to provide support to trainees, monitored by medical educators, supervisors and the Director of Training.

The provision of specific feedback through dialogue was a process appreciated by trainees and supported strongly by medical education literature. The team heard that although feedback was routinely available through summative assessments, trainees expressed a desire for more detailed feedback to support their development. The College should, in consultation with trainees, consider ways in which specific feedback could be provided to trainees and ensure consistency of feedback principles for formative and summative in the ACRRM training program.

The programmatic approach to assessment, with the medical educators usually meeting with trainees two to four times in a year appears to be a successful method to detect trainees that are not progressing at the usual pace. The team notes that the support provided included structured learning plans and is generally available for all trainees. The team considers this might be a factor in the low number of trainees needing formal remediation. In 2020, 0.5% of trainees in the AGPT pathway and 4% in the IP required remediation as reported by the College. The need for formal remediation applies only to modest numbers of trainees and relates usually to substantial issues, including failing major assessments. This is consistent with modern attempts at remediation with medical residency programs, i.e. a better regular assessment approach detects and supports trainees as a part of the program, rather than in some parallel process using labels such as trainee-in-difficulty. The medical educator role for support and remediation appears well received by trainees and specialist international medical graduates.

Trainees who present to sit for the CGT StAMPS examinations are required to show evidence of preparation in at least one ACRRM preparation course or activity. The Mock StAMPS refers to the opportunity to take practice examinations at least eight weeks prior to the official CGT StAMPS examination. Trainees are provided feedback from the Mock StAMPS that supports their preparation. The team notes this opportunity, which attracts a suitable fee, is commonly utilised and such candidates are more likely to pass the CGT StAMPS examination. Study groups are also available for trainees and are seen as excellent tools for the exam preparation.

Under the new CGT StAMPS examination approach, borderline and fail candidates now receive verbatim examiner feedback about their results. The College expects this will prove better than interpreted or second-hand feedback previously used. Medical educators are also a part of this formal feedback process.

5.4 Assessment quality

The accreditation standards are as follows:

- The education provider regularly reviews the quality, consistency and fairness of assessment methods, their educational impact and their feasibility. The provider introduces new methods where required.
- The education provider maintains comparability in the scope and application of the assessment practices and standards across its training sites.

5.4.1 Team findings

The team noted in reports and data provided by the College on the CGT StAMPS examination that IP trainees achieved lower pass rates than trainees on the AGPT pathway. The discrepancy in recent years for first attempts appears to be wide. This has been a concern for the College and trainees, with implications for an increase in reconsideration reviews and appeals processes (Standard 1). With the introduction of the 2019 remediation program for IP trainees, the team was encouraged to note there was an improvement in pass rates for trainees, and understood that the gap between the pass rates of IP and AGPT trainees has reduced over the last two years.

The College had recently evaluated CGT StAMPS candidates along multivariate lines around a diversity of age, gender, remoteness of practice, and country of origin in the examiner group. Commendably, the College regularly publishes a report on their website (latest 2021), describing results and the steps taken to improve pass rates in the CGT StAMPS examinations. This report provided evidence reflecting better College support and training for IP trainees.

Overall pass rates						
	2016	2017	2018	2019	2020	2021A
First attempt	53%	64%	59%	58%	54%	81%
Second attempt	26%	36%	18%	39%	45%	71%
Third attempt	38%	28%	15%	13%	35%	38%

IP registrar CGT/PC StAMPS pass rates			
Years	2016 - 2018	2019 - 2020	2021A
First attempt	29%	37%	67%
Second attempt and beyond	17%	28%	52%

In spite of the recent success in improving pass rates, the team was initially concerned that the low pass rate may recur, especially following transition to College-led training due to increased volume of trainees that will be on the IP. The pass rate for trainees in the IP in the 2021A examination is reported as 67% and the pass rate continued the trend in decreasing following the second attempt. The reasons for this trend and the overall lower pass rates over the last few years remained unclear, until the team heard from the Assessment group during the accreditation week. The non-published multi-variate analysis was reassuring, suggesting no real difference at individual trainee level. It might also be expected that the pass rates should be significantly and consistently higher, considering the College's robust programmatic assessment approach and the support trainees received from medical educators and others in the College.

The College indicates they will continue to monitor examination results closely and the team supports this approach to ensure the recent methods employed by the College are sustainable. The team also considers continued evaluation is necessary as a preventative measure following the transition to College-led training to ensure pass rates are maintained or improved following the results of the 2021A examination. In its monitoring and evaluation, the College should also consider factors such as if trainees have had sufficient mandatory time in primary care within the training program and if the CGT StAMPS examination content requires review. Should the content be weighted heavily towards primary care, some trainees may have insufficient exposure as the minimum requirement is only six months. The team received multiple comments about the format of these exams, many of which expressed concern. The College should also examine if the flexibility of the training program, while commendable, may be a contributing factor to the low pass rates, particularly for IP trainees. If this is so, measures may need to be taken to refine the approach to the flexibility offered.

The video recording of the CGT StAMPS examination is an innovative approach and supports quality assurance in the examinations. The recordings are reported to be useful for the review of borderline candidates marking and as a point of review in the event of IT incidents. Up to ten examinees may be reassessed this way leading to revised – often pass - scores. The use of video recordings is yet to be included in examiner training and the College could consider ways to include this aspect as the team considers it would be useful for development. In the Fellowship Assessment Handbook, there is commentary that the recording of AST StAMPS is used for quality assurance including examiner performance, and this supports transparency related to examination standards. The team looks forward to this being reported both for reasons of transparency for a high-stakes examination and quality improvement.

The annual assessment workshop is notable, enabling review of assessments in terms of fitness for purpose, succession planning and examiner training. A report by the Manager of Assessment was presented to the team during the accreditation, which also plans the assessment pathway

going forward. The team was impressed by these developments and the consideration for quality assurance in assessment.

Although the pass rates for workplace based assessments and other assessment modalities are comparatively higher, the team recommends the College consider introducing training mechanisms for supervisors conducting these assessments similar to training for CGT examiners. This would help enhance the reliability and quality of assessment methods.

2022 Accreditation Commendations, Conditions and Recommendations

Commendations

N The programmatic approach to assessment complements the goals of the Fellowship Training Program with a combination of workplace-based and standardised assessment that are appropriate and appreciated by both trainees and fellows.

O The well-developed and impressive use of multi-source feedback as a benchmarking and professional development tool.

P The initiatives developed to support quality assurance and succession planning, including, the annual assessments workshop, assessor training and formalising assessor roles to support the CGT StAMPS examination.

Q The remediation program available for trainees is structured and multi-modal to provide a variety of support monitored by medical educators, supervisors and the Director of Training.

R The availability of online methods and decentralised delivery has supported continued and uninterrupted completion of assessments and the CGT StAMPS examination during the COVID-19 pandemic.

Conditions to satisfy accreditation standards

13 Evaluate the effectiveness of entrustable professional activities in relation to workplace-based assessment. (Standard 5.2.1)

14 Evaluate the CGT StAMPS Examination to determine if:

(i) Changes made are effective or need refinement, regarding pass rates, especially for 'first attempt' candidates.

(ii) Flexibility of the training program and training time required in primary care training impacts pass rates. (Standard 5.4)

Recommendations for improvement

GG Consider how the recording of StAMPS and case-based discussion may support providing more in-depth performance feedback and remediation support. (Standard 5.3)

B.6 Monitoring and evaluation

6.1 Monitoring

The accreditation standards are as follows:

- The education provider regularly reviews its training and education programs. Its review processes address curriculum content, teaching and learning, supervision, assessment and trainee progress.
- Supervisors contribute to monitoring and to program development. The education provider systematically seeks, analyses and uses supervisor feedback in the monitoring process.
- Trainees contribute to monitoring and to program development. The education provider systematically seeks, analyses and uses their confidential feedback on the quality of supervision, training and clinical experience in the monitoring process. Trainee feedback is specifically sought on proposed changes to the specialist medical program to ensure that existing trainees are not unfairly disadvantaged by such changes.

