Accreditation Report: The Rural Generalist Medicine Program of the Royal Australian College of General Practitioners

Specialist Education Accreditation Committee

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Contents

Table of Figures

Acknowledgement of Country

The Australian Medical Council acknowledges the Aboriginal and/or Torres Strait Islander peoples as the original Australians, and Māori as tangata whenua (Indigenous peoples) of Aotearoa New Zealand.

We acknowledge and pay our respects to the Traditional Custodians of all the lands on which we live and work, and their ongoing connection to the land, water and sky. We acknowledge government policies and practices impact on the health and wellbeing of Indigenous peoples and commit to working together to support healing and positive health outcomes.

Through its accreditation and assessment processes for the medical profession, the AMC is committed to improving equity and outcomes for the Aboriginal and/or Torres Strait Islander peoples of Australia, and the Māori peoples of Aotearoa New Zealand.

1. Introduction

1.1 The process for accreditation of a proposed specialist medical program

The Australian Medical Council (AMC) document, *Procedures for Assessment and Accreditation of Specialist Medical Programs by the Australian Medical Council 2024*, describes AMC requirements for accrediting specialist programs and their education providers. For new programs, the AMC will assess whether the program is likely to comply with accreditation standards and whether the provider can implement it.

The AMC's Specialist Education Accreditation Committee reviews the submission and may decide on one of the following options for accreditation:

i. Accreditation for a period up to one year after the full program has been implemented, subject to conditions being addressed within a specific period and depending on satisfactory annual monitoring submissions. The conditions may include a requirement for follow-up assessments to review progress in implementing the program. In the year the accreditation ends, the education provider will submit an accreditation extension submission. Subject to a satisfactory accreditation report, the AMC may grant a further period of accreditation, up to the maximum possible period, before a new accreditation assessment.

ii. Accreditation will be refused where the education provider has not satisfied the AMC that it can implement and deliver the program of study at a level consistent with accreditation standards. The AMC will give the provider written notice of the decision and its reasons, as well as the procedures available for reconsideration and internal review of the decision within the AMC.

The AMC and the Medical Council of New Zealand work collaboratively to streamline the assessment of education providers that provide specialist medical training in Australia and Aotearoa New Zealand, and both have endorsed the accreditation standards. The two Councils have agreed to a range of measures to align their accreditation processes, including joint accreditation assessments, joint progress reporting, and aligned accreditation periods. The AMC will continue to lead the accreditation process.

1.2 The recognition of rural generalist medicine as a new specialty

Under the *Health Practitioner Regulation National Law Act 2009* (the National Law), the Medical Board of Australia (the Board) may recommend that the Ministerial Council approve new or amended specialties and fields of specialty practice. As the accreditation authority for medicine, the AMC provides advice to the Board on proposals for recognition. In 2020, the AMC received a request from the Board to provide advice on a joint proposal from the Royal Australian College of General Practitioners (RACGP; 'the College') and the Australian College of Rural and Remote Medicine (ACRRM) for the approval of rural generalist medicine as a new field within the specialty of general practice. This initiated a two-stage process in which the applicants had to demonstrate that:

- recognition is likely to contribute to one or more of the objectives of the National Law. That is to: enhance protection of the public, facilitate workforce mobility, facilitate access to health services and enable the continuous development of a flexible, responsive and sustainable health workforce and innovation in service delivery
- regulation will offer an overall net benefit and alternative, non-regulatory options will not offer the same benefit.

In 2021, following the initial (Stage 1) assessment, the AMC provided advice to the Board that there may be a case for the recognition of rural generalist medicine based on the above criteria, and the proposal proceeded to a detailed (Stage 2) assessment. RACGP and ACRRM submitted further information to support this assessment in 2022.

In 2023, to support the Stage 2 assessment, the Board initiated public consultation on the joint proposal from ACRRM and RACGP. The majority of stakeholders supported the proposal; the AMC also conducted additional meetings with stakeholders, including health consumer groups and Aboriginal and Torres Strait Islander health organisations.

In December 2024, the AMC provided advice that there is a case for rural generalist medicine to be recognised. Subsequently, the Board recommended that the Ministerial Council approve rural generalist medicine as a new field within the specialty of general practice.

In September 2025, the Ministerial Council approved the specialty of rural generalist medicine. The full list of specialties, fields of specialist practice, and related specialist titles is published on the Medical Board of Australia's website. The AMC can now assess and accredit education and training programs in rural generalist medicine, and organisations with education and training in the field may apply for accreditation. In 2025, ACRRM and RACGP separately applied for accreditation of their respective rural generalist medicine programs, initiating this assessment.

Definition of rural generalist medicine

The following definition for rural generalist (RG) was agreed on by RACGP and ACRRM in collaboration with the National Rural Health Commissioner during a meeting at Collingrove Homestead in South Australia in February 2018 (the 'Collingrove Agreement'):

> A Rural Generalist is a medical practitioner who is trained to meet the specific current and future healthcare needs of Australian rural and remote communities, in a sustainable and cost-effective way, by providing both comprehensive general practice and emergency care, and required components of other medical specialist care in hospital and community settings as part of a rural healthcare team.

The RG scope of practice is described in the Colleges' application as:

> comprised of a core skill set which enables practitioners to provide general practice care plus emergency care in a clinical context of relative professional isolation, and in addition, at least one additional area of advanced skills related to the needs of their communities.

1.3 Decision on accreditation

Under the National Law, the AMC can accredit a program of study if it is reasonably satisfied that:

(a) the program of study, and the education provider that provides the program of study, meet the accreditation standard; or

(b) the program of study, and the education provider that provides the program of study, substantially meet the 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 MBA to enable the Board to make a decision on the approval of the program of study for registration purposes.

The 30 June 2026 meeting of the AMC's Specialist Education Accreditation Committee resolved that:

i. The Royal Australian College of General Practitioners' specialist training program in the speciality of general practice in the speciality field of rural generalist medicine substantially meets the approved accreditation standards.

ii. The Royal Australian College of General Practitioner's specialist training program, leading to Fellowship of the Royal Australian College of General Practitioners in the specialty field of rural generalist medicine (FRACGP-RG) within the specialty of general practice be granted accreditation for **four years to 31 March 2031**, aligning with the College's existing accreditation period for the specialty medical program of general practice, subject to satisfying AMC monitoring requirements, including monitoring submissions and addressing accreditation conditions.

Condition		To be met by
Standard 1		
1	Demonstrate collaboration in the development, management, implementation and continuous improvement of the rural generalist medicine program with ACRRM through the Joint Consultative Committee for Rural Generalist Medicine. (Standard 1.4) **NEW**	2028
2	Demonstrate collaboration with other specialist medical colleges in the development, management, implementation and continuous improvement of the Additional Rural Skills Training programs in the rural generalist medicine program. (Standard 1.4) **NEW**	2028
3	Develop mechanisms for the collaboration with ACRRM and the other specialist medical colleges in the development, management, implementation and continuous improvement of the rural generalist medicine program to occur on a regular and ongoing basis. (Standard 1.4) **NEW**	2028
5	Implement clear and formalised mechanisms to ensure the GPiT Faculty is consulted in the early stages of key policy/procedure/decisions development related to changes in education and training matters that may impact registrars. (Standard 1.1.5 and 7.2)	2025
6	Develop and implement a new strategic plan underpinned by a strategy for long term stability and commitment to Aboriginal and/or Torres Strait Islander health. (Standard 1.1 and 1.6.4)	Develop: 2025 Implement: 2026
7	Develop and implement a strategy for clearer structured working and communications arrangements between the College and the jurisdictional health agencies to support success of the fellowship programs through an optimal balance of national governance and local flexibility. (Standard 1.6.1)	Develop: 2025 Implement: 2026
8	To align with the objectives of the Cultural and Health Training Framework, develop and implement a well-resourced plan to embed cultural safety training at all levels of the College governance, operational staff, and education and training programs and activity. (Standard 1.7)	2026

Condition		To be met by
Standard 2		
9	Consistent with the Collingrove Agreement, demonstrate alignment with the graduate outcomes of the ACRRM program. (Standard 2.3 and 3.2.1) **NEW**	2027
Standard 3		
10	Integrate research capabilities across all training pathways to ensure uniform research literacy among trainees, including enhancing learning outcomes. (Standard 3.2.8)	2026
Standard 4		
Nil.		
Standard 5		
11	Develop and implement processes for feedback to FSP trainees who fail the Fellowship exams containing sufficient detail to form the basis for an appropriate remediation plan. (Standard 5.3)	Develop: 2025 Implement: 2026
12	Implement evaluation mechanisms to determine the quality, fairness and consistency of workplace-based assessment in the assessment of trainee competence across training sites, aligned with the progressive assessment framework. (Standard 5.4 and 8.1)	Implement: 2025 Provide outcomes of evaluation: 2026
Standard 6		
13	Develop and implement a process for broader community, employer feedback/evaluation on the effectiveness of education and training programs and processes on the producing quality specialist general practitioners. (Standard 6.2.1 and 1.6.4)	Develop: 2025 Implement: 2026
14	Develop and implement processes: i. For systematic reporting on monitoring and evaluation outcomes are reported to the Board and relevant committees. (Standard 6.3.1) ii. To "close the loop" on evaluation, feedback and quality assurance on education and training programs with key stakeholders. This includes dissemination to fellows, trainees (current and prospective) and the community. (Standard 6.3.2)	2025
Standard 7		
15	Undertake the review of the FSP selection process and ensure: i. Clear distinction between all training pathways to guide prospective trainees in their application. ii. Increased support and appropriate information provided for prospective trainees (Australian and International) to select the most suitable pathway. iii. Trainees are placed in the pathway that best suits their personal, education and training needs iv. Monitoring of the consistency of the application of selection policies for all pathways. (Standard 7.1)	2025

Condition		To be met by
16	Implement strategies to prioritise recruitment and advertising strategies targeted at Aboriginal and/or Torres Strait Islander prevocational doctors and medical students, in collaboration with the College's Aboriginal and Torres Strait Islander Faculty and dedicated education and training team, and other relevant external stakeholders. (Standard 7.1.3)	2025
17	Prioritise support for trainee representatives in their roles by: i. Defining and elevating the role of the Registrar Liaison Officer and the GPiT Faculty Representative within the College and trainee cohort to ensure increased awareness of their different roles for trainee advocacy and support. (Standard 7.2.1) ii. Implementing structured orientation and training for Registrar Liaison Officers, especially on how to best support registrars in a psychologically safe manner, from a WHS perspective, and with consideration of Mental Health First Aid training. (Standard 7.2.1)	2025
Standard 8		
18	Develop and implement a process to formalise mechanisms for evaluation on supervisor and/or practice effectiveness and improvement. A "close the loop" process should be incorporated for trainees to be aware of action steps taken. (Standard 8.1.4 and 6.3.2)	2026
19	Develop and implement process to evaluate WBA assessor effectiveness, including feedback from trainees. (Standard 8.1.6)	Develop: 2025 Implement: 2026
Standard 9		
Nil.		

