

**Report to the National Rural Generalist
Pathway Strategic Council**
September 2021

ACRRM Fellowship (FACRRM): Articulating the Rural Generalist Medicine Standard





The College was formed to provide a professional home, and purpose-built training and standards that reflected the model of practice of its foundation members across rural and remote Australia.

The first ACRRM Fellowship curriculum was published in 1998 providing an initial guide to the scope and skills associated with this model of practice. It defined skills for general practice in a rural and remote context including, a broad scope with capacity for advanced skilled and emergency care, population health approaches, and skills in Aboriginal and Torres Strait Islander healthcare.

The curriculum is in its fifth edition and is now titled the Rural Generalist Fellowship Curriculum to reflect the widespread adoption of the Rural Generalist terminology to describe the Fellowship skillset. It was recently recognised by the Conference Declaration of the 2021 World Rural Health Conference by the World Association of Family Doctors (WONCA) Rural Health Working Party as exemplar of an educational approach for rural and rural generalist practice.¹

College Approach

Position Statement

The College believes that people living in rural and remote communities can and should have access to the highest quality, safe and sustainable healthcare services. This requires a structured, systematic approach to healthcare delivery which acknowledges and reflects the distinctions of the rural and remote clinical context. Rural Generalist doctors are a cornerstone of this approach.

To provide access to quality services in contexts isolated from a full complement of specialist staff and resources requires medical practitioners in situ, assessed and credentialed, ready to assume the high levels of clinical responsibility that this environment demands. This is a distinct, broad, and clinically complex scope of medical practice, and these doctors are Rural Generalists.

Rural Generalist qualifications guarantee rural, remote, and Aboriginal and Torres Strait Islander communities that their doctor has the quality skills and aptitudes to meet their local health care needs either personally or through coordinated healthcare teamwork. This guarantee involves clearly defined, professional recognition, training, credentialing, and maintenance of standards.

To build a strong, sustainable workforce of doctors willing and able to meet the heightened responsibilities associated with Rural Generalist practice their efforts, skills, and commitment, should be named, acknowledged, and celebrated.²

College Programs

The College views Rural Generalist Medicine as a fundamental step to solving the pervasive workforce shortages and the inequity of access to the breadth of health care services available in cities, experienced by people in rural and remote communities.

Through its programs, ACRRM seeks to build a strong, sustainable network of doctors with a shared Rural Generalist Medicine ethos, identity, and practice scope, able to flex their services and delivery

¹ WONCA Rural Health: The WONCA Working Party on Rural Practice, 17th World Rural Health Conference - [Conference Declaration Bangladesh 2021 Blueprint for Rural Health](#), Feb 2021, pages 3-4.

² ACRRM [Position Statement](#) on Rural Generalist Medicine, 2018



models to optimally meet needs in their rural and remote communities and maximise the safety and quality of care that can be received.

The College views provision of primary care as at the heart of this approach. It recognises however that in rural and remote locations, primary care provision needs to encapsulate the provision of cradle to grave continuous care, and also, extend as necessary to the provision of all essential healthcare needs. This includes the contribution to, and facilitation of as much as practicable of people's secondary and tertiary needs in the most accessible possible way. In remote contexts this involves a blurring of the distinctions between private and public health services, hospital, and private clinics, and between the traditional roles of medical, nursing, and allied health professionals.

RURAL GENERALIST MEDICINE



The Fellowship curriculum supports this approach by including:

- A core set of skills reflecting broad scope practice including capacity to provide comprehensive, continuous, clinic-based care, procedural including obstetric care, hospital inpatient care, public health, mental healthcare, and Aboriginal and Torres Strait Islander healthcare
- A core set of skills for managing healthcare emergencies
- At least one advanced level skill for which they have at least one year of assessed, dedicated education and training
- Training and assessment at all levels which reflects practice in rural and remote clinical contexts.

Key elements of Rural Generalist Medicine approach

The ACRRM Fellowship takes a holist approach to nurturing and sustaining the Rural Generalist skill set and its practitioners.