6.1.1 Team findings

The College conducts regular monitoring activities that review the training and education programs and address curriculum content, teaching and learning, supervision and trainee progress. The College has a continual review cycle that reviews and evaluates policies, standards, committee terms of reference, handbooks and other key resources. These are documented in a policy register managed centrally to ensure that review cycles are maintained. The monitoring of other activities is not governed or directed centrally and is activity specific. Contributions are made by both supervisors and trainees via a variety of mechanisms and this feedback has produced meaningful change within the College's programs. Recent activities include, but are not limited to review of the curriculum, supervisor and training post standards, StAMPS review and selection process review.

Supervisors contribute to monitoring via providing feedback when participating in assessment activities and courses. There is also a regular member survey. Developing mechanisms to seek confidential feedback from supervisors will increase the depth of existing monitoring activities to contribute to the development of the training program. This would be especially useful in the transition to College-led training with supervisors responsible for delivering the training program.

Trainees contribute to monitoring and to program development via a number of mechanisms including direct representation via the Registrar Committee and trainee representatives on all relevant College committees. Trainees can and do communicate directly with the Registrar Committee, including through social media. There are also regular surveys as well as the MBA Medical Training Survey, although response rates vary. The collection and use of the data generated from trainees is managed in a way that is confidential and safe and the College is mindful of the vulnerabilities of trainees providing feedback in this way.

Proposed changes to the training program are communicated for feedback through the College newsletter, the website and direct email as appropriate. Membership discussion forum, *Connect@ACRRM*, is another mechanism for members to communicate with the College and the availability of this platform as a smart phone application makes it an accessible tool. One example of this is the implementation of the Mock CGT Stamps examinations based on feedback from trainees who identify as Aboriginal and Torres Strait Islander regarding the MCQs that has greatly increased pass rates for all trainees. This work is commendable, contributing to improved outcomes for both the College and trainees, underscoring the importance of monitoring mechanisms.

The College has multiple mechanisms that support robust monitoring activity and in the transition to College-led training, this provides opportunities to improve understanding of the efficacy of the

training program. As discussed in other standards, the team has recommended a number of monitoring and evaluation activities to support development of the training program and curriculum. The team considered the way these mechanisms relate and were delivered could benefit from a coordinated approach. By developing a systematic approach to data collection and reporting, through the integration of supervisor and trainee feedback from all training pathways, along with consideration for confidentiality, would add value to the monitoring and evaluation process.

6.2 Evaluation

The accreditation standards are as follows:

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

6.2.1 Team findings

The College has a project-logic based evaluation and monitoring framework that conducts a regular evaluation against defined outcomes that are mapped to the strategic plan. These are then linked to the long-term attainment of the College vision. This evaluation tool provides both quantitative and qualitative data and the College collects, maintains and analyses the data accordingly. This evaluation activity has highlighted several issues prompting an appropriate College response. Examples range from broader healthcare issues such as unmet community need for mental healthcare through to College specific issues such as registrar retention and website difficulties.

The evaluation and monitoring framework does develop standards against which the program and graduate outcomes are evaluated although this does not form a substantial component of the evaluation framework and is perhaps only addressed via one evaluation question *"Are College programs improving the supply of quality doctors to rural, remote and Aboriginal and Torres Strait Islander communities?"*. The response is largely a survey of fellow numbers, distribution and propensity to continue to practice their advanced skills rather than examining the provision of general practice as a program outcome and the 'fitness to practice' aspect of graduate outcomes in primary care.

The program and graduate outcomes in Standard 2 should incorporate the needs of both graduates and stakeholders and, if constructed properly, will reflect community needs. Evaluation of these outcomes should yield useful information to the College, especially regarding its educational programs. The team also recommends the College evaluate the following areas in relation to concerns raised in other standards:

- Seeking external feedback to evaluate program outcomes for the provision of general practice and graduate outcomes in the provision of primary care.
- Seeking external feedback to evaluate the effectiveness of the provision of cultural safety training within the training program.
- Evaluate the reasons the number of specialist international medical graduates that attain fellowship are inconsistent with the number of applicants assessed as partially and substantially comparable.

The other area for improvement of the evaluation and monitoring framework is that it has limited inputs from external stakeholders, especially from formalised, structured sources. These sources

can contribute useful data, especially concerning the 'fit-for-purpose' nature of the training program and whether the graduates themselves are 'fit-for-purpose'. This has the potential answer to useful questions, especially regarding concerns about the volume of primary care training within the training program. A positive example of the result of extensive consultation with both internal and external stakeholders, including other specialist medical colleges and First Nations organisations, is the curriculum review that has resulted in a comprehensive, well-considered training program with curriculum and assessment that are in alignment.

It is recommended the College develop mechanisms within the evaluation framework for the collection of qualitative and quantitative data from external stakeholders, especially the communities, medical practices and hospitals that its fellows and trainees practice. An important stakeholder group to include are consumers or community representatives, and its group that may require support and resources to ensure they are prepared to participate in these processes. The College is encouraged to involve its Community Reference Group to support development in this aspect. Another important stakeholder group that the College should utilise is external knowledge and support through Indigenous health organisations that could be helpful in the development of educational resources, both local and Australia-wide, and identifying of targeted community driven specialist training.

6.3 Feedback, reporting and action

The accreditation standards are as follows:

- The education provider reports the results of monitoring and evaluation through its governance and administrative structures.
- The education provider makes evaluation results available to stakeholders with an interest in program and graduate outcomes, and considers their views in continuous renewal of its program(s).
- The education provider manages concerns about, or risks to, the quality of any aspect of its training and education programs effectively and in a timely manner.

6.3.1 Team findings

The College communicates the results of key evaluations via an annual evaluation report that incorporates the outcomes of all key surveys. This report is tabled at the College Council as well as at other key committees. A summary of the Evaluation Report Summary is published on the College website. Further dissemination occurs via the College newsletter and at presentations to stakeholder groups. Internally it is reviewed by the Executive Leadership team and presented for discussion to the Managers forum and to interested staff. While the College has methods for sharing evaluation results and making them public, the team encourages the College to develop systematic approaches to sharing feedback with external stakeholders with an interest in its program and graduate outcomes.

The evaluation process has an ongoing cycle of continuous quality improvement, and enables the documentation and escalation of more serious issues as they arise. Regular interaction with health departments, other education providers and consumer groups contribute to the development of the College's education and training program in a holistic way, and the anticipation and management of risk. This is incorporated into risk reporting at an operational level within the education services team and are included into the executive team reports for consideration.

Further high-level risks, including those posed by the AMC accreditation process are considered and reviewed by the College's Finance, Audit and Risk Management committee.

2022 Accreditation Commendations, Conditions and Recommendations

Commendations

S The project logic based evaluation and monitoring framework involving multiple mechanisms is a sophisticated and capable tool that functions well to produce positive change in College programs and processes.

T The publication of the Evaluation Report Summary on the College's website and provision of member survey evaluations through the College newsletter as mechanisms to sharing key actions of evaluations with stakeholders.