Note: Greyed-out conditions relate to the 2024 reaccreditation assessment and were outside the scope of the 2026 rural generalist medicine assessment. Accordingly, they have not been closed as part of this review. These conditions remain outstanding and have not yet been satisfied by the College.

2. Royal Australian College of General Practitioners

2.1 Accreditation history

The College's training programs were first accredited by the AMC in 2003.

An overview of the College's accreditation and monitoring history is provided below.

Assessment type	Outcome
2003: Full assessment	Accreditation granted until 31 July 2006.
2006: Follow-up assessment	Extension of accreditation until 31 December 2009.
2009: Accreditation extension submission	Extension of accreditation until 31 December 2013.
2013: Reaccreditation assessment	Accreditation granted until 31 December 2019.
2019: Accreditation extension submission	Extension of accreditation until 31 March 2024.
2022: Extension of accreditation (to support full transition to College-led training)	Extension of accreditation by one year until 31 March 2025.
2024: Reaccreditation assessment	Accreditation granted until 31 March 2031, with 16 conditions set on accreditation.

A copy of the College's 2024 accreditation report can be found here.

In 2025, on the basis of the College's monitoring submission, the College was found to have substantially met the standards.

2.2 New specialist medical program submission

In 2025, the AMC received an expression of interest from the College to assess and accredit its rural generalist medicine program of study. The assessment and accreditation of the College's rural generalist medicine program will expand the range of study options available through the College in approved fields under the specialty of general practice.

The AMC undertook a focused review of the College's rural generalist medicine program, covering standards relevant to curriculum and assessment, as well as related standards in other areas. Governance structures, assessment feedback details, monitoring, evaluation, communication with trainees, engagement with external stakeholders and assessment of specialist international medical graduates were not included in the scope of assessment; however, they will be subject to monitoring requirements. This limited scope was approved by the AMC's Specialist Education Accreditation Committee under Section 1.2 (i) of the Procedures. Appendix 1 provides a full list of standards included in this assessment.

Although rural generalist medicine was not yet a recognised field of specialty practice at the time of the College's reaccreditation assessment in 2024, the rural generalist medicine program and relevant areas were considered at the time.

In 2031, the College and its accredited programs will undergo an accreditation extension assessment with the revised standards for specialist medical programs planned for implementation in 2026. Subject to the accreditation of the College's rural generalist medicine training program, the accreditation extension assessment will be an opportunity for a contemporary review of all the College's accredited specialist training programs, including consideration of sector-wide reform priorities reflected in the Australian Health Practitioner Regulation Agency (Ahpra) National Scheme Strategy 2031, which commits to advancing cultural safety and the elimination of racism in the Australian healthcare system.

Recognising the joint application for specialty recognition submitted by both RACGP and ACRRM, the AMC conducted both assessments concurrently, using the same team, to ensure consistency and minimise potential bias.

Assessment procedure

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

Given the focused scope of the review, the AMC undertook a smaller-scale assessment process, using a risk-based approach.

Below is a summary of the steps followed in this assessment:

1. The AMC asked the College to lodge an accreditation submission against specified AMC accreditation standards deemed relevant to the rural generalist medicine program.
2. The AMC appointed an accreditation team ('the team' in this report) to complete the assessment, after inviting the College to comment on the proposed membership. A list of members of the team is provided as Appendix 2.
3. The team met in February 2026 to consider the College's accreditation submission.
4. The AMC invited various stakeholders to provide feedback on both colleges; this included written submissions and, where requested, meetings. A list of stakeholders the team met with or received written submissions from is provided as Appendix 3.
5. The team conducted a day of virtual meetings in March 2026 with program stakeholders, including trainees, supervisors, educators, staff, College office bearers and committees (see Appendix 4).

Appreciation

The team is grateful to the fellows, trainees and staff who prepared the accreditation submission and managed preparations for the assessment.

3. AMC findings

3.1 Summary of findings against the standards

The findings against the accreditation standards are summarised in the table below. Explicit feedback is available on each standard under Section 3.2.

Standard	Finding in 2025 monitoring submission	Finding in 2026 (rural generalist medicine assessment)
1. Context of education and training	Substantially Met	Substantially Met
2. Outcomes of specialist training and education	Substantially Met	Substantially Met
3. The specialist medical training and education framework	Substantially Met	Substantially Met
4. Teaching and learning	Met	Met
5. Assessment of learning	Substantially Met	Substantially Met
6. Monitoring and evaluation	Substantially Met	Substantially Met
7. Trainees	Substantially Met	Substantially Met
8. Implementing the program —delivery of education and accreditation of training sites	Substantially Met	Substantially Met
9. Assessment of specialist international medical graduates	Met	***Not assessed***

3.2 Detailed findings against the standards

Standard 1: The context of education and training

Areas covered by this standard: governance of the college; program management; reconsideration, review and appeals processes; educational expertise and exchange; educational resources; interaction with the health sector; continuous renewal. **(Standards 1.1.1, 1.1.2, 1.1.6, 1.2.1, 1.3, 1.4 and 1.6)**

Summary of accreditation status	2025: Substantially Met	2026: Substantially Met

The College's 2024 reaccreditation assessment found that Standard 1 was substantially met, and five conditions were implemented at the time.

The College's 2025 monitoring submission found that Standard 1 was substantially met, with five outstanding conditions. They relate to increasing inclusivity in College governance and decision making, increased commitments to Aboriginal and/or Torres Strait Islander health and equity, and improved communication with jurisdictional health agencies. These conditions have not been satisfied as a result of this accreditation.

Team findings

The College awards Fellowship of the RACGP (FRACGP), which is recognised for the specialty of general practice. RACGP trains about 90 per cent of Australia's general practitioners (GPs). The RACGP Fellowship program was accredited most recently in 2024.

In 2006, RACGP launched the Fellowship in Advanced Rural General Practice (FARGP), which evolved from the RACGP Graduate Diploma in Rural General Practice. The Collingrove Agreement in 2018 clarified the medical specialist expectations of an RG. This allowed RACGP to review the FARGP curriculum and develop the RACGP Rural Generalist Fellowship (FRACGP-RG), adding a greater emphasis on emergency medicine. RACGP has sought approval for this program to be accredited as a rural generalist medicine specialist medical program and has therefore presented it as a separate training program for accreditation under that framework.

Governance (Standard 1.1); program management (1.2); reconsideration, review and appeals processes (1.3); educational expertise and exchange (1.4); and interaction with the health sector (1.6), as they relate to the FRACGP-RG program, all appear appropriate. This smaller program benefits from its position within the broader College, leveraging centralised policies and procedures while also contributing to the College overall.

1.1 Governance

RACGP has corporate governance structures that are satisfactory to deliver its medical education and training programs, with an overarching governing Board supported by board committees. The intent of the FRACGP-RG program was to embed it within the existing College governance and training structures to avoid the program being seen as a standalone or add-on program. This was done to reflect trainees' ability to opt into the program at any stage. Therefore, the FRACGP-RG program is integrated into RACGP's broader education and training management systems with representation throughout the College's governance structure, including, but not limited to, the Board, the Academic Committee and the Council of Censors.

From an organisational perspective, there is a Head of RACGP Rural who oversees the administrative operation of the FRACGP-RG program, the function of the RACGP National Rural Faculty, and reports to the executive team. From an education and training perspective, the FRACGP-RG training programs are overseen by the National Clinical Head of Rural Pathways and the National Director of Training.