1. Selection to Training

The College selection process is designed to identify the candidates most likely to attain proficiency in the rural generalist skill set and to thrive as practitioners based in rural and remote including remote Aboriginal and Torres Strait Islander communities.

| FACRRM Program Selection Criteria | |
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| 1 | Demonstrated commitment to a career as a specialist general practitioner working in rural or remote Australia |
| 2 | Demonstrated capacity to work with required skills and enthusiasm to gain required competence in the ACRRM domains of practice |
| 3 | Rural background / sense of place and commitment to community |
| 4 | Rural training exposure and demonstrated interest in rural health and rural careers |



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| 5 | Interest in procedural medicine and/or comprehensive advanced scope practice |
| 6 | Personal qualities associated with self-reliance and clinical resilience |

2. Fellowship Curriculum

The [Rural Generalist Fellowship Curriculum](#) was published in 2020 and reflects current developments in medical education including the work of the Australian National Rural Generalist Taskforce and the shift towards competency based medical education. The first four editions of the Curriculum were divided into the Primary Curriculum and separate curricula for each Advanced Specialised Training (AST) discipline. The current (fifth) edition brings together all areas into one curriculum.

The curriculum design acknowledges that the unique nature of Rural Generalist Medicine requires a specific curriculum structure. It includes a combination of multi-specialty learning areas, general non-medical competencies, non-medical competencies specific to Rural Generalist medicine and a specific focus on interactions with other specialities outside Rural Generalist medicine.

Curriculum Structure

The curriculum includes:

- a Core Generalist standard that must be met by all Fellows, and
- an Advanced Specialised standard which must be attained in at least one of the twelve Advanced Specialist Training fields.

The Curriculum comprises:

- Eight domains which describe the different contexts of rural and remote medical practice in which Fellows may work
- 59 Competencies associated with each Domain which define the professional capacity expected at successful completion of training.
- 20 Attributes suitable for a doctor working in the Fellowship field of practice
- 37 Learning Areas describing the areas of knowledge, skills, and attributes to be attained both at the Core Generalised and where relevant at the Advanced Specialised Level.

| Rural Generalist Curriculum Domains | |
|-------------------------------------|--|
| 1 | Provide expert medical care in all rural contexts: patient-centred approach, diagnosis, management, and teamwork. |
| 2 | Provide primary care: whole patient care, longitudinal care, first point of care, undifferentiated presentations, care across lifespan, acute and chronic care, and preventive activities. |
| 3 | Provide secondary medical care: inpatient management, respond to deteriorating patient, handover, safe transfer, and discharge planning. |
| 4 | Respond to medical emergencies: hospital & prehospital, resource organisation, initial assessment and triage, emergency medical intervention and patient evacuation. |
| 5 | Apply a population health approach: community health assessment, population level health intervention, statutory reporting, and disaster planning. |



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| 6 | Work with Aboriginal, Torres Strait Islander, and other culturally diverse communities to improve health and wellbeing: strengths-based, respect, and understanding. |
| 7 | Practise medicine within an ethical, intellectual, and professional framework: ethical practice, clinical documentation, quality and safety, professional obligations, continuous learning, leadership, teaching, and research. |
| 8 | Provide safe medical care while working in geographic and professional isolation: resourcefulness, independence, flexibility, technology, professional network, and extended practice. |

3. Fellowship Assessment

All aspects of the assessment program are mapped to the Fellowship curriculum and cover the eight domains of practice. Assessments consider the capacity of the practitioner to apply their knowledge and skills in the clinical context of relative professional isolation as occurs in rural and remote communities. The Structured Assessment using Multiple Patient Scenarios (StAMPS) assessments in particular test candidates' capacity to address patient scenarios within a specified remote community setting. All AST skills have a bespoke education and assessment program with several involving bespoke StAMPS assessments (i.e. Emergency Medicine, Adult Internal Medicine, Paediatrics, Surgery and Mental Health). All Fellows successfully complete the Fellowship procedural logbook and four-day emergency medicine courses.