Conditions to satisfy accreditation standards

15 Develop mechanisms within the monitoring and evaluation framework to seek confidential feedback from supervisors of training. (Standard 6.1.2)

16 Map the evaluation framework to the program and graduate outcomes, especially concerning the provision of general practice training and cultural safety, and the 'fitness for purpose' for graduates to practise in this area. (Standard 6.2.1)

17 Develop mechanisms within the evaluation framework for the collection of qualitative and quantitative data from external stakeholders. (Standards 6.2.2 and 6.2.3)

18 Provide feedback to the external stakeholders of the outcomes of the evaluation in a systematic manner. (Standard 6.3.2)

Recommendations for improvement

HH Investigate the reasons behind the inconsistent outcome of specialist international medical graduates found partially and substantially comparable in comparison to the number attaining fellowship. (Standard 6.2.1)

B.7 Trainees

7.1 Admission policy and selection

The accreditation standards are as follows:

- The education provider has clear, documented selection policies and principles that can be implemented and sustained in practice. The policies and principles support merit-based selection, can be consistently applied and prevent discrimination and bias.
- The processes for selection into the specialist medical program:
    - use the published criteria and weightings (if relevant) based on the education provider's selection principles
    - are evaluated with respect to validity, reliability and feasibility
    - are transparent, rigorous and fair
    - are capable of standing up to external scrutiny
    - include a process for formal review of decisions in relation to selection which is outlined to candidates prior to the selection process.
- The education provider supports increased recruitment and selection of Aboriginal and Torres Strait Islander and/or Māori trainees.
- The education provider publishes the mandatory requirements of the specialist medical program, such as periods of rural training, and/or for rotation through a range of training sites so that trainees are aware of these requirements prior to selection. The criteria and process for seeking exemption from such requirements are made clear.
- The education provider monitors the consistent application of selection policies across training sites and/or regions.

7.1.1 Team findings

The College has comprehensive and robust trainee selection processes for both the IP and AGPT training pathways, with a single aligned College selection model that provides clarity for applicants. The current selection model is the outcome of several development phases built upon an established IP selection model, with contemporary updates to reflect best practice and enable scalability. The College's current selection process reflects its vision to provide excellent health care for people in rural and remote communities. The selection process is well matched to program and graduate outcomes with positive effects in selection to promote rural practice, validated by data and external evaluation. It is merit-based and structured to prevent bias, with many trainees positively referencing the focus on individual merits rather than only on academic results as a distinctive advantage of the process. The team notes the selection process has notably identified highly motivated trainees, effectively selecting appropriate candidates dedicated to work in rural and remote communities in Australia.

The College has managed applications for the AGPT pathway since 2017, positioning the College well for the imminent transition to College-led training, as it will rely on selection mechanisms currently in use for the IP training pathway for all applicants. The RVTS selection process pathway remains external to the College; however, the College is involved with developing and implementing policy through consultation with the RVTS organisation, sitting on the RVTS Board and fellow participation on selection interviews. The College's process of selection for IP, AGPT and RVTS training pathways are publicly available through the ACRRM website, and the information is augmented by the training handbook available online. The team heard that trainees considered the application and recognition of prior learning process to be simple to navigate and the requirements for trainees were made clear. The College has finalised the selection policy and it is publicly available on the College website.

The selection process involves data gathered from a written submission in response to the published selection criteria, Multiple Mini Interviews (MMIs), and two referee reports. A senior clinician oversees the delivery of MMIs to ensure consistency and all selection decisions are de-identified and tabled for approval by a Selection Committee that provides national consistency and reliability. Selection rankings are determined by a single set of standards and criteria, in accordance with standardised rubrics. Selection criteria for the IP and AGPT streams are publicly available via the College website where a link to the RVTS application guide is also available. This ensures that participants have a common understanding about the selection process. The impact of COVID-19 and subsequent lockdowns led the College to implement video-linked MMIs in 2020. The pivoting of MMIs to a virtual platform has realised efficiencies for both the College and applicants, that the College is encouraged to continue.

There is appropriate governance oversight and evaluation of the selection process. All three ACRRM Fellowship training pathways have a selection process that is merit based and nationally consistent. The IP and AGPT selection processes are conducted at a national level, led by a team of expert staff and trained clinicians. The oversight of selection decisions by a national Selection Committee ensures consistency in the IP and AGPT pathways, matched with consultation and participation by fellows on interviews for RVTS selection. All selection decisions are ratified by the ACRRM Selection Committee and borderline cases are tabled with the Committee for consideration.

The College monitors each selection round and reports outcomes through its governance committees for review and consideration. Enrolment outcomes are also tabled with, and subject to scrutiny through the General Practice Training Advisory Committee, which may make recommendations regarding program changes based on this advice. The College engages in continuous reviews of outcomes of each selection round, seeking feedback from participants. For selection to the AGPT pathway, feedback is received from the RTOs, and the College in turn feeds back to the RTOs regarding process improvements that have been made based on their feedback.

An internal evaluation by the College of its selection program found that, since the implementation of the process, registrar withdrawals have decreased, and there is a positive relationship between selection rankings and MCQ outcomes, a positive relationship between selection criteria and rural workforce outcomes, and an inverse relationship between selection rankings and program withdrawals.

The College reported the following numbers of trainees accepted into training across the IP, AGPT and RVTS pathways from 2018 to 2020:

	Number of trainees accepted into training (various pathways)				**Aboriginal and Torres Strait Islander applicants and trainees (all pathways)**		
	IP	**AGPT**	**RVTS**	**Total**	Applied	Interviewed	Entered
2018	67	137	7	**211**	6	4	4
2019	116	124	13	**253**	10	10	10
2020	82	146	9	**237**	7	7	7

The team notes the steady growth in the number of applicants and enrolments, with greater complexity in the enrolment numbers across pathways and constraints to the number of available positions in aggregate and within specific regions.

The College also reported 89 members identify as Aboriginal and Torres Strait Islander including:

- 13 ACRRM Fellows
- 24 medical students
- 33 registrars
- 12 junior doctors
- Seven health professionals or doctors who are not ACRRM Fellows.

The College's progress in recruiting and graduating doctors who identify as Aboriginal and Torres Strait Islander, and consideration for the specific support needed, is commendable. Notably, the College has sought to support their trainees and fellows through the formation of an Aboriginal and Torres Strait Islander Members Group, as a means to foster mentoring and support for doctors in the training program. There is clear evidence of increased support for Aboriginal and Torres Strait Islander trainees through this Members Group once they have joined the College, but it is less clear what specific strategies are in place to attract trainees to join the College, other than through collaboration with AIDA. The College should consider ensuring greater involvement of Aboriginal and Torres Strait Islander people in the selection and application process.

7.2 Trainee participation in education provider governance

The accreditation standards are as follows:

- The education provider has formal processes and structures that facilitate and support the involvement of trainees in the governance of their training.

7.2.1 Team findings

There is extensive, integrated and valued participation of trainees at all levels of College governance with trainees represented on multiple College committees. The team observed there is a strong trainee voice at the College Council, in the Registrar Committee, and through other key governance committees of the College. Trainees are actively engaged in governance related to the training program, through both formal structures and informal consultation. The College's Registrar Committee is the key advocacy and representational group for trainees and the College's structure, designed to ensure that this Committee has a strong voice and influence. This includes trainee representation on the Board, with the Registrar Director directly elected by trainees, and exercising full voting rights. The College is responsive to input from the Registrar Committee, which is an engaged, respected and valued element of College governance, providing administrative support and coverage for travel-related costs incurred while undertaking College activities.

7.3 Communication with trainees

The accreditation standards are as follows:

- The education provider has mechanisms to inform trainees in a timely manner about the activities of its decision-making structures, in addition to communication from the trainee organisation or trainee representatives.
- The education provider provides clear and easily accessible information about the specialist medical program(s), costs and requirements, and any proposed changes.
- The education provider provides timely and correct information to trainees about their training status to facilitate their progress through training requirements.

7.3.1 Team findings

The College has developed strong communication with trainees through a variety of mechanisms, notably:

- Trainees valued the discussion forum, *Connect@ACRRM*.
- There is utilisation of direct phone calls, particularly between trainees and training and assessment officers.
- Email communication tends to include the most critical information .
- Information about the training program, fellowship assessment, costs and requirements are available through the training handbook with more dynamic information available through the website.
- Social media platforms are used by the College to promote events and to communicate relevant activities to trainees.