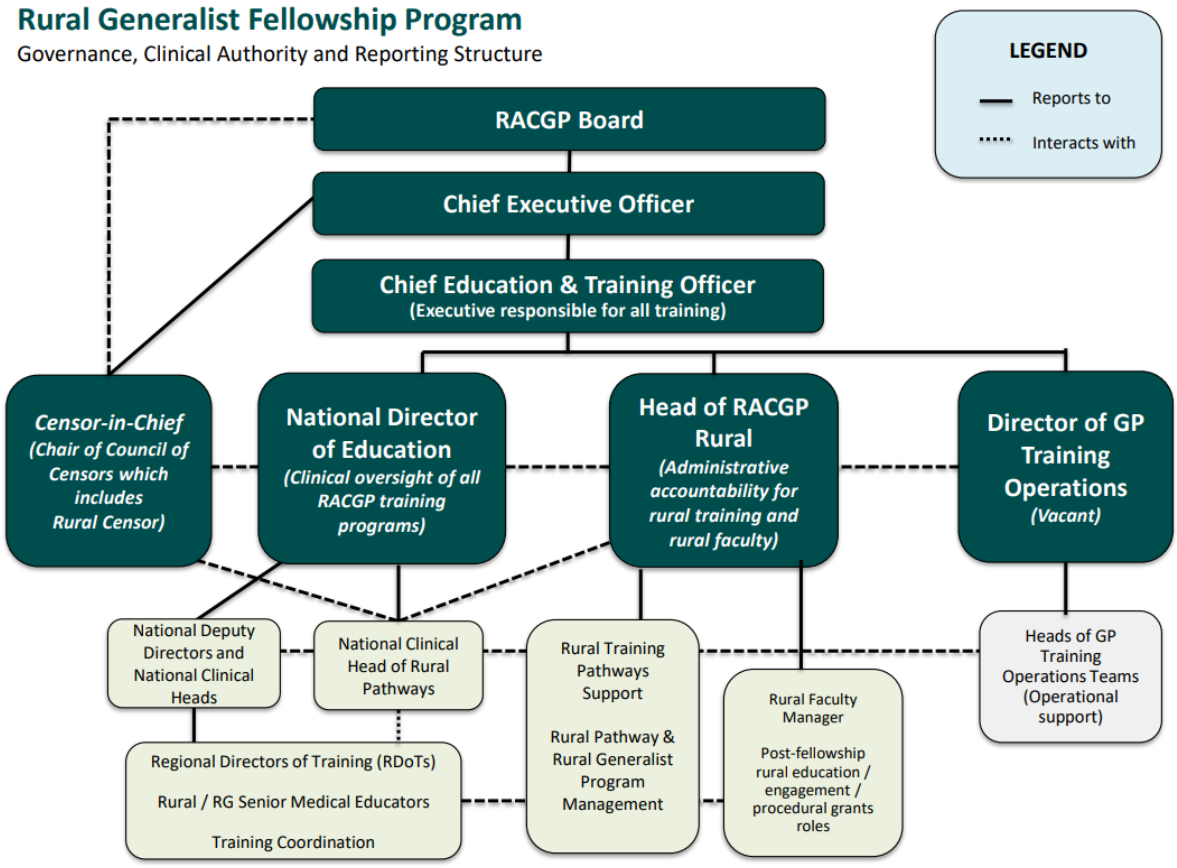

Figure 1: Rural Generalist Fellowship Program governance, clinical authority and reporting structure

The team considers that the College's governance structures give appropriate priority to its educational role relative to other activities. Its corporate governance provides sufficient autonomy and appropriate resourcing to meet the current education functions of the FRACGP-RG program. The broader education program is well established and supported by a large, experienced team of staff and educators, providing confidence in the ongoing delivery, oversight and integrity of the program. The FRACGP-RG program has benefited from this expertise and is well supported within the College.

RACGP has well-developed and validated procedures for identifying, managing and recording conflicts of interest across its education and training functions, governance and decision making. These apply to the FRACGP-RG program.

1.2 Program management

The College has clear governance and appropriate structures to support the management of its specialist training program. The FRACGP-RG program is integrated into RACGP's broader education and training management systems, with representation throughout the College's governance structure, including, but not limited to, the Board, the Academic Committee and the Council of Censors. There are separate Rural Council and Rural Education committees, which provide advice to the FRACGP-RG program. There are clear terms of reference, and governance entities function effectively. These structures have evolved in preparation for the recognition of rural generalist medicine and are built on previously existing structures and processes in delivering the FARGP.

The FRACGP-RG program is delivered through the same structures as the FRACGP program, with delivery via the RACGP education and GP training business units. These structures ensure that the program is nationally led, overseen, and delivered through regional teams. These structures support strong decision making and priority setting as well as sound processes for certifying successful completion of training.

1.3 Reconsideration, review and appeals processes

The College's Dispute, Reconsideration and Appeals Policy and processes are present and appropriate. They are publicly available. RACGP collects data from these processes, which are analysed for underlying themes and then used to create system improvements.

1.4 Educational expertise and exchange

The College benefits from strong leadership in education and assessment with highly skilled program leads and medical educators. This has led to the recruitment of staff with educational experience and sound local knowledge. This expertise extends throughout the FRACGP-RG training structure and includes the medical educators and the broader RACGP Rural Faculty.

RACGP has worked closely with ACRRM over the past seven years, supporting several projects of mutual interest, including the transition to College-led training, the joint application for recognition of RG as a specialised field and the establishment of the Joint Colleges Training Services (JCTS) company.

As a result of the joint application for recognition of RG, RACGP and ACRRM are in the final stages of establishing a Joint Consultative Committee for Rural Generalist Medicine. This is an advisory committee and is anticipated to report directly to the RACGP and ACRRM Boards. While the committee is yet to meet, it is forecast that this forum will facilitate collaboration on FRACGP-RG program matters, including curriculum, standards, training, certification and regulation of RGs and doctors interested in becoming RGs. One early project that has been flagged is blueprinting of both Colleges' curricula, which will enhance alignment.

The team applauds RACGP for the ongoing collaboration with ACRRM. The Joint Consultative Committee will be an important mechanism through which RACGP and ACRRM can ensure ongoing consistency between the RG qualifications granted by both Colleges. This is critical to ensure that the qualification maintains currency irrespective of which College has awarded it, so that the community is safeguarded and employers can be sure of the standard capabilities of the RGs they are employing.

RACGP and ACRRM have also founded JCTS as a vehicle to provide ongoing cultural expertise and education for RGs and GPs as part of the RACGP and ACRRM specialist programs. This has been done in response to feedback from Aboriginal and/or Torres Strait Islander cultural mentors and Elders who expressed a wish for a single company to work with when providing cultural expertise. RACGP collaborates with JCTS to ensure its curriculum, assessment and resources are culturally informed and supported. JCTS and RACGP staff work together to deliver regional training workshops and individual education support.

RACGP and ACRRM are commended for the creation of JCTS and this novel approach to providing cultural expertise and education. As has been highlighted through the accreditation, this should enable RACGP to provide high-quality cultural education for RGs with a local focus. It also provides a useful avenue for gathering feedback on the cultural safety of training and assessment activities.

RACGP collaborates with a range of other educational institutions and specialist medical colleges, both in Australia and internationally. There are ongoing partnerships and educational support relationships nationally with several specialist medical colleges on matters of mutual interest. RACGP is a member of the Council of Presidents of Medical Colleges (CPMC). The College also makes up a part of several formal relationships to facilitate the delivery of Additional Rural Skills Training (ARST) programs. These include with:

- the Royal Australian and New Zealand College of Obstetrics and Gynaecology (RANZCOG) and ACRRM for the Consultative Committee for the Diploma of Obstetrics and Gynaecology
- the Australian and New Zealand College of Anaesthetists (ANZCA) and ACRRM to collaborate on the rural generalist anaesthesia program

- the Australasian College for Emergency Medicine (ACEM) relating to ARST in Emergency Medicine.

ARSTs provide a space for RACGP to collaborate with other specialist medical colleges that have an interest in the ARST subject areas. There is substantial variation in collaboration between ARSTs, ranging from formalised partnerships/tripartite committees to no formal collaboration, which the team considers a significant risk. These arrangements appear to translate to the formality with which ARSTs are governed and assessed. While the team acknowledges the difficulties inherent in collaboration and the responsibility that RACGP maintains for its qualifications, it is important for patient safety and quality assurance that, where subject matter overlaps, there is strategic and consistent collaboration in these areas

1.6 Interaction with the health sector

The College has long-standing and strong relationships with jurisdictions, health services and RG coordination units. RACGP has Rural Pathway and Rural Generalist Training manager roles in Queensland, New South Wales, Victoria, South Australia, Tasmania and Western Australia, as well as a coordinator role in the Northern Territory. Each of these roles facilitates close engagement with jurisdictional stakeholders. They also have close relationships with the rural workforce agencies and rural Primary Health Networks (PHNs).

Local teams of medical educators, training coordinators and program support officers are engaged closely with local hospitals, health systems, practices and communities.

Some stakeholder feedback highlighted communication challenges and competing priorities, particularly regarding jurisdictional workforce needs. The College has an existing condition addressing this issue, and the team encourages continued constructive engagement to resolve these matters.

RACGP does not seem to have systematic mechanisms for broader, College-level community engagement. There is also an existing condition regarding this.

As part of its strategy to strengthen engagement with Aboriginal and/or Torres Strait Islander stakeholders, the College has a memorandum of understanding with the National Aboriginal Community Controlled Health Organisation (NACCHO), which represents a positive foundation for collaboration. However, feedback from representatives of the Aboriginal community controlled health sector was variable, with relationships at times perceived as reactive and lacking reciprocity or clear and consistent communication. While the team heard of some positive engagement with some state-based organisations, a more coordinated and systematic approach to external stakeholder engagement is required.

Although JCTS represents an important resource for the College, it does not replace higher-level, formal engagement with Aboriginal and/or Torres Strait Islander stakeholders. The College already has an existing condition relating to the development of a strategy in this area. The team encourages the College to engage at all levels with a broader and more diverse range of Indigenous health sector stakeholders to ensure that its programs appropriately reflect and respond to the diversity of Aboriginal and/or Torres Strait Islander peoples across Australia. This is particularly important for rural generalist medicine, where Aboriginal and/or Torres Strait Islander health care is central to service delivery in many rural and remote communities.

Commendations, conditions and recommendations

Commendations

A The establishment of the Joint Colleges Training Services (JCTS), a novel and effective approach to incorporating cultural expertise and education that enhances the delivery of high-quality, locally responsive training

B Strong educational leadership in the College, with passionate, highly skilled rural program leads and medical educators

Conditions to satisfy accreditation standards

New conditions set as a result of the 2026 rural generalist medicine accreditation assessment

1 Demonstrate collaboration in the development, management, implementation and continuous improvement of the rural generalist medicine program with ACRRM through the Joint Consultative Committee for Rural Generalist Medicine. (Standard 1.4) **NEW**

2 Demonstrate collaboration with other specialist medical colleges in the development, management, implementation and continuous improvement of the Additional Rural Skills Training programs in the rural generalist medicine program. (Standard 1.4) **NEW**

3 Develop mechanisms for the collaboration with ACRRM and the other specialist medical colleges in the development, management, implementation and continuous improvement of the rural generalist medicine program to occur on a regular and ongoing basis. (Standard 1.4) **NEW**

Outstanding conditions from the 2024 reaccreditation assessment

4 Undertake the College governance review with a view to:

i. Including a commitment to Aboriginal and/or Torres Strait Islander health and equity in its purpose. (Standard 1.1 and 2.1)

ii. A strategy for greater consumer/community representation throughout the governance of the College.

iii. Ensuring the voice of trainee representatives, and SIMGs, is more explicit and afforded greater prominence and priority in governance and decision-making processes, and within education and training activity. (Standard 1.1.3 and 1.1.5)

5 Implement clear and formalised mechanisms to ensure the GPiT Faculty is consulted in the early stages of key policy/procedure/decisions development related to changes in education and training matters that may impact registrars. (Standard 1.1.5 and 7.2)

6 Develop and implement a new strategic plan underpinned by a strategy for long term stability and commitment to Aboriginal and/or Torres Strait Islander health. (Standard 1.1 and 1.6.4)

7 Develop and implement a strategy for clearer structured working and communications arrangements between the College and the jurisdictional health agencies to support success of the fellowship programs through an optimal balance of national governance and local flexibility. (Standard 1.6.1)

8 To align with the objectives of the Cultural and Health Training Framework, develop and implement a well-resourced plan to embed cultural safety training at all levels of the College governance, operational staff, and education and training programs and activity. (Standard 1.7)

Recommendations for improvement

Nil.