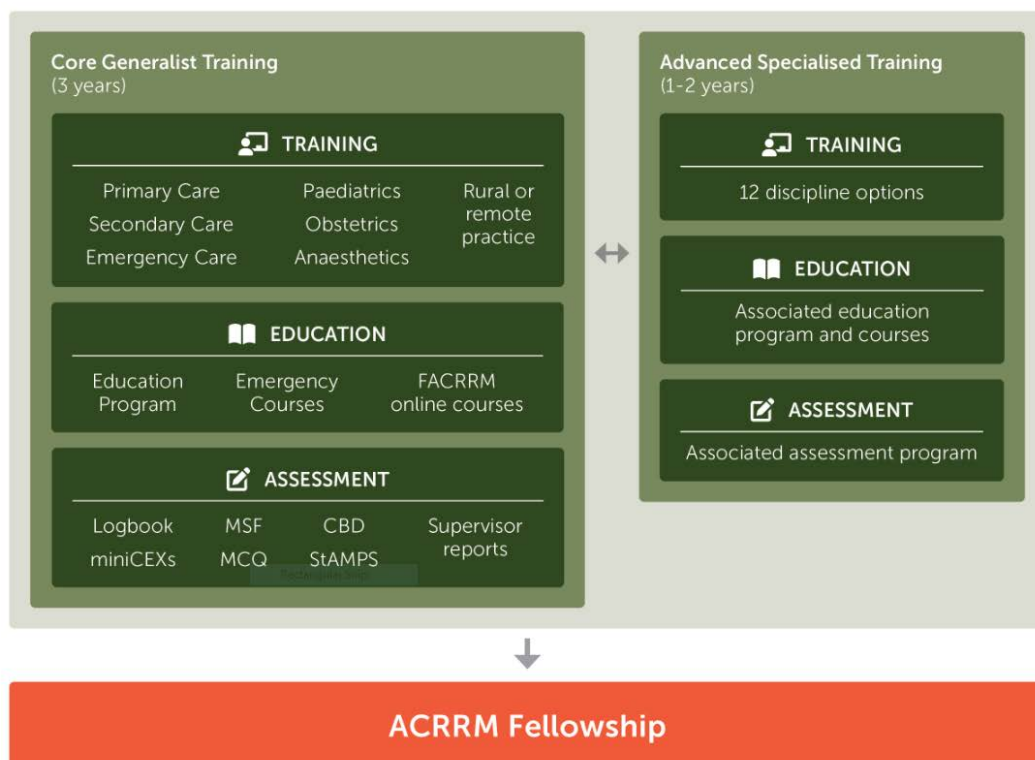
4. Fellowship Training and Education

The Fellowship Program includes training delivered by the College (for the Independent Pathway including the Rural Generalist Training Scheme registrars) and through the training organisations networks (for the Remote Vocational Training Scheme and Australian General Practice Training registrars). The Program structure and assessments apply in all training pathways.

| Fellowship Program | | |
|---------------------|--|---|
| Duration | Minimum 4 years | |
| Requirements | Core Generalist Training | Advanced Specialised Training |
| Time | Min. 3 years | Min. 1 year* |
| Training | <p>Commence at postgraduate year (PGY) 2 or above.</p> <p>Train in regional, rural and remote General Practices, hospitals, Aboriginal and Torres Strait Islander health services and retrieval services.</p> <p>Complete the minimum full-time equivalent training in the following:</p> <ul style="list-style-type: none"> • primary care - 6 months • secondary care – 3 months • emergency care – 3 months • rural or remote practice -12 months | <p>Commence at PGY 3 or above.</p> <p>Train in regional, rural, remote, or city health services as appropriate to the chosen discipline.</p> <p>Complete training in at least one of the AST disciplines:</p> <ul style="list-style-type: none"> • Aboriginal and Torres Strait Islander Health • Academic Practice • Adult Internal Medicine • Anaesthetics • Emergency Medicine • Mental Health |



| | | |
|-------------------|---|--|
| | <ul style="list-style-type: none"> • paediatrics - 10 weeks • obstetrics - 10 weeks • anaesthetics - 10 weeks | <ul style="list-style-type: none"> • Obstetrics and Gynaecology • Paediatrics • Palliative Care • Population Health • Remote Medicine • Surgery *(two-years) |
| Education | <p>Successfully complete:</p> <ul style="list-style-type: none"> • the education program as outlined and delivered by the College or training organisation • Rural Emergency Skills Training (REST) and another emergency course/s • a minimum of 4 "FACRRM recommended" online learning courses | <p>Successfully complete:</p> <ul style="list-style-type: none"> • the education provided by the training post and specific courses as outlined for each of the AST |
| Assessment | <p>Successfully complete:</p> <ul style="list-style-type: none"> • 6 monthly supervisor reports • 9 formative mini Clinical Evaluation Exercises (MiniCEXs) • Multi-Source Feedback (MSF) • Multiple Choice Question (MCQ) assessment • Cased Based Discussion (CBD) • StAMPS • Procedural Skill Logbook (logbook) | <p>Successfully complete:</p> <ul style="list-style-type: none"> • 3 monthly reports • workplace based on standardised assessments as specified for each AST |





5. Professional Development

The College Professional Development Program (PDP) supports Rural Generalists by providing a breadth of education activities including workshops and online courses that support their scope of practice. This includes a range of bespoke Maintenance of Professional Standards Programs to assist with reporting for clinical credentialing and other quality assurance processes to enable advanced scope practice in particular fields. All ACRRM Fellows are required to maintain their skills in Advanced Life Support.