The College has a trainee-specific newsletter, the *College Training Connections* Monthly Newsletter, distributed to registrars, supervisors and RTOs, including key assessment and exam date information.

The effective use of technology to aid communication with trainees by the College's use of online modalities for training orientation, education discussion forums, and information webinars, and to facilitate study groups as part of education and assessment program delivery. Significant changes such as the new BARS scoring system for the StAMPS assessment was communicated to trainees and supervisors through holding a series of webinars. Trainees reported being generally satisfied with being able to communicate with the College and supervisors, and receive required support with little difficulty.

Trainee's progress is recorded in the College data management system, and their training progress can be viewed against each program requirement via their individualised dashboards. Individualised dashboards provide this information and allow storage of information, such as supervisor reports. The RTOs have similar systems in place for AGPT and RVTS trainees. There are also mechanisms and systems in place to track trainee progress and flag trainees in difficulty to provide support, with a staged approach and increasing levels of engagement and review with increasing identified risk to progression.

7.4 Trainee wellbeing

The accreditation standards are as follows:

- The education provider promotes strategies to enable a supportive learning environment.
- The education provider collaborates with other stakeholders, especially employers, to identify and support trainees who are experiencing personal and/or professional difficulties that may affect their training. It publishes information on the services available.

7.4.1 Team findings

A range of wellbeing support is available to trainees on different training pathways, delivered through the College, RTOs and General Practice Supervisors Association (GPSA), and used in combination with resources for supervisors and training site accreditation standards. There are multiple mechanisms provided by the College to support and monitor trainee wellbeing, including trainee supervisors, Medical Educators, nominated Registrar Liaisons, 24/7 Registrar support line and EAP, Assigned FACRRM mentor/preceptor (particularly for those in AST roles), and Clinical Teaching Visitors. The College's Mentoring Program matches trainees with a College fellow, providing an additional support structure for trainee wellbeing. Flexibility for trainees is accommodated within the College training program, with the College being supportive of flexible training in a range of circumstances (see Standard 3.4.3).

Multiple mechanisms are also available and advertised for registrars to raise concerns, and include phones lines, Facebook support pages, through their mentor, and via accessible online wellbeing resources. While trainees described opportunities for meaningful feedback positively, there was the view that assistance provided is in a reactive rather than a proactive way. The Registrar in Distress Policy, available on the College's website, details principles and processes for addressing trainees in difficulty. A separate document, "College Guidelines for Managing Members in Distress" available to central College staff, officers and Committee members, provides valuable guidance should the trainee approach them, however:

- It is a guidance document for those approached, rather than a publicly available resource to support trainees who themselves are struggling, and
- It relies predominantly on initiation and self-presentation by the distressed trainee.

Given the potential for personal and professional isolation in the clinical setting, there should be greater exploration of and investment in proactive mechanisms to identify and respond proactively and early to support the distressed trainee. The imminent transition to College-led training could potentially exacerbate current challenges, by the removal of proximate support from RTO resources, and while the proposed state-based structure will assist with more local supports, the College should consider ways to increase proactive and local support for trainees.

Specialist international medical graduates similarly identified with being isolated, as they are often the only registrar in their training location. While there are supports available through medical educators and supervisors, these supports may not always be available. The College is encouraged to develop specific peer support networks to enable specialist international medical graduates to receive additional professional and personal support.

Results from the 2020 Medical Board of Australia's Medical Training Survey, and through this assessment, indicated a majority of trainees were aware of how to access wellbeing support or provide feedback on their training. However, there was a significant percentage that were either ambivalent or felt they would like more access to wellbeing support. While this result is consistent with the national response, it was indicative that access to wellbeing support needed to be better communicated and/or developed especially for the more isolated training experience in this rural and remote medicine. The College should evaluate the effectiveness of existing wellbeing strategies to identify if the adoption of more services that are beneficial are needed across the board.

7.5 Resolution of training problems and disputes

The accreditation standards are as follows:

- The education provider supports trainees in addressing problems with training supervision and requirements, and other professional issues. The education provider's processes are transparent and timely, and safe and confidential for trainees.
- The education provider has clear impartial pathways for timely resolution of professional and/or training-related disputes between trainees and supervisors or trainees and the education provider.

7.5.1 Team findings

The College has a Respectful Workplaces Framework, supported by the Bullying, Harassment and Discrimination Policy and Complaints Procedures, with direction for College staff prescribed in the Guidelines for Supporting Members in Distress Document. The inception of the College's Respectful Workplaces strategy, with oversight by the Respectful Workplace Committee on a governance level, is commended.

There are clearly outlined processes and options for trainees to raise issues relating to training, progression, or personal matters. Once raised, there are clear expectations around timeliness of

resolution, with due respect for confidentiality. However, this relies on the trainee raising the issue, which brings up the issue of the power imbalance where the supervisor is also the employer.

General Practice training, as a predominantly private setting, has a challenge that is not experienced in training settings that are predominantly public sector in nature. There may often arise the circumstance in which the supervisor of training is also the direct employer, resulting in a blurring of the line between the operational/occupational requirements, the training requirements, and the welfare of the trainee.

The team explored in a number of settings the potential issues presented for trainees in the situation where the supervisor was also the employer, and the potential consequences on the trainee of this power imbalance. These may include conflicts about training and productivity priorities, interpersonal issues, and the willingness (or perceived safety) of the trainee to raise issues due to the potential negative consequences.

The team notes that this issue of power imbalance was by no means a universal feature of all trainee-supervisor relationships. However, it was evident, in exploring this issue, that there was a clear disparity of views between trainees and the College. The team heard that some in College leadership and supervisory positions express views that ranged from power imbalance not being an issue, or at least no more than in other training programs, to trainees were able to exercise power in the trainee-supervisor relationship, should they choose to. It was also mentioned there were other avenues to raise issues, including the regular Clinical Teaching Visits, and that part of the training process and progression was learning to maintain mature interactions with the supervisors, including speaking up on issues. The team further notes that individual members of College leadership had indicated not personally experiencing this as an issue.

Conversely, a common trainee perspective was that, should a problem arise, the registrar might not feel sufficiently empowered or safe, to raise or remedy the issue. More than one trainee indicated that they were aware of circumstances in which trainees facing issues has just "toughed it out" until they had finished training, rather than potentially causing problems by raising issues, while others had moved from practices rather than raise concerns. The team is concerned that the party in the relationship with inherent power perceives no problem (or even the potential for a problem) when the subordinate party clearly feels there is, or may be, one.

While the team do not suggest that incidences of power-imbalance leading to training disputes are frequent occurrences, the challenge is that if trainees are uncomfortable or unwilling to raise concerns, it is very difficult to quantify its impact. This is particularly the case given current measures rely mainly on the willingness of trainees to raise issues rather than through regular proactive monitoring and response mechanisms. On this basis, the team considers there should be exploration of this issue, with the development of processes to address any risk to the trainee, the supervisor, the quality of training and the College. Refinement of the use of a conflict of interest policy and process will support this.

2022 Accreditation Commendations, Conditions and Recommendations

Commendations

U The selection process is merit-based and structured to prevent bias, with many trainees indicating that the focus on the individual merits rather than only on academic results was distinctive.

V The College's progress in recruiting and graduating doctors who identify as Aboriginal and Torres Strait Islander and the support provided, including through the Aboriginal and Torres Strait Islander Members Group as mentors for doctors in the training program.

W The representation by trainees on a majority of governance committees and the active engagement of trainees throughout College governance.

X The College's Mentoring Program and the development of the Respectful Workplaces strategy as means to support trainee wellbeing.