Standard 2: The outcomes of specialist training and education

Areas covered by this standard: educational purpose of the educational provider; and program and graduate outcomes. **(Standards 2.1, 2.2 and 2.3)**

Summary of accreditation status	2025: Substantially Met	2026: Substantially Met

The College's 2024 reaccreditation assessment found that Standard 2 was substantially met, and one condition was implemented at the time, situated in Standard 1.

The College's 2025 monitoring submission found that Standard 2 was substantially met, with one outstanding condition relating to including a commitment to Aboriginal and/or Torres Strait Islander health and equity in its purpose, situated in Standard 1. This condition has not yet been satisfied as a result of this accreditation.

Team findings

2.1 Educational purpose

The FRACGP-RG training program, as described by RACGP, augments core general practice training. The FRACGP-RG subspecialisation can be undertaken simultaneously with FRACGP training over a four-year period. Alternatively, specialist GPs can commence the program post-Fellowship. The educational purpose of the rural generalist medicine subspecialty is described as the same as the general practice educational purpose, with the additional rural and/or remote community general practice experience, enhanced emergency care skills and additional skill(s) in a specialist discipline. So, while the FRACGP provides the basis for comprehensive general practice care across Australia, the FRACGP-RG subspecialisation builds on these skills and attributes and contextualises them for rural and remote communities and their needs.

2.2 Program outcomes

The FRACGP-RG program outcomes are clearly aligned to the intended scope of rural generalist medicine and have a distinct, recognised scope of practice beyond that of the specialist GP. The team were satisfied that the program outcomes aligned with community needs and that the program had the capacity to respond to community-specific needs in rural and remote communities.

A minimum of six months (full-time equivalent [FTE]) of core emergency medicine training (EMT) with registrars working in an appropriately accredited emergency department is required for the FRACGP-RG. This must be completed after the hospital terms of the FRACGP and can be completed concurrently with a general practice term. The core emergency training provides more specialised EMT in the rural and remote context, building on the foundational emergency care training provided in the FRACGP program.

ARST curricula also offer a range of advanced skills options tailored to different practitioner interests and community and practice contexts. Some stakeholders noted opportunities to further align training pathways with community needs and workforce planning considerations. The team encourages alignment and equivalence of advanced skills across RACGP and ACRRM programs and has identified this as a priority area for consideration by the Joint Consultative Committee.

2.3 Graduate outcomes

The Collingrove Agreement, agreed to by both RACGP and ACRRM in 2018, defines the RG as:

> A medical practitioner who is trained to meet the specific current and future healthcare needs of Australian rural and remote communities, in a sustainable and cost-effective way, by providing both comprehensive general practice and emergency care, and required components of other medical specialist care in hospital and community settings as part of a rural healthcare team.

RACGP describes the graduate outcomes of the FRACGP-RG as the same as the FRACGP graduate outcomes, with additional capabilities of in-depth knowledge of the rural or remote community, including:

- provision of comprehensive general practice care
- provision of emergency care
- use of specialised procedural and/or non-procedural skills
- management of available resources in the rural or remote context to optimise health care
- advocacy and leadership for a rural community in achieving equitable access to resources
- being able to navigate the tensions of living and working as a GP within the one community
- understanding and use of relevant population and environmental data to build a healthy rural community.

The FRACGP-RG evolved from previous RACGP rural training programs to reflect the Collingrove Agreement definition of an RG and to continue responding to the needs of rural and remote communities.

The team were encouraged by the planned collaboration between RACGP and ACRRM through the Joint Consultative Committee to improve alignment of their rural generalist medicine programs, including a planned project to blueprint both Colleges' RG curricula against each other. The team noted the importance of aligning rural generalist medicine graduate outcomes and ensuring that RACGP and ACRRM rural generalist medicine graduates have equivalent knowledge, skills and scope of practice, regardless of which training program they complete. While the two training programs have evolved along different pathways, aligning graduate outcomes is important to provide confidence that an RG from either college is equivalent. One key difference between the two programs was noted regarding surgery: ACRRM requires 24 months to complete the surgical Advanced Skills Training, whereas RACGP requires a minimum of 12 months for its surgical ARST. Such discrepancies pose a risk to the equivalence of graduate outcomes between the programs. The team encourages improved alignment and equivalence between the RACGP and ACRRM programs.

Commendations, conditions and recommendations

Commendations

Nil.

Conditions to satisfy accreditation standards

New conditions set as a result of the 2026 rural generalist medicine accreditation assessment

9 Consistent with the Collingrove Agreement, demonstrate alignment with the graduate outcomes of the ACRRM program. (Standard 2.3 and 3.2.1) **NEW**

Outstanding conditions from the 2024 reaccreditation assessment

Nil.

Recommendations for improvement

Nil.

Standard 3: The specialist medical training and education framework

Areas covered by this standard: curriculum framework; curriculum content; continuum of training, education and practice; and curriculum structure. **(Standards 3.1, 3.2, 3.3 and 3.4)**

Summary of accreditation status	2025: Substantially Met	2026: Substantially Met

The College's 2024 reaccreditation assessment found that Standard 3 was substantially met, and two conditions were implemented at the time.

The College's 2025 monitoring submission found that Standard 3 was substantially met, with one outstanding condition relating to integrating research capabilities across all training pathways to ensure uniform research literacy among trainees. This condition has not yet been satisfied as a result of this accreditation.

Team Findings

3.1 Curriculum framework

The FRACGP-RG program builds on the RACGP Fellowship program—to qualify in the specialty of rural generalist medicine through the RACGP a doctor must attain both qualifications. The focus of the FRACGP-RG program aligns with key features specific to the subspecialty of rural generalist medicine as defined by the Collingrove Agreement: the rural and remote context, additional emergency skills and practice, and additional skills and practice in an area of community need. There are several educational guiding instruments relevant to the FRACGP-RG program:

- the RACGP Educational Framework, which underpins both programs
- the Aboriginal and Torres Strait Islander Cultural and Health Training Framework
- the RACGP Assessment Framework
- RACGP Standards for general practice training
- RACGP curriculum and syllabus for the specialist general practitioner
- the RACGP Progressive capability profile of the specialist general practitioner
- FRACGP-RG core EMT curriculum.

Each trainee also completes one of the 11 ARST curricula listed below:

- Aboriginal and Torres Strait Islander health
- academic medicine
- adult internal medicine
- anaesthetics
- child health
- emergency medicine
- mental health
- obstetrics and gynaecology
- palliative care
- small town rural general practice
- surgery.

Specialties vary as to whether the relevant specialist medical college has been involved in the curriculum development. The team noted the success of the tripartite collaborative arrangement with ANZCA and ACRRM in developing the Anaesthetics ARST curriculum. There are also collaborative arrangements with RANZCOG and ACEM, in which trainees enrol in a relevant advanced training program designed for non-RANZCOG and non-ACEM trainees to complete the relevant ARST.

The FRACGP-RG curriculum framework is robust and publicly available. It clearly states the learning outcomes and performance criteria for the additional RG training year, which focuses on the rural and remote context. The learning outcomes and performance criteria are organised in the five domains that underpin the entire FRACGP program:

- communication and the doctor–patient relationship
- applied professional knowledge and skills
- population health and the context of general practice
- professional and ethical role
- organisational and legal dimensions.

3.2 The content of the curriculum

The curriculum aligns with the stated graduate outcomes for the FRACGP-RG program. There is scope for further alignment with the RG specialist program curriculum run by ACRRM as discussed in Standard 2. The AMC looks forward to hearing about the progress of the newly established Joint Consultative Committee in aligning and clarifying the scope of practice and specialist skills of the two programs.

The curriculum is well considered and includes an evidence-based, scholarly approach that builds on previous medical training to enhance communication, clinical, diagnostic, management and procedural skills, enabling safe patient care in rural and remote settings. RG performance criteria are clearly stated for each domain, requiring trainees to develop knowledge and skills to advance leadership, professionalism and the wellbeing of communities, contribute to the effectiveness of the health system, teach colleagues and students, and engage in research.

The embedding of Aboriginal and/or Torres Strait Islander health-related content, history and culture across the program is commended by the team. It is comprehensive, strengths-based and First Nations–led, reflecting the solid Aboriginal and/or Torres Strait Islander presence in the College's governance structure through the Aboriginal and Torres Strait Islander Health Faculty.

Some stakeholders expressed concern that the FRACGP-RG program offers insufficient hospital training time, a critical skill for RGs in jurisdictions that rely on a hospitalist model. However, the team found that the program delivers an appropriate foundation through its mandatory hospital term (often completed in a rural hospital for RG candidates) and jurisdictionally contextualised education, including the small town rural general practice ARST. The team also recognises the diversity of rural practice contexts across Australia and affirms the importance of a strong general practice foundation, a core strength of the FRACGP-RG program.