6. Professional identity and home

The College exists to reflect, describe, and support the Rural Generalist Medicine model of practice. As such all College activities build and promote the sense of professional identity, visibility and peer networking for Rural Generalists which ultimately strengthen and sustain the workforce. Building this sense of professional identity also promotes the pursuit of knowledge and evidence to support the scope of practice and inform ongoing improvements to the quality and safety of care able to be provided to rural and remote people.

College endorsed definitions

In 2014 the College along with signatories from nine countries representing national and multinational professional organisations endorsed the Cairns Consensus, International Statement on Rural Generalist Medicine as reflecting the FACRRM skill set. The statement includes the following definition:

Rural Generalist Medicine is the provision of a broad scope of medical care by a doctor in the rural context that encompasses the following:

- *Comprehensive primary care for individuals, families, and communities*
- *Hospital in-patient care and/or related secondary medical care in the institutional, home, or ambulatory setting*
- *Emergency care*
- *Extended and evolving service in one or more areas of focused cognitive and/or procedural practice as required to sustain needed health services locally among a network of colleagues*
- *A population health approach that is relevant to the community*
- *Working as part of a multi-professional and multi-disciplinary team of colleagues, both local and distant, to provide services within a 'system of care' that is aligned and responsive to community needs.*³

In February 2018, the College endorsed the Collingrove Agreement as also reflecting the FACRRM skill set:

"Consistent with the Cairns Consensus Statement on Rural Generalist Medicine and acknowledging the contextual position statements on Rural Generalism by ACRRM and the RACGP respectively, the two Colleges propose that:

a Rural Generalist (RG) is a medical practitioner who is trained to meet the specific current and future health care needs of Australian rural and remote communities, in a sustainable and cost-effective way, by providing both comprehensive general practice

³ From the [Cairns Consensus, International Statement on Rural Generalist Medicine](#), April 2014



and emergency care, and required components of other medical specialist care in hospital and community settings as part of a rural healthcare team.”⁴

The Rural Generalist Fellowship Curriculum also includes the following definitions:

What is a General Practitioner?

The General Practitioner is the doctor with core responsibility for providing comprehensive and continuing medical care to individuals, families, and the broader community. Competent to provide the greater part of medical care, the General Practitioner can deliver services in the primary care setting, the secondary care setting, the home, long-term residential care facilities or by electronic means – wherever and however services are needed by the patient within their safe scope of practice. Fellows of ACRRM receive specialist registration as a General Practitioner with the Medical Board of Australia and can practise in any location throughout Australia. ACRRM’s curriculum and training program also prepares doctors to be Rural Generalist medical practitioners.

What is a Rural Generalist Medical Practitioner?

A Rural Generalist medical practitioner is a General Practitioner who has specific expertise in providing medical care for rural and remote or isolated communities. A Rural Generalist medical practitioner understands and responds to the diverse needs of rural communities: this includes applying a population approach, providing safe primary, secondary and emergency care, culturally engaged Aboriginal and Torres Strait Islander peoples’ health care as required, and providing specialised medical care in at least one additional discipline.

What is a Fellow of ACRRM?

A Fellow of ACRRM (FACRRM) is a medical specialist who has been assessed as meeting the requisite standards for providing high-quality Rural Generalist medical practice. This involves being able to:

- provide and adapt expert primary, secondary, emergency, and specialised medical care to community needs*
- provide safe, effective medical care while working in geographic and professional isolation*
- work in partnership with Aboriginal, Torres Strait Islander peoples and other culturally diverse groups and apply a population approach to community needs.⁵*

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

⁴ From the [Collingrove Agreement](#), February 2018

⁵ ACRRM [Rural Generalist Fellowship Curriculum](#) 5th Ed, 2020, page 4-5