Conditions to satisfy accreditation standards

19 Explicitly ensure support networks and channels, for trainees who are isolated or in distress, are well developed and well communicated. (Standard 7.4)

20 Strengthen monitoring and evaluation processes to be proactive and effective in:

(i) Identifying existing power imbalance between supervisor and trainee, and ensuring wellbeing supports are communicated well to trainees.

(ii) Measuring effectiveness of the resolution of training problems and disputes. (Standards 7.4, 7.5, 6.1 and 6.2)

Recommendations for improvement

II Develop a clearly defined policy for the recruitment of Aboriginal and Torres Strait Islander peoples into the training program. (Standard 7.1.3)

JJ Develop specific communication strategies to mitigate trainee concerns on the transition to College-led training. (Standard 7.3)

KK Consider peer support networks for specialist international medical graduates to better support their wellbeing and training development. (Standards 7.4 and 10.3.3)

B.8 Implementing the program – delivery of education and accreditation of training sites

8.1 Supervisory and educational roles

The accreditation standards are as follows:

- The education provider ensures that there is an effective system of clinical supervision to support trainees to achieve the program and graduate outcomes.
- The education provider has defined the responsibilities of hospital and community practitioners who contribute to the delivery of the specialist medical program and the responsibilities of the education provider to these practitioners. It communicates its program and graduate outcomes to these practitioners.
- The education provider selects supervisors who have demonstrated appropriate capability for this role. It facilitates the training, support and professional development of supervisors.
- The education provider routinely evaluates supervisor effectiveness including feedback from trainees.
- The education provider selects assessors in written, oral and performance-based assessments who have demonstrated appropriate capabilities for this role. It provides training, support and professional development opportunities relevant to this educational role.
- The education provider routinely evaluates the effectiveness of its assessors including feedback from trainees.

8.1.1 Team findings

The specific standards and responsibilities for supervisors are outlined in the College's standards for training organisations for all training pathways. The College defines the qualifications and responsibilities required of supervisors, and all accredited training posts must have a Principal Supervisor. As of 2020, the College reported there were 1695 supervisors across the IP, AGPT, and RVTS pathways and in Australia to deliver the ACRRM training program. In comparison, there were 927 trainees as at April 2021 reported by the College. At present, there are adequate numbers of supervisors to ensure trainees are well supported through the training program and to support the increase in trainee numbers. However, careful planning is needed for this number to continue or increase in the transition to College-led training as the majority of supervisors are in the AGPT pathway.

The College has a supervisor guide complemented with a range of courses through its online learning platform to support supervisors to undertake their role. The educational resources involve an ACRRM Supervision Essentials course with an overview of essential skills for supervisors and online instructional courses on assessment modalities like StAMPS, Case Based Discussion and MiniCEX. There are clear descriptors on the roles and responsibilities along with the application to become a supervisor, coupled with the process of a training post becoming accredited. The scope of resources include supporting trainees through professional development as well as any personal challenges. The College also works with the General Practice Supervisors Association that supports supervisor with a wide range of training and professional development. The supervisors the team spoke with were enthusiastic about the training program and their role. They supervisors felt supported through either the College or the RTO and did not consider their supervisory roles to be overly onerous.

The team was impressed with the College's GP Supervision Education; Maintenance of Professional Skills (MOPS) program is an excellent incentive for fellows to undertake supervision responsibilities as well as encourages their professional development. The program awards CPD hours for a range of activities related to provision of training and supervision in a structured

manner and collates information on activities for members for reporting purposes. The automated nature of recording activity information is an extremely practical way to support supervisors by sharing the administrative load and the College may consider expanding this resource for non-FACRRM supervisors when the Professional Performance Framework is implemented in 2023.

There are multiple avenues for feedback to be collected on supervisors, assessors, training programs and assessment methods include the annual ACRRM Registrar Survey, ACER Survey and MTS Survey. The training post standards stipulate that the training post facilitate a process for collecting feedback from trainees on their training environment and supervision, and RTOs are required to provide an annual report on supervision activities, including if any issues were identified and addressed. There is also opportunity for trainees to provide feedback on supervisors through regular medical educator meetings and interactions with training staff in RTOs and the College. An additional feedback measure exists through clinical teaching visits by a general practitioner external to the College. These visits provide teaching as well as confidential interaction between trainee and visiting GP supervisor. This can be arranged through the RTO for AGPT/RVTS pathway trainees or through the ACRRM Medical Educator for IP trainees.

There are position descriptions written for assessor roles and a structured selection process occurs via nomination from interested individuals. Training is provided prior to commencing and there is a system to pair new examiners with more experienced assessors. Assessor training is supported through the recording of the StAMPS examination to allow for incident review, and of trainees whose performance is deemed to be at a borderline cut-off. Post assessment feedback is also collated, reviewed and provided to assessors and informal feedback occurs through the team environment in which the assessment items are created. These training and development activities support the robustness of StAMPS calibration and the quality assurance of the College's assessment methods.

The College currently only has direct oversight of supervisors in the IP pathway and relies on RTOs to manage supervisor performance in the AGPT pathway. In the transition to College-led training, there will also be a need to manage the oversight of supervisors in the AGPT pathways. The College has a strong basis to support and manage the performance of its supervisors. However, consideration will need to be given to the increased number that will require this support from 2023 and begin to arrange for a smooth transition. The team understands supervisors are generally appointed through training site or post accreditation. While the current process is efficient, formalising supervisor selection and appointment processes by encouraging applications similar to assessor roles support transparency of the process.

The team notes many non-FACRRMs are involved as supervisors in training organisations and posts. While the Standards for Supervisors and Training Posts are clear in the various definitions of a supervisor, the team recommends either making explicit that the standards also apply to non-FACRRMs who are supervisors or develop standards that are specific to non-FACRRMs. Training mechanisms should also be extended to non-FACRRM supervisors to support their development.

While the College has multiple mechanisms for trainees to provide feedback on the training, there may also be reluctance for trainees to provide honest feedback about their training, particularly in environments where there is a power imbalance perceived between supervisor and trainee. This was discussed under Standard 7 and the College is encouraged to consider how this may be monitored in the transition to College-led training.

8.2 Training sites and posts

The accreditation standards are as follows:

- The education provider has a clear process and criteria to assess, accredit and monitor facilities and posts as training sites. The education provider:
    - applies its published accreditation criteria when assessing, accrediting and monitoring training sites
    - makes publicly available the accreditation criteria and the accreditation procedures
    - is transparent and consistent in applying the accreditation process.
- The education provider's criteria for accreditation of training sites link to the outcomes of the specialist medical program and:
    - promote the health, welfare and interests of trainees
    - ensure trainees receive the supervision and opportunities to develop the appropriate knowledge and skills to deliver high-quality and safe patient care, in a culturally safe manner
    - support training and education opportunities in diverse settings aligned to the curriculum requirements including rural and regional locations, and settings which provide experience of the provisions of health care to Aboriginal and Torres Strait Islander peoples in Australia and/or Māori in New Zealand
    - ensure trainees have access to educational resources, including information communication technology applications, required to facilitate their learning in the clinical environment.
- The education provider works with jurisdictions, as well as the private health system, to effectively use the capacity of the health care system for work-based training, and to give trainees experience of the breadth of the discipline.
- The education provider actively engages with other education providers to support common accreditation approaches and sharing of relevant information.

8.2.1 Team findings

The Fellowship training programs takes place in a broad range of healthcare facilities including Aboriginal and Torres Strait Islander Health Services and is notable for the flexibility and the diversity and geographical spread of training locations. The College has clear processes for accreditation of training posts against the ACRRM Standards for Teaching Posts (based on AMC standards). These standards are published and accessible on the College website. All three training pathways are accredited under the same standards with assessments undertaken in collaboration with RTOs and other specialist medical colleges to support common accreditation approaches and reduce the burden placed on training sites.