The team noted with interest the blueprinting project, which is currently underway, and the AMC looks forward to receiving updates on the project as it progresses.

3.3 Continuum of training, education and practice

The FRACGP-RG is purposefully designed and demonstrates horizontal and vertical integration. RG training requires additional time and builds on the FRACGP program by focusing on the rural and remote context and providing additional training in emergency care and advanced rural skills. There is a requirement for at least 12 months of generalist practice training in a Modified Monash (MM) 3–7 area to ensure adequate training in an appropriate rural context. The core EMT term of the FRACGP-RG program requires a minimum of six months FTE in an accredited rural emergency placement. Trainees

are exposed to managing emergencies in the rural context, and learning outcomes include demonstrating communication, teamwork and understanding of public health issues that arise when managing rural emergencies.

Appropriate processes are in place to recognise prior learning relevant to the FRACGP-RG.

3.4 Structure of the curriculum

The curriculum's structure is well articulated and publicly available. ARST curricula provide an opportunity to pursue studies of choice or those best aligned with community needs in a particular area.

There is flexibility to alter the timing and sequencing of program requirements to ensure that trainees can complete the program successfully. Most FRACGP-RG trainees opt in at the start of the program. Because of the structure of the FRACGP and FRACGP-RG programs, it is possible to decide during the FRACGP or indeed after qualification with the FRACGP to train as an RG. This flexibility is commendable and was highly appreciated by trainees. Some stakeholders felt that this may make workforce planning in some areas challenging, something which underpins the need for continuous engagement between the College and health service providers.

Commendations, conditions and recommendations

Commendations

C The flexibility of the FRACGP-RG program and the opportunity to enter the program during or after the RACGP Fellowship program demonstrate a trainee-centred approach and optimise potential recruitment in rural locations.

D Comprehensive, strengths-based, and First Nations-led embedding of Aboriginal and/or Torres Strait Islander health, history, and culture across the FRACGP-RG program.

E The successful tripartite collaboration with RACGP, ACRRM and ANZCA in developing the Anaesthetics Additional Rural Skills Training curriculum.

Conditions to satisfy accreditation standards

New conditions set as a result of the 2026 rural generalist medicine accreditation assessment

Nil.

Outstanding conditions from the 2024 reaccreditation assessment

10 Integrate research capabilities across all training pathways to ensure uniform research literacy among trainees, including enhancing learning outcomes. (Standard 3.2.8)

Recommendations for improvement

Nil.

Standard 4: Teaching and learning

Areas covered by this standard: teaching and learning approach; teaching and learning methods. **(Standards 4.1 and 4.2)**

Summary of accreditation status	2025: Met	2026: Met

Team findings

The College's 2024 reaccreditation assessment found that Standard 4 was met, and no conditions were implemented at the time.

The College's 2025 monitoring submission found that Standard 4 was met, with no outstanding conditions.

4.1 Teaching and learning approach

Teaching and learning are primarily workplace-based, with supervised clinical practice forming the central mechanism for skills development. This is complemented by structured workplace-based assessment (WBA), including the use of logbooks (e.g. core EMT) and regular feedback processes to support progression toward independent practice. The approach is underpinned by an apprenticeship model that embeds learning within authentic clinical environments and supports the progressive development of competence across both general practice and rural hospital settings. The core EMT component is specifically designed to strengthen general practice training by equipping trainees with the skills and confidence to manage emergency presentations in rural and remote contexts.

A range of teaching methods are used to support diverse learning needs, including self-directed learning supported by curated online resources, supervisor-led teaching, peer group learning and small-group workshops. These methods are reinforced through protected teaching time, individualised learning, supervision, and teaching plans informed by early assessment processes.

The FRACGP-RG program demonstrates vertical and horizontal integration of learning, with rural exposure embedded throughout all stages of training, including a requirement for extended community-based general practice experience in rural settings (MM 3–7). Teaching is further contextualised through the involvement of rural training teams and medical educators, ensuring alignment with the scope, complexity and resource constraints of rural and remote practice.

Feedback from both supervisors and trainees highlighted rural placements as a significant strength of the program, noting that these immersive experiences support the development of clinically relevant skills while fostering responsiveness to community health needs. The approach facilitates authentic, context-based learning and contributes to preparing graduates who are better equipped to practise in, and respond to, the needs of rural and underserved populations.

Trainees consistently identified several strengths in the teaching and learning approach underpinning the RG training pathway. These include:

- a high degree of flexibility and adaptability within training pathways, enabling tailoring to individual learning needs and clinical contexts
- strong supervision and mentorship, supporting progressive skill development and safe clinical practice
- practical, work-integrated assessment approaches that are embedded within authentic clinical environments
- meaningful opportunities for rural immersion and sustained engagement with rural communities, enhancing contextual learning

- supportive training environments, including accessible and responsive coordination and administrative support structures.

Collectively, these strengths indicate that the program's teaching and learning approach is well aligned with the requirements of RG training and supports effective trainee development in rural and remote practice settings.

4.2 Teaching and learning methods

The FRACGP-RG program uses a structured, outcomes-based curriculum, supported by a diverse range of teaching and learning methods closely aligned with workplace practice. In-practice teaching and learning is centred on supervised clinical practice within accredited general practice settings, delivered by appropriately trained supervisors from both RACGP and other specialist medical colleges, depending on the placement. There is opportunity to improve communication with and oversight of non-RACGP supervisors. This workplace-based model is supported by access to point-of-care resources, including key electronic clinical references, enabling real-time, evidence-informed decision making.

In-practice teaching and learning are complemented by a range of structured educational strategies, including structured teaching/workshops, WBA, private self-directed learning, one-on-one teaching sessions and longitudinal mentorship. WBA is a central component of the FRACGP-RG; it enables assessment of trainees' performance in authentic clinical environments. This approach supports the evaluation of integrated competencies, including clinical knowledge, procedural skills and professional behaviours, while also facilitating timely, formative feedback and reflective practice.

A core requirement of the FRACGP-RG is the completion of a minimum of 12 months of ARST, which may be undertaken across a broad range of disciplines aligned to the health needs of rural and remote communities. ARST can be completed within the training program or, alternatively, recognised through recognition of prior learning and experience (RPLE).

Teaching and learning within ARST and core EMT are delivered through context-specific, workplace-based methods that reflect the scope and demands of each discipline. Each ARST and core EMT component is supported by a defined set of contextualised competencies specific to that area of practice, which underpin the design of teaching activities, supervision and WBA. This ensures that teaching and learning methods are appropriately tailored, enabling registrars to develop and demonstrate relevant skills in authentic clinical settings.

An overarching WBA framework has been developed that articulates all elements of a comprehensive assessment program. This framework supports the progression and demonstration of curriculum competencies and can be adapted to the requirements of each ARST discipline and core EMT, ensuring alignment between teaching, learning and assessment across diverse training contexts.

The College outlines structured processes underpinning this approach, including early assessment for safety and learning (EASL), and the development of individualised clinical supervision, learning and teaching plans. Protected teaching time is incorporated, with flexibility to respond to program requirements, the stage of training and the trainees's learning needs.

Existing resources from the FRACGP program, such as the *Progressive capability profile of the general practitioner*, have been leveraged and contextualised to rural practice, and support trainees, supervisors and medical educators to identify the most appropriate learning plan and measure the trainee's growing level of independence.

The team notes that the growth of the rural generalist medicine specialty is increasing demand for certain training experiences within regional hospitals. While the FRACGP-RG program has implemented flexible placement and supervision models to manage training capacity, continued attention will be required to ensure equitable access to high-demand procedural training experiences. For example, high demand for anaesthetic training placements in regional hospital settings, including for RG trainees and other specialty trainees, may create bottlenecks that require ongoing workforce planning and

placement coordination to ensure a fair distribution of learning opportunities. The program may benefit from further formalisation of its approach to monitoring and managing potential training capacity pressures across rural and remote settings, in collaboration with relevant stakeholders. While current systems such as placement coordination, supervision structures and regional oversight are effective in supporting equitable access to training experiences, a more explicit and documented approach to tracking emerging demand and distribution of learning opportunities may further strengthen transparency, consistency and long-term sustainability of training delivery.

Commendations, conditions and recommendations

Commendations

F A strong and intentional teaching and learning approach that provides meaningful opportunities for rural immersion and sustained engagement with rural communities. These experiences enable trainees to develop a deep understanding of the contextual, social, and cultural factors influencing health in rural settings.

Conditions to satisfy accreditation standards

New conditions set as a result of the 2026 rural generalist medicine accreditation assessment

Nil.

Outstanding conditions from the 2024 reaccreditation assessment

Nil.

Recommendations for improvement

Nil.

Standard 5: Assessment of learning

Areas covered by this standard: assessment approach; assessment methods; performance feedback; assessment quality. **(Standards 5.1, 5.2, 5.3.3 and 5.3.4)**

Summary of accreditation status	2025: Substantially Met	2026: Substantially Met

The College's 2024 reaccreditation assessment found that Standard 5 was substantially met, and two conditions were implemented at the time.

The College's 2025 monitoring submission found that Standard 5 was substantially met, with two outstanding conditions relating to increasing, developing and implementing processes for feedback to Fellowship Support Program (FSP) trainees, and implementing evaluation processes to ensure consistency of WBAs. These conditions have not yet been satisfied as a result of this accreditation.

Team findings

5.1 Assessment approach

The FRACGP-RG implements a coherent programmatic assessment framework that builds upon the existing FRACGP program. Assessment activities are longitudinal and cumulative, enabling progressive judgements about trainees' preparedness for independent RG practice. The College employs a wide range of assessment methodologies to all levels of Miller's pyramid, including direct observation, clinical reasoning, knowledge testing and professional behaviours. These are well aligned with stated learning outcomes and appropriately contextualised to rural and remote practice.

There are a number of FRACGP-RG-specific assessments: core EMT WBAs and logbook, ARST WBAs, and discipline-specific requirements. The FRACGP assessments (the Applied Knowledge Test [AKT], Key Feature Problem [KFP] exam, Clinical Competency Exam [CCE] and WBAs) are shared with the FRACGP program; these were assessed in 2024 and similarly apply to the RG qualification.