The team acknowledges the long-term advocacy and positive work of the College in growing regional and rural training aligned with community needs and providing opportunities for trainees to gain experience in these environments. Trainees and supervisors the team spoke with were extremely positive about their experiences and considered it integral to their development as a FACRRM. In particular, the College has accredited a significant number of Aboriginal Community Controlled Organisations (ACCHOs) to conduct the CGT training program. The team commends the College on their commitment to the needs of Aboriginal and Torres Strait Islander peoples and to ensure culturally appropriate health care is delivered.

The College has a strong focus on supporting training posts in accordance with community need and Aboriginal and Torres Strait Islander health. The College's efforts to ensure meaningful cultural safety training for trainees and supervisors is commended, however, the accreditation

standards of training posts does not require that training posts or supervisors demonstrate a commitment to cultural competence or safety, in particular for Aboriginal and Torres Strait Islander peoples. The team recommends that the College include in their standards a requirement that training sites demonstrate to reinforce the importance of supervisors participating in training on cultural competence and safety as part of their educational role and locally relevant and appropriate cultural safety and protocols, with respect to Aboriginal and Torres Strait Islander peoples. The team recommends the following article that provides good insights on cultural safety by Curtis, et al (2019) '*Why cultural safety rather than cultural competency is required to achieve health equity: a literature review and recommended definition'* in the International Journal for Equity in Health 18:174 (https://doi.org/10.1186/s12939-019-1082-3).

The team, acknowledging the Colleges rationale against compulsory rotations in settings for provision of care to Aboriginal and Torres Strait Islander peoples, recommends the College continue to build on their work to innovate and develop additional training opportunities to ensure all trainees have the opportunity to gain experience. In ACCHOs, it is imperative that placement terms are culturally appropriate, as ACCHOs are representative of community voice and are there to deliver on the community's needs. The College's relationships with health systems, jurisdictions and Indigenous health organisations, could assist the College to expand the access to training sites that provide wider and culturally safe clinical experience.

2022 Accreditation Commendations, Conditions and Recommendations

Commendations

Y The specific standards set for supervisors with guides to support training and development that result in a committed, enthusiastic cohort of supervisors.

Z The structured selection process and training of assessors supports the goal of quality assurance in the examination.

A1 The accreditation of a significant number of ACCHOS to facilitate the core generalist training program.

Conditions to satisfy accreditation standards

21 Provide evidence of plans to manage the oversight of supervision and accreditation for AGPT pathways in the transition to College-led training (Standard 8.1s and 8.2)

22 Develop processes to ensure cultural safety training for the local context for all supervisors, clinical trainers and assessors. (Standards 8.1.3 and 8.2.2)

23 In the training post accreditation standards, include a requirement that sites and posts demonstrate a commitment to Aboriginal and Torres Strait Islander health with appropriate cultural safety and protocols with an acknowledgement of local context. (Standard 8.2.2)

Recommendations for improvement

LL Consider formalising the process for the selection of supervisors. (Standard 8.1.3)

B.9 Continuing professional development, further training and remediation

9.1 Continuing professional development

The accreditation standards are as follows:

- The education provider publishes its requirements for the continuing professional development (CPD) of specialists practising in its specialty(s).
- The education provider determines its requirements in consultation with stakeholders and designs its requirements to meet Medical Board of Australia and Medical Council of New Zealand requirements.
- The education provider's CPD requirements define the required participation in activities that maintain, develop, update and enhance the knowledge, skills and performance required for safe and appropriate contemporary practice in the relevant specialty(s), including for cultural competence, professionalism and ethics.
- The education provider requires participants the select CPD activities relevant to their learning needs, based on their current and intended scope of practice within the specialty(s). The education provider requires specialties to complete a cycle of planning and self-evaluation of learning goals and achievements.
- The education provider provides a CPD program(s) and a range of educational activities that are available to all specialists in the specialty(s).
- The education provider's criteria for assessing and crediting educational and scholarly activities for the purposes of its CPD program(s) are based on educational quality. The criteria for assessing and crediting practice-reflective elements are based on the governance, implementation and evaluation of these activities.
- The education provider provides a system for participants to document their CPD activity. It gives guidance to participants on the records to be retained and the retention period.
- The education provider monitors participation in its CPD program(s) and regularly audits CPD program participant records. It counsels participants who fail to meet CPD cycle requirements and takes appropriate action.

9.1.1 Team findings

The ACRRM Professional Development Program (PDP) structure clearly outlines the objectives and requirements for compliance, with a user-friendly online interface for recording progress accessible on the College website. The College determines its PDP program, in consultation with stakeholders, and it is designed to meet the requirements of the Medical Board of Australia (MBA).

The Professional Development (PD) Committee undertook an initial program review from 2015 to 2017 and a similar process was more recently undertaken in preparation to align the College's PDP with upcoming changes to the MBA's Professional Performance Framework (PPF), including enabling participation in the College's program to all members (fellows and non-fellows). The College has retained a CPD triennium structure of 150 hours from 2020 to 2022 and the team encourages the College to begin to make plans to align to the MBA's PPF requirements.

The College has commissioned a series of templates and guidelines for practice-based activities to assist program participants to negotiate the change to PPF categories and a renewed focus on reflective practice. These include clinical audits, peer review and case-based discussions, all tailored to suit the rural generalist scope of practice.

The College provides a range of accredited online and face-to-face courses and activities to its members to support the specific needs and scope of practice of its fellows as well as communities of practice. The team commends the College for the Maintenance of Professional Standards

(MOPS) that caters to individual scope of practice. Members have the ability to record and demonstrate professional development in procedural, emergency and mental health areas.

The team noted that some College accredited activities and online courses address cultural awareness and safety. However, these activities and courses are currently not mandatory. The College plans to promote these activities and courses to encourage participation. The team recommends that the College integrate and promote acquiring of knowledge in cultural safety, relevant to the local context, into PDP requirements, and consider whether this should be mandatory. A life support course is also required each triennium – Advanced Life Support for fellows and Basic Life Support for non-fellows.

The team commends the College for the creation of case-based discussion forums on *Connect@ACRRM* that support professional development within communities of practice integrated to automated mechanisms to record participation.

The College actively monitors CPD compliance. Members are contacted regularly by College staff throughout the triennium to advise on their CPD status and are alerted to upcoming College courses. This supportive approach has resulted in a high participation rate of about 98% of fellows engaging in the College's PDP.

9.2 Further training of individual specialists

The accreditation standards are as follows:

- The education provider has processes to respond to requests for further training of individual specialists in its specialty(s).

9.2.1 Team findings

The ACRRM Professional Development Retraining Program supports fellows who wish to return to active general practice, modify their current direction or have been identified as underperforming in a particular area. Fellows can self-identify or will be identified by the MBA as requiring retraining. The PD Committee assesses a fellow retraining outcomes and those who have successfully completed retraining will continue their professional development with the College via PDP participation.

9.3 Remediation

The accreditation standards are as follows:

- The education provider has processes to respond to requests for remediation of specialists in its specialty(s) who have been identified as underperforming in a particular area.

9.3.1 Team findings

The College has developed the ACRRM Professional Development Retraining Program to support fellows who wish to return to active general practice, modify their current scope of practice or have been identified as underperforming. The *Professional Development Retraining Policy* outlines the process and requirements fellows must meet to successfully complete the program.

2022 Accreditation Commendations, Conditions and Recommendations

Commendations

B1 The CPD program structure clearly outlines objectives and requirements for compliance, with a user-friendly online interface for recording progress.

C1 The preparation by the College to align its CPD program with upcoming changes to the MBA's Professional Performance Framework, including enabling participation in the College's CPD program to all members (fellows and non-fellows).

D1 The Maintenance of Professional Standards (MOPS) catering to individual scope of practice, and members retain ability to demonstrate professional development in procedural, emergency and mental health areas.

E1 Creation of case-based discussion forums on *Connect@ACRRM*, supporting professional development within communities of practice integrated to automated mechanisms to record participation.

F1 The range of accredited online and face-to-face courses and face activities available to members supports the specific needs and scope of practice of its fellows as well as communities of practice.

Conditions to satisfy accreditation standards

Nil.

Recommendations for improvement

MM Integrate and promote acquiring of knowledge in cultural safety into CPD requirements, including considering this as a mandatory part of CPD requirements. (Standard 9.1.3)

B.10 Assessment of specialist international medical graduates

10.1 Assessment framework

The accreditation standards are as follows:

- The education provider's process for assessment of specialist international medical graduates is designed to satisfy the guidelines of the Medical Board of Australia and the Medical Council of New Zealand.
- The education provider bases its assessment of the comparability of specialist international medical graduates to an Australian- or New Zealand- trained specialist in the same field of practice on the specialist medical program outcomes.
- The education provider documents and publishes the requirements and procedures for all phases of the assessment process, such as paper-based assessment, interview, supervision, examination and appeals.

10.1.1 Team findings

The College has clear, published guidelines for the assessment of specialist international medical graduates (SIMGs) linked to the requirements of the Medical Board of Australia (MBA). The College recently updated its documents and processes in response to changes to the MBA Standards at the end of 2020. The team was satisfied that the assessment framework meetings the accreditation standards.

An SIMG's comparability is assessed against the competencies in the eight domains of rural and remote practice as described in the Fellowship Curriculum. This supports identification of any gaps that need to be met in training should the SIMG be found partially or substantially comparable.

The team noted the transparency of the College website and Specialist Pathway Guide, which includes information about SIMG eligibility criteria, the assessment process and the paper-based assessment guidelines. The College website clearly stipulates the assessment criteria leading to an assessment decision, along with codified list and criteria with qualifications that clearly indicate eligibility for application.

10.2 Assessment methods

The accreditation standards are as follows:

- The methods of assessment of specialist international medical graduates are fit for purpose.
- The education provider has procedures to inform employers, and where appropriate the regulators, where patient safety concerns arise in assessment.

10.2.1 Team findings

The College's Specialist Pathway assessment is an ongoing process. Feedback from SIMGs indicated the assessment process was reasonable, fair and the Structured Interview was run well. Once the College has approved a SIMGs application and an interview has been secured, their training, completed exams, work experience and any specialty skills are taken into consideration.

The College uses a range of assessment modalities to assess SIMGs including WBAs, CBDs, MSF and StAMPS. These modalities have all been based on the College's purpose-designed assessment framework. The framework was developed by Flinders University with a specified brief to be appropriate for the FACRRM competencies and associated practice scope. The essential programmatic assessment framework has been maintained but the program has been continuously reviewed and refined. Continuous quality assurance is achieved through processes at multiple levels including a system of statistical question/results review after every assessment,

review of participant feedback after every assessment, broader review of evaluation reports as provided, occasional formal review of key emergent issues, and biannual Assessment Workshops involving the Assessment Committee and key operational staff.

Where concerns arise in assessment regarding patient safety, the matter is referred to the SIMGs medical educator and the Assessment Manager for review and consideration. The appropriate referral point is determined by the specific circumstances, for example, the assessment process, the stage in the assessment process and the nature of the issues of concern. The medical educator and/or Assessment Manager are required to make a recommendation regarding an appropriate course of action. This may be instruction to College staff to notify the employer and/or the MBA. Key issues are escalated to the Censor in Chief.

It has been noted by the team that the number of specialist international medical graduates that attain fellowship is inconsistent with the number found partially and substantially comparable. The team has recommended the College investigate the causation of this under Standard 6.

10.3 Assessment decision

The accreditation standards are as follows:

- The education provider makes an assessment decision in line with the requirements of the assessment pathway.
- The education provider grants exemption or credit to specialist international medical graduates towards completion of requirements based on the specialist medical program outcomes.
- The education provider clearly documents any additional requirements such as peer review, supervised practice, assessment or formal examination and timelines for completing them.
- The education provider communicates the assessment outcomes to the applicant and the registration authority in a timely manner.

10.3.1 Team findings

The team was satisfied that the College made assessment decisions based on the requirements of the MBA and the College's own domains of rural and remote practice. The team considered the decision-making process, the requirements of the training positions and assessment were clear, with no significant concern over the timeliness of the assessment decision provided raised.

All SIMGs are required to:

- Work in an approved rural health service to allow competencies to be assessed. These requirements are explained in the Specialist Pathway Candidate Agreement.
- Complete an orientation program provided or facilitated by their employer.
- Complete a cultural awareness program.
- Enrol and participate in ACRRM's Professional Development Program (PDP).
- Complete an Advanced Life Support course that meets PDP requirements.
- Undertake other activities as determined by the panel.

SIMGs are encouraged to undertake online courses and workshops provided by the College and other providers that align with the Fellowship Curriculum.

To further support specialist international medical graduates, the team has recommended under Standard 4 that support for structured induction, and access to cultural safety programs with local context be provided. The development of peer support networks was also encouraged as an extra layer of support during the assessment process under Standard 7.

10.4 Communication with specialist international medical graduate applicants

The Accreditation standards are as follows:

- The education provider provides clear and easily accessible information about the assessment requirements and fees, and any proposed changes to them.
- The education provider provides timely and correct information to specialist international medical graduates about their progress through the assessment process.

10.4.1 Team findings

The College website includes an *IMG Specialist Pathway* page, which links to the *Specialist Pathway Guide*, containing necessary information on application, eligibility, fees, application assessment criteria/process and potential assessments for attaining comparability. This information is updated as required. A stepped process flowchart detailing the assessment process is also available on the ACRRM website.

The Specialist Pathway assessment process timeframes comply with the MBA Standards. In accordance with the revised standards, the SIMG is provided a summary of the preliminary Specialist Pathway Review (SPR) of the Paper Based Assessment before an assessment decision is made. The SPR summarises the information provided by the SIMG in their application mapped against the College's assessment criteria.

The College has established a process to ensure that the candidates are continually contacted to ensure they are continuing to meet their scheduled deadlines. All contact is via email, followed by phone where responses are not forthcoming. The IMG Assessment Officers maintain a live tracking document that captures all the key deadlines for each SIMG and are in regular contact with them to ensure their progression on the pathway is maintained and requirements are met. The team did not hear of significant delays in SIMGs receiving support from the College.

SIMGs have access to medical educators for pastoral care, and for support to develop appropriate learning plans and timelines. The learning plans set a series of timelines for the benefit of the candidate as outlined in the Structured Interview outline report.

2022 Accreditation Commendations, Conditions and Recommendations

Commendations

G1 The College website and Fellowship Specialist Pathway Guide details information about SIMG eligibility criteria, the assessment process, the paper-based assessment guidelines, the interview process, interview feedback, the appeals process, and associated fee schedules.

H1 Assessment of the SIMG's comparability is aligned with the competencies in the eight domains of rural and remote practice as described in the Fellowship Curriculum.

I1 The access of medical educators to SIMGs for pastoral care and development of learning plans and timelines.

Conditions to satisfy accreditation standards

Nil.

Recommendations for improvement

Nil.

Appendix One Membership of the 2021 AMC Assessment Team

Dr Will Milford (Chair), MBBS (HONS), FRANZCOG.
Director and Founder, Kindred Midwifery.

Dr Mellissa Naidoo (Deputy Chair), BSc (Hons I), BMBS, DCH, MHM, FRACMA, FCHSM, GAICD, CHIA.
Chief Health Officer, Viridis Consultants.