Rather than a single overarching blueprint, the College uses a progressive capability framework as the high-level binding document across all curricula, with an assessment framework providing guiding principles for WBAs. The team supports this approach; there is an opportunity to demonstrate further alignment between the ARST requirements and the progressive capability framework, accounting for differences from standard GP training and advanced skills training, particularly in disciplines in other specialties. This would ensure that all curriculum learning outcomes are met, including First Nations health competencies.

Assessment and completion requirements are documented across the FRACGP-RG Assessment Handbook, ARST curricula and partner-college handbooks. The transition to College-led training has enabled a national approach to assessment and whole-of-training-program monitoring of trainee progress. This has significantly enhanced the program's flexibility and cohesiveness, which is commendable.

The RACGP special consideration policy covers the standardised examinations. The Aboriginal and Torres Strait Islander Health Faculty, through the Indigenous General Practice Trainee Network (IGPTN), provides a program for culturally specific adjustments, including breaks in training. Special consideration arrangements do not appear to apply to WBAs, which are the core assessment for RG-specific components. The College may wish to expand the special consideration policy to include programmatic assessments such as WBAs.

5.2 Assessment methods

A variety of assessment methods are used across both the FRACGP and FRACGP-RG programs. In line with good assessment practice, the various assessment points provide opportunity for frequent provision of feedback to, and longitudinal assessment of, candidates. The lack of emphasis on final summative examinations is consistent with a programmatic approach to assessment where there is

sufficient oversight of trainees during their training program to ensure that they have met all the required program outcomes before being awarded RG Fellowship. The selection of WBA tools varies appropriately across disciplines, with assessment types deliberately aligned to the clinical characteristics and learning outcomes of each discipline. For example, more procedural ARSTs, such as surgery and adult internal medicine, use direct observation of procedural skills (DOPS), whereas relational disciplines, such as mental health, palliative care, and Aboriginal and Torres Strait Islander health, rely more heavily on qualitative assessment methods, such as mini-clinical evaluation exercises (mini-CEXs).

Overall WBA load is consistent across ARSTs. The team accepts and supports this discipline-specific approach to assessment design, which would be further strengthened by formally documenting the rationale.

Assessments relating to the core EMT component also include a suite of WBAs, including random case analysis (RCA), DOPS and mini-CEX, as well as a logbook of procedural skills. Emergency medicine is also assessed as part of the FRACGP curriculum.

Trainees must also complete a minimum of 18 months FTE of general practice placements; during this time, existing summative RACGP assessments are used, including the AKT, KFP exam and CCE. These can all be completed online, ensuring trainees can continuously practice in rural and remote communities.

The team heard that for some ARSTs, particularly anaesthetics, surgery, and obstetrics and gynaecology, trainees experienced challenges in completing the required procedural logbooks within the standard one-year timeframe. The team suggests that the College continue to work with the tripartite committees and other stakeholders to review the procedural logbook requirements and completion timelines for these ARSTs.

For procedural ARSTs, the team found standard setting to be robust. The submission cites borderline regression for RANZCOG, ACEM's published processes, and ANZCA's Rural Generalist Anaesthesia–standardised structured scenario-based assessment (RGA-SSSA) standard setting. The collaborative blueprinting with partner specialist medical colleges is a strength: a tripartite committee (RACGP, ANZCA and ACRRM) mapped RG needs against existing anaesthesia programs, and a bipartite arrangement with ACEM produced a separate pathway into the advanced associateship training. There is opportunity for the College to expand this collaborative approach to blueprinting with other specialties.

For RACGP-delivered ARST WBAs, rubrics define achievement criteria with a requirement for standard setting across all ARSTs. WBAs are framed as formative: trainees do not pass or fail individual WBAs.

For program elements that are shared across FRACGP and FRACGP-RG, standard setting is identical. Requirements and standards are clearly outlined in the assessment handbook and in the WBA and the progressive assessment handbook.

Professionalism is assessed through WBA rubrics, written examinations, the CCE and small group learning engagement.

The College acknowledged cultural safety assessment as an area for future development. The curriculum requires community embedding and a project engaging with the local community, developed in consultation with the Aboriginal and Torres Strait Islander Health Faculty. There are currently no specific cultural safety indicators within WBA performance criteria, which the College could consider exploring to strengthen this aspect of assessment.

5.3 Performance feedback

The College has a three-level escalation pathway: local team, regional registrar review, and Progression Review Committee (PRC). Principles prioritise patient and trainee safety and ensure progression is not impeded without defensible grounds. Medical educators maintain regular contact with trainees and oversee WBAs. For jointly delivered ARSTs, performance management frameworks include cross-college referral mechanisms.

The adverse event system is framed as a quality and safety assurance rather than a punitive one. The College reported that clusters of notifications can identify systemic problems at training sites. The College is adopting strengths-based language, preferring 'targeted support' over 'remediation'.

The approach to notifying employees and regulators of safety issues is clearly described: discussion with the trainee, encouragement of self-reporting, consultation with the medical defence organisation, involvement of the RACGP legal team, and positioning RACGP as the identifiable reporting entity.

As FRACGP-RG enrolment numbers grow, the College acknowledged the need to evaluate and validate assessments for consistency across regions. The national College-led system has enabled greater flexibility for trainees, including easier interstate movement.

Commendations, conditions and recommendations

Commendations

G A nationally consistent approach to assessment and whole-of-program monitoring of trainee progress, significantly enhancing the program's flexibility and cohesiveness.

H Cross-college collaboration across blueprinting and assessment, including rural and remote pathways and partner college examinations, demonstrates mature collaboration and provides a robust, multi-method assessment framework for procedural ARSTs.

Conditions to satisfy accreditation standards

New conditions set as a result of the 2026 rural generalist medicine accreditation assessment

Nil.

Outstanding conditions from the 2024 reaccreditation assessment

11 Develop and implement processes for feedback to FSP trainees who fail the Fellowship exams containing sufficient detail to form the basis for an appropriate remediation plan. (Standard 5.3)

12 Implement evaluation mechanisms to determine the quality, fairness and consistency of workplace-based assessment in the assessment of trainee competence across training sites, aligned with the progressive assessment framework. (Standard 5.4 and 8.1)

Recommendations for improvement

AA In relation to WBAs:

i. Consider documenting the educational rationale for WBA volumes and tool selection across ARSTs, particularly for ARSTs without partner college examinations.

ii. Clarify the policy for special consideration and reasonable adjustments, including how trainees with disabilities or other circumstances can request adjustments to WBA contexts.

iii. Consider embedding specific First Nations cultural safety indicators within performance criteria for Core EMT and ARST disciplines, so that culturally safe practice is formally assessed. (Standard 5.1.2, 5.1.3 and 5.3.3)

BB Review the requirements for the procedural logbook and its completion deadlines, and consider whether refinements could be made to better support trainees in timely completion of these.

Standard 6: Monitoring and evaluation

Areas covered by this standard: program monitoring; evaluation; feedback, reporting and action **(Standard 6.3.3)**

Summary of accreditation status	2025: Substantially Met	2026: Substantially Met

The College's 2024 reaccreditation assessment found that Standard 6 was substantially met, and two conditions were implemented at the time.

The College's 2025 monitoring submission found that Standard 6 was substantially met, with two outstanding conditions relating to the implementation of a process for community and employer feedback, and implementation of processes for reporting on monitoring and evaluation outcomes to the Board, relevant committees and key stakeholders. These conditions have not yet been satisfied as a result of this accreditation.

Team findings

6.3 Feedback, reporting and action

At a national level, RACGP manages risk through a structured Three Lines of Defence model, with operational accountability in business units, oversight and guidance from the Risk and Compliance team, and independent assurance via outsourced internal audit. The College also has a Risk Appetite Statement that establishes its approach to risk and links to strategic risk registers across the organisation. Risk reviews are conducted quarterly with support from the Risk and Compliance team. Adverse event reporting is in place, taking a non-punitive, quality-improvement approach that, in turn, encourages reporting. In addition, structured, supported relationships between the trainee and their supervisor, medical educator and training coordinator ensure early identification of issues. The team was satisfied that this risk management approach is effective; however, further work is required to ensure that collaborations with other specialist medical colleges are formally documented, so that associated risks are appropriately identified and managed, as discussed in Standard 1.

Commendations, conditions and recommendations

Commendations

Nil.

Conditions to satisfy accreditation standards

New conditions set as a result of the 2026 rural generalist medicine accreditation assessment

Nil.

Outstanding conditions from the 2024 reaccreditation assessment

13 Develop and implement a process for broader community, employer feedback/evaluation on the effectiveness of education and training programs and processes on the producing quality specialist general practitioners. (Standard 6.2.1 and 1.6.4)

14 Develop and implement processes:

i. For systematic reporting on monitoring and evaluation outcomes are reported to the Board and relevant committees. (Standard 6.3.1)

ii. To "close the loop" on evaluation, feedback and quality assurance on education and training programs with key stakeholders. This includes dissemination to fellows, trainees (current and prospective) and the community. (Standard 6.3.2)

Recommendations for improvement

Nil.

Standard 7: Trainees

Areas covered by this standard: admission policy and selection. **(Standard 7.1)**

Summary of accreditation status	2025: Substantially Met	2026: Substantially Met

The College's 2024 reaccreditation assessment found that Standard 7 was substantially met, and three conditions were implemented at the time.

The College's 2025 monitoring submission found that Standard 7 was substantially met, with three outstanding conditions relating to reviewing the FSP selection processes, implementing strategies to prioritise recruitment and advertising strategies targeted at Aboriginal and/or Torres Strait Islander prevocational doctors and medical students, and increasing support for Registrar Liaison Officers. These conditions have not yet been satisfied as a result of this accreditation.