Associate Professor Abdul Khalid, MBBS, MD, CCST, FRANZCP.
Consultant Psychiatrist, Ballarat Health Services.

Professor Tony Lawler, MBBS, BMedSci, FACEM.
Chief Medical Officer and Deputy Secretary – Clinical Quality, Regulation and Accreditation, Department of Health and Human Services Tasmania.

Ms Fiona Mitchell, BPsych, GCert Mental Health (Child and Adolescent), GCert (Public Sector Management).
Associate Research Fellow, Deakin Rural Health, Faculty of Health, Deakin University.

Dr Laura Raiti, BBiomed, MD.
Senior Paediatric Registrar, Geelong Barwon Health.

Professor Stephen Tobin, MBBS, FRACS, FRCS, GradCertClinEd, MSurgEd.
Associate Dean and Professor of Clinical Education, Western Sydney University.

Ms Juliana Simon
Manager, Specialist Medical Program Assessment, Australian Medical Council.

Appendix Two List of Submissions on the Programs of ACRRM

AMA and AMACDT

Australasian College for Emergency Medicine

Australian and New Zealand College of Anaesthetists

Australian Association for Quality in Health Care

Australian Salaried Medical Officers' Federation

Eastern Victoria GP Training

General Practice Registrars Australia

GP Synergy

Health and Disability Complaint Service Office

Health Department Victoria

James Cook University

Queensland Department of Health

Remote Vocational Training Scheme

Royal Australasian College of Surgeons

Royal Australian and New Zealand College of Obstetricians and Gynaecologists

Royal Australian College of General Practitioners

The Rural Doctors Association of Australia

The University of Notre Dame Australia

University of Sydney Centre for Rural Health

UNSW Sydney

Appendix Three Summary of the 2021 AMC Team's Accreditation Program

Location	Meeting
Health Departments and Indigenous Health Organisations	
Tuesday 28 September 2021 – Dr Will Milford (Chair), Dr Mellissa Naidoo (Deputy Chair), Ms Fiona Mitchell, Ms Georgie Cornelius (AMC Staff)	
Health Departments	ACT Health, Department of Health and Human Services Tasmania and Department of Health Western Australia Representatives
Indigenous Health Organisations	Australian Indigenous Doctors' Association Representative
Victoria	
Friday 15 October 2021 – Associate Professor Abdul Khalid, Professor Stephen Tobin, Ms Katie Khan (AMC Staff)	
Various training sites in Victoria	Meeting with Principal Supervisors (AGPT)
	Meeting with Trainees (AGPT)
	Meeting with Practice Managers (AGPT & IP)
	Meeting with Principal Supervisors (IP)
	Meeting with Trainees (IP)
	Meeting with Practice Managers (AGPT, IP & RVTS)
Australian Capital Territory, Northern Territory, South Australia, Tasmania and Western Australia	
Monday 18 October 2021 – Dr Will Milford (Chair), Dr Mellissa Naidoo (Deputy Chair), Dr Laura Raiti, Ms Juliana Simon (AMC Staff)	
Various training sites in Australian Capital Territory, Northern Territory, South Australia, Tasmania & Western Australia	Meeting with Principal Supervisors (AGPT & IP)
	Meeting with Trainees (AGPT & IP)
	Meeting with Practice Managers (AGPT & IP)
	Meeting with Principal Supervisors (AGPT, IP & RVTS)
	Meeting with Trainees (AGPT, IP & RVTS)
	Meeting with Practice Managers (AGPT, IP & RVTS)
Commonwealth Department of Health	
Wednesday 20 October 2021 – Dr Will Milford (Chair), Dr Mellissa Naidoo (Chair), Ms Georgie Cornelius (AMC Staff)	
Commonwealth Department of Health	Commonwealth Department of Health Representatives

Location	Meeting
New South Wales	
Thursday 21 October 2021 – Ms Fiona Mitchell, Professor Stephen Tobin, Ms Georgie Cornelius (AMC Staff), Ms Nicole Bock (AMC Staff)	
Various training sites in New South Wales	Meeting with Principal Supervisors (AGPT & RVTS)
	Meeting with Trainees (AGPT & RVTS)
	Meeting with Practice Managers (AGPT, IP & RTVS)
	Meeting with Principal Supervisors (IP)
	Meeting with Trainees (IP)
	Meeting with Practice Managers (AGPT, IP & RVTS)

Team meetings with Australian College of Rural and Remote Medicine Committees and Staff

Monday 25 – Thursday 28 October 2021

Dr Will Milford (Chair), Dr Mellissa Naidoo (Deputy Chair), Associate Professor Abdul Khalid, Professor Tony Lawler, Ms Fiona Mitchell, Dr Laura Raiti, Professor Stephen Tobin, Ms Juliana Simon (AMC Staff), Ms Katie Khan (AMC Staff)

Meeting	Attendees
Monday 25 October 2021	
Briefing with ACRRM CEO	Chief Executive Officer
Meeting with training sites in Queensland	Principal Supervisors Trainees Practice Managers
Meeting with SIMGs	SIMGs
Meeting with Regional Training Providers	Regional Training Provider Representatives
Standards 1 & 2 Governance & Outcomes of Specialist Training and Assessment	Chief Executive Officer President College Board Members College Council Members Senior Policy Officers General Manager, Corporate Services
Tuesday 26 October 2021	
Briefing with ACRRM CEO	Chief Executive Officer

Meeting	Attendees
Standards 3 & 4 Curriculum & Teaching and Learning	Chief Executive Officer President Education and Training Committee Members Research Committee Members General Manager, Education Services Manager, RGTS Network Manager, Standards and Accreditation General Manager, Quality and Safety Manager, Education Development
Standards 5 Assessment of Learning	Chief Executive Officer Assessment Committee Members Board of Examiners Members Education and Training Committee Members Research Committee Members General Manager, Education Services Manager, Assessment Manager, Standards and Accreditation General Manager, Quality and Safety
Meeting with consumers representatives on College Committees	College Board Director College Council Member Education Council Member Senior Policy Officer
Standard 6 Monitoring and Evaluation	Chief Executive Officer President Senior Policy Officer Senior Data Analyst
Standard 7 Issues relating to Trainees	Registrar Committee Members Future Generalists' Committee Member
Standard 8.1 Supervisory & Educational Roles	President Education and Training Committee Members General Manager, Education Services Manager, Standards and Accreditation
Standard 8.2 Accreditation of Training Sites	Chief Executive Officer Education and Training Committee Members Respectful Workplaces Committee Members Manager, Standards and Accreditation Accreditation Coordinator Senior Policy Officer
Standard 4 Teaching and Learning Resources Demonstration	Manager, Education Development Senior Policy Officer Medical Educator

Meeting	**Attendees**
Standard 9 CPD, Further Training and Remediation	President Professional Development Committee Members General Manager, Quality and Safety Manager, PDP and Grants
Wednesday 27 October 2021	
Briefing with ACRRM CEO	Chief Executive Officer
Standards 1,2,3,7 & 8 Indigenous Health Issues	Aboriginal and Torres Strait Islander Members Group Members
Standard 1.5 Educational Resources	Chief Executive Officer Executive Manager, Office of CEO Manager, Standards and Accreditation Manager, Education Development Manager, Business Systems and Integration
Standard 7 Issues relating to Trainees	General Manager, Education Services General Manager, Member Services Team Leader, Member Services Manager, RGTS Network Director of Training
Standard 10 Assessment of SIMGs	Chief Executive Officer Manager, Assessment International Medical Graduate Assessment Committee Members
Thursday 28 October 2021	
AMC Team prepares preliminary statement of findings	AMC Team
Team presents preliminary statement of findings	College Representatives