Team findings

7.1 Admission policy and selection

Entry to the FRACGP-RG program is contingent on a trainee first being selected for the FRACGP program. Overall, the College applies a transparent, fair and merit-based approach to admission, supported by clearly documented policies and published selection criteria. Entry to RACGP training programs is governed by the Training Programs Entry Policy, which sets out eligibility, selection and enrolment requirements for the Australian General Practice Training (AGPT) and FSP pathways. Selection processes vary by pathway, comprising staged assessment for AGPT applicants, eligibility-based selection for the FSP, and ranked entry to Remote Vocational Training Scheme (RVTS) streams, with periodic refinements to reflect contemporary general practice.

There is no separate selection process for rural generalist medicine; instead, the program operates via a flexible opt-in enrolment model that allows trainees to elect to augment their FRACGP training to work towards the RG qualification at the time of initial application (which the majority of RG trainees do), or at any time during training. Trainees who wish to change to the RG Fellowship during their training are encouraged to discuss their intention to enrol with their training coordinator and medical educator prior to applying, enabling the provision of tailored advice about feasibility and training pathways (e.g. where remaining training time may not allow completion of RG requirements, trainees may be advised on options to progress toward FRACGP-RG post-Fellowship). Upon enrolment, FRACGP-RG trainees are referred to the state-based rural programs team for a training planning discussion and induction regarding RG components, including advice from a senior medical educator with a rural/RG portfolio. This approach is individually tailored, supportive and flexible, and provides trainees with substantial opportunity to pursue training as RGs at any stage of training.

Some stakeholders noted that this level of flexibility may present challenges for workforce planning in certain regions, reinforcing the importance of ongoing engagement between the College and health service providers. The team recommends that the College continue to monitor selection and retention within the FRACGP-RG program to identify any emerging patterns that may not align with rural workforce priorities. This monitoring becomes increasingly important given that AGPT pathways have been consistently oversubscribed in recent years and, with the recognition of the specialty, applicant numbers may continue to increase.

The College supports increased recruitment of Aboriginal and/or Torres Strait Islander trainees through active promotion of general practice careers, targeted support mechanisms, and policies designed to improve access to training and selection opportunities and ensure that all eligible Aboriginal and/or Torres Strait Islander applicants are offered entry to the program. The College has an existing condition from its 2024 reaccreditation assessment regarding improving the recruitment and retention of Aboriginal and/or Torres Strait Islander prevocational doctors and medical students. Between 2022 and 2026, 20 Aboriginal and/or Torres Strait Islander trainees enrolled in the FRACGP-RG program, reflecting

positive progress in building the Aboriginal and/or Torres Strait Islander RG workforce; however, there remains a clear opportunity to further strengthen and scale targeted strategies to support continued growth and participation of Aboriginal and/or Torres Strait Islander doctors in the FRACGP-RG program.

Commendations, conditions and recommendations

Commendations

Nil.

Conditions to satisfy accreditation standards

New conditions set as a result of the 2026 rural generalist medicine accreditation assessment

Nil.

Outstanding conditions from the 2024 reaccreditation assessment

15 Undertake the review of the FSP selection process and ensure:

- i. Clear distinction between all training pathways to guide prospective trainees in their application.
- ii. Increased support and appropriate information provided for prospective trainees (Australian and International) to select the most suitable pathway.
- iii. Trainees are placed in the pathway that best suits their personal, education and training needs
- iv. Monitoring of the consistency of the application of selection policies for all pathways. (Standard 7.1)

16 Implement strategies to prioritise recruitment and advertising strategies targeted at Aboriginal and/or Torres Strait Islander prevocational doctors and medical students, in collaboration with the College's Aboriginal and Torres Strait Islander Faculty and dedicated education and training team, and other relevant external stakeholders. (Standard 7.1.3)

17 Prioritise support for trainee representatives in their roles by:

- i. Defining and elevating the role of the Registrar Liaison Officer and the GPiT Faculty Representative within the College and trainee cohort to ensure increased awareness of their different roles for trainee advocacy and support. (Standard 7.2.1)
- ii. Implementing structured orientation and training for Registrar Liaison Officers, especially on how to best support registrars in a psychologically safe manner, from a WHS perspective, and with consideration of Mental Health First Aid training. (Standard 7.2.1)

Recommendations for improvement

CC Monitor and evaluate selection and retention within the rural generalist training program to identify any emerging patterns that may not align with rural workforce priorities. (Standard 7.1)

Standard 8: Implementing the training program—delivery of education and accreditation of training sites

Areas covered by this standard: supervisory and educational roles and training sites and posts **(Standards 8.1.1, 8.2.1 and 8.2.2)**

Summary of accreditation status	2025: Substantially Met	2026: Substantially Met

The College's 2024 reaccreditation assessment found that Standard 8 was substantially met, and two conditions were implemented at the time.

The College's 2025 monitoring submission found that Standard 8 was substantially met, with two outstanding conditions relating to implementation of formalising evaluation mechanisms on supervisor and practice effectiveness, and evaluating WBA assessor effectiveness. These conditions have not yet been satisfied as a result of this accreditation.

Team findings

Supervisory and educational roles and training sites and posts apply to the FRACGP-RG program as they do to the FRACGP program and are presented unchanged. There are specific issues related to remote supervision and the ARSTs which apply to the FRACGP-RG program.

8.1 Supervisory and educational roles

The requirements, structures, process and policies for supervision of general practice training sites are the same as those for the FRACGP program.

Remote supervision models are available and appropriate, and governed by appropriate guidelines.

Each ARST curriculum outlines the requirements for training sites and supervision. Most ARSTs include the requirement for a rural GP/mentor to contextualise the learning, a specialist in the relevant field to provide content expertise and a GP medical educator to provide a link back to the training team. The ARST documentation sets out the supervision expectations for each ARST.

8.2 Training sites and posts

The training site accreditation structures, processes and policies for general practice training sites are the same as those for the FRACGP program.

Core EMT initial site accreditation processes vary depending upon whether the site is already accredited by ACEM or RACGP and whether accreditation is for extended skills training or core EMT. These processes appear appropriate and are not dissimilar to other RACGP training site accreditation processes.

There is a general approach to other ARST site accreditation based on trainee safety, training outcome achievement and appropriate supervision. Each ARST then has specific training site accreditation requirements according to the area of specialty. Where there is a joint committee that governs the ARST, the site accreditation processes and the accreditation are governed by that committee and delivered by the College training accreditation team.

RACGP has noted the National Heath Practitioner Ombudsman work relating to specialist medical college site accreditation, which is anticipated to change the existing accreditation practices.

Commendations, conditions and recommendations

Commendations

Nil.

Conditions to satisfy accreditation standards

New conditions set as a result of the 2026 rural generalist medicine accreditation assessment

Nil.

Outstanding conditions from the 2024 reaccreditation assessment

18 Develop and implement a process to formalise mechanisms for evaluation on supervisor and/or practice effectiveness and improvement. A "close the loop" process should be incorporated for trainees to be aware of action steps taken. (Standard 8.1.4 and 6.3.2)

19 Develop and implement process to evaluate WBA assessor effectiveness, including feedback from trainees. (Standard 8.1.6)

Recommendations for improvement

Nil.

Standard 9: Assessment of specialist international medical graduates

Areas covered by this standard: assessment framework; assessment methods; assessment decision; communication with specialist international medical graduate applicants.

Not assessed.

Appendix 1: AMC standards Included in this assessment

Standard 1: Context of education and training	
1.1 Governance	
1.1.1	The education provider's corporate governance structures are appropriate for the delivery of specialist medical programs, and assessment of specialist international medical graduates.
1.1.2	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.
1.1.6	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.
1.2 Program management	
1.2.1	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, implementing and evaluating policy and procedures relating to the assessment of specialist international medical graduates • certifying successful completion of the training and education programs.
1.3 Reconsideration, review and appeals processes	
1.3.1	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
1.3.2	The education provider has a process for evaluating de-identified appeals and complaints to determine if there is a systems problem.
1.4 Educational expertise and exchange	
1.4.1	The education provider uses educational expertise in the development, management and continuous improvement of its training and education functions.
1.4.2	The education provider collaborates with other educational institutions and compares its curriculum, specialist medical program and assessment with that of other relevant programs.
1.6 Interaction with the health sector	
1.6.1	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 and education of medical specialists.
1.6.2	The education provider works with training sites to enable clinicians to contribute to high-quality teaching and supervision, and to foster professional development.
1.6.3	The education provider works with training sites and jurisdictions on matters of mutual interest.
1.6.4	The education provider has effective partnerships with relevant local communities, organisations and individuals in the Indigenous health sector to support specialist training and education.
Standard 2: The outcomes of specialist training and education	
2.1 Educational purpose	
2.1.1	The education provider has defined its educational purpose which includes setting and promoting high standards of training, education, assessment, professional and medical practice, within the context of its community responsibilities.

2.1.2	The education provider's purpose addresses Aboriginal and Torres Strait Islander peoples of Australia and/or Māori of New Zealand and their health.
2.1.3	In defining its educational purpose, the education provider has consulted internal and external stakeholders.
2.2 Program outcomes	
2.2.1	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.
2.2.2	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.
2.3 Graduate outcomes	
2.3.1	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.
Standard 3: The specialist medical training and education framework	
3.1 Curriculum framework	
3.1.1	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.
3.2 Content of the curriculum	
3.2.1	The curriculum content aligns with all of the specialist medical program and graduate outcomes.
3.2.2	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.
3.2.3	The curriculum builds on communication, clinical, diagnostic, management and procedural skills to enable safe patient care.
3.2.4	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.
3.2.5	The curriculum prepares specialists for their ongoing roles as professionals and leaders.
3.2.6	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.
3.2.7	The curriculum prepares specialists for the role of teacher and supervisor of students, junior medical staff, trainees, and other health professionals.
3.2.8	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.

3.2.9	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).
3.2.10	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.
3.3 Continuum of training, education and practice	
3.3.1	There is evidence of purposeful curriculum design which demonstrates horizontal and vertical integration, and articulation with prior and subsequent phases of training and practice.
3.3.2	The specialist medical program allows for recognition of prior learning and appropriate credit towards completion of the program.
3.4 Structure of the curriculum	
3.4.1	The curriculum articulates what is expected of trainees at each stage of the specialist medical program.
3.4.2	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.
3.4.3	The specialist medical program allows for part-time, interrupted and other flexible forms of training.
3.4.4	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.
Standard 4: Teaching and learning	
4.1 Teaching and learning approach	
4.1.1	The specialist medical program employs a range of teaching and learning approaches, mapped to the curriculum content to meet the program and graduate outcomes.
4.2 Teaching and learning methods	
4.2.1	The training is practice-based, involving the trainees' personal participation in appropriate aspects of health service, including supervised direct patient care, where relevant.
4.2.2	The specialist medical program includes appropriate adjuncts to learning in a clinical setting
4.2.3	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.
4.2.4	The training and education process facilitates trainees' development of an increasing degree of independent responsibility as skills, knowledge and experience grow.
Standard 5: Assessment of learning	
5.1 Assessment approach	
5.1.1	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.
5.1.2	The education provider clearly documents its assessment and completion requirements. All documents explaining these requirements are accessible to all staff, supervisors and trainees.
5.1.3	The education provider has policies relating to special consideration in assessment.
5.2 Assessment methods	

5.2.1	The assessment program contains a range of methods that are fit for purpose and include assessment of trainee performance in the workplace.
5.2.2	The education provider has a blueprint to guide assessment through each stage of the specialist medical program.
5.2.3	The education provider uses valid methods of standard setting for determining passing scores.
5.3 Performance feedback	
5.3.3	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.
5.3.4	The education provider has procedures to inform employers and, where appropriate, the regulators, where patient safety concerns arise in assessment.
Standard 6: Monitoring and evaluation	
6.3 Feedback, reporting and action	
6.3.3	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.
Standard 7: Trainees	
7.1 Admission policy and selection	
7.1.1	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.
7.1.2	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.
7.1.3	The education provider supports increased recruitment and selection of Aboriginal and Torres Strait Islander and/or Māori trainees.
7.1.4	The education provider publishes the mandatory requirements of the training 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.
7.1.5	The education provider monitors the consistent application of selection policies across training sites and/or regions
Standard 8: Implementing the program—delivery of education and accreditation of training sites	
8.1 Supervisory and educational roles	
8.1.1	The education provider ensures that there is an effective system of clinical supervision to support trainees to achieve the program and graduate outcomes.
8.2 Training sites and posts	
8.2.1	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.

8.2.2 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.

Standard 9: Assessment of specialist international medical graduates

The College was not required to provide information under this standard in this accreditation submission.

Appendix 2: Membership of the 2025 AMC team

Name	Role
Professor Kirsty Foster OAM (Chair) BSc, MBChB, FRCGP, DRCOG, MEd, PhD	Emerita Professor, Faculty of Medicine, University of Queensland
Dr Will Milford (Deputy Chair) MBBS(Hons), FRANZCOG	Obstetrician and Gynaecologist
Dr Sally Bristow RN, BN, RM, Grad Dip Mid, MN, PhD	Associate Director, Australian Nursing and Midwifery Accreditation Authority
Associate Professor Kerin Fielding MBBS, FRACS(Orth), FAOA, GAICD, Hon FRCS, FRCS(ed) Ad Hominem	Chair, Council of Presidents of Medical Colleges
Professor Dianne Stephens MBBS, FANZCA, FCICM, FCHSM, CHE, MPH	Dean, CDU Menzie School of Medicine, Charles Darwin University
Professor Maree Toombs PhD, BEd	Deputy Dean Indigenous and Professor, School of Population Health, University of New South Wales
Juliana Simon	Head, Accreditation Assessments, Australian Medical Council
Melissa Johnson	Cultural Strategic Facilitator, Indigenous Policy and Programs, Australian Medical Council
Ciara O'Sullivan	Policy and Programs Officer, Accreditation Assessments, Australian Medical Council
Clare Stuparich	Program Coordinator, Accreditation Assessments, Australian Medical Council

Appendix 3: List of written and interview submissions on the rural generalist medicine program of the Royal Australian College of General Practitioners

Aboriginal Health and Medical Research Council of NSW

Aboriginal Medical Services Alliance Northern Territory

Australasian College for Emergency Medicine

Australian and New Zealand College of Anaesthetists

Australian College of Rural and Remote Medicine

Australian Government Department of Health, Disability and Ageing

Australian Medical Association

College of Intensive Care Medicine of Australia and New Zealand

General Practice Registrars Australia

Indigenous General Practice Trainee Network

Joint Colleges Training Services

National Aboriginal Community Controlled Health Organisation

National Rural Health Alliance

National Rural Health Commissioner

New South Wales Department of Health

Queensland Aboriginal and Islander Health Council

Queensland Department of Health

Queensland Rural Generalist Pathway

Royal Australasian College of Physicians

Royal Australasian College of Surgeons

Royal Australian and New Zealand College of Obstetricians and Gynaecologists

Royal College of Pathologists of Australasia

Rural Doctors Association of Australia

Rural Doctors Network

Rural Generalist Pathway Western Australia

Rural Workforce Agency Victoria

South Australian Department of Health

Victorian Department of Health

Victorian Aboriginal Community Controlled Health Organisation

Western Australian Country Health Service

Appendix 4: Summary of the 2025 AMC team's accreditation program

Professor Kirsty Foster OAM (Chair), Dr Will Milford (Deputy Chair), Dr Sally Bristow, Associate Professor Kerin Fielding, Professor Dianne Stephens, Professor Maree Toombs, Juliana Simon (AMC Staff), Melissa Johnson (AMC Staff), Ciara O'Sullivan (AMC Staff), Clare Stuparich (AMC Staff)

Meetings	Attendees
Friday 27 March	
CEO Briefing	Chief Executive Officer Chief Education and Training Officer Chair, RACGP Board of Directors Chair, RACGP Rural
Standards 1, 2 & 7.1: Governance, Outcomes of specialist training and education, and Trainees—Admission policy and selection	Chief Executive Officer National Clinical Head of Rural Pathways Censor in Chief Censor, RACGP Rural Council Chief Education and Training Officer National Director of Training Chair, RACGP Board of Directors Chair, RACGP Rural Council
Trainees	RACGP trainees from various training posts
Aboriginal and/or Torres Strait Islander Trainees	RACGP trainees from various training posts
Additional Rural Skills Training	Censor, RACGP Rural Council National Clinical Head of Rural Pathways Head of RACGP Rural Chair, RACGP Anaesthetic Working Group
Aboriginal and/or Torres Strait Islander Health	National Clinical Head of Aboriginal and Torres Strait Islander Training for RACGP General Manager, Joint Colleges Training Services Head of Medical Education, Joint Colleges Training Services National Clinical Head of Rural Pathways Chief Education and Training Officer Chair, RACGP Aboriginal and Torres Strait Islander Health Operations Manager, Joint Colleges Training Services Manager, Rural Pathway and Rural Generalist Training (NSW) National Director of Training Executive Assistant, Joint Colleges Training Services

Meetings	Attendees
	Aboriginal and/or Torres Strait Islander Education and Events Project Officer
Aboriginal and/or Torres Strait Islander Fellows	Aboriginal and/or Torres Strait Islander Fellows
New Fellows	New Fellows
Supervisors of Training	Supervisor representatives
Clinical Governance and Safety	Co-opted Member, Rural Council Censor, RACGP Rural Council National Clinical Head of Rural Pathways Regional Director of Training (SA)
Curriculum, Teaching and Learning	Regional Director of Training (WA/NT) Regional Director of Training (Qld) Deputy Regional Director of Training (Qld) Regional Director of Training (NSW) Senior Rural Medical Educators (Vic, SA & Qld) Regional Director of Training (Western NSW & ACT)
Assessment	National Clinical Head of Rural Pathways Censor in Chief Censor, RACGP Rural Council
Consumer Representatives	Consumer representatives

Appendix 5: Glossary of Acronyms, Abbreviations and Terms

Term	Definition
ACEM	Australasian College for Emergency Medicine
ACRRM	Australian College of Rural and Remote Medicine
AGPT	Australian General Practice Training
Ahpra	Australian Health Practitioner Regulation Agency
AKT	Applied Knowledge Test
AMC	Australian Medical Council
ANZCA	Australian and New Zealand College of Anaesthetists
ARST	Additional Rural Skills Training
CCE	Clinical Competency Exam
CPMC	Council of Presidents of Medical Colleges
DOPS	Direct observation of procedural skills
EASL	Early assessment for safety and learning
EMT	Emergency medicine training
FARGP	Fellowship in Advanced Rural General Practice
FRACGP	Fellowship of the Royal Australian College of General Practitioners
FRACGP-RG	Royal Australian College of General Practitioners Rural Generalist Fellowship
FSP	Fellowship Support Program
FTE	Full-time equivalent
GPs	General practitioners
IGPTN	Indigenous General Practice Trainee Network
JCTS	Joint Colleges Training Services
KFP	Key Feature Problem
MBA, the Board	Medical Board of Australia
Miller's pyramid	A framework to assess clinical competence in medical education
Mini-CEXs	Mini-clinical evaluation exercises
MM, Modified Monash area	The Modified Monash Method, defines whether a location is metropolitan, rural, remote or very remote
NACCHO	National Aboriginal Community Controlled Health Organisation
National Law	Health Practitioner Regulation National Law Act 2009
PHNs	Primary Health Networks
PRC	Progression Review Committee
RACGP, the College	Royal Australian College of General Practitioners

Term	Definition
RANZCOG	Royal Australian and New Zealand College of Obstetrics and Gynaecology
RCA	Random case analysis
RG	Rural generalist
RGA SSSA	ANZCA's Rural Generalist Anaesthesia–standardised structured scenario-based assessment
RPLE	Recognition of prior learning and experience
RVTS	Remote Vocational Training Scheme
The Procedures	Procedures for Assessment and Accreditation of Specialist Medical Programs by the Australian Medical Council 2024
WBA	Workplace-based assessment

Australian
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