

ACRRM Evaluation Report Summary

(APRIL 2022 – APRIL 2023)

This summary report presents an overview of the evaluation of the performance of the Australian College of Rural and Remote Medicine (ACRRM), based on key findings across four key evaluation questions. The analysis focuses on membership growth, program expansion, registrar outcomes, and overall College impact.

1. Are College programs managed effectively and sustainably?

The College has made significant strides in several areas. Member satisfaction remains high, surpassing expectations with a Net Promoter Score well above target (+38). Additionally, the College has successfully expanded its governance, welcoming a substantial increase in new members of 15% to leadership roles. This enhanced engagement and satisfaction suggests a strengthened sense of community and a growing commitment from members to the College and its mission. The training retention rate (92.3%) is a continuation of a strong seven-year positive trend, with a consistent growth observed since 2017. The program continues to grow (4.5%) and there has been a slight decline in CPD growth (-2%). Overall performance of the College against Key Evaluation Question 1 demonstrates a strong foundation for future success.

2. Is the College attaining the leadership status to enable it to positively influence health systems?

ACRRM has maintained its status as an Australian Medical Council (AMC) accredited medical college which it holds provisionally until 2026. The College has achieved significant and sustainable growth and engagement across multiple key metrics. Membership has seen an 18% annual increase, supporting a 31% total growth over a five-year reporting period. Social media following has also expanded substantially, with an average growth of 10.60% across all platforms, exceeding the 5% goal. Newsletter readership has demonstrated impressive growth, reaching a 28% increase in weekly readership. These results collectively indicate a strong upward trajectory for the College, demonstrating its ability to connect with and expand its leadership status effectively.

The College's efficacy in positively influencing health systems is evident in the steady increase of enrolment numbers within the RGTS pathway. The College has also demonstrated proactivity in shaping National Rural Generalist Pathway (NRGP) initiatives through its leadership positions on key governance bodies, including the NRGPs Strategic Council. Further, the College is represented on 98 external forums, including 77 national committees, an increase of 63% over 12 months.

The College has demonstrated opportunity to improve work in international engagement, though the marked increase of more than 100% of the College workforce and expansion of College representation on external committees by 57%, underscores ACRRM's growing influence nationally, including recognition in the sector, and visibility and reach to regional communities.

3. Are College programs improving the supply of quality doctors to rural, remote, and Aboriginal and Torres Strait Islander communities?

The College has demonstrated strong performance across several key indicators with respect to supply of quality doctors to the communities. Fellowship numbers have experienced a 6.5% annual growth, with evidence of the quality of graduates as being exceptional, with aggregate Multi-source Feedback from patients and colleagues exceeding expectations at 90%. The College underperformed against the target of 5% annual increase on FACRRM MOPS participation rates (2%), though this remains a positive trend over time.

Registrar outcomes are a critical indicator of institutional success and demonstrate the quality of Fellows in supporting the health of rural, remote, and First Nations communities. The College's strong performance in retaining Fellows in rural and remote communities with 74.5% working between MM2-7, 60% working between MM3 – MM7, 48% working between MM4-7 is a testament to its commitment in the space.

The College observed a continued increase in its numbers of First Nations Fellows, demonstrating its continued commitment to the provision of high quality and culturally safe care to the communities. The College has maintained population parity levels (3.8%) in its First Nations registrar cohort, with the broader registrar cohort being additionally recognised as being more likely to be interested in a long-term rural career, working in Aboriginal and Torres Strait Islander health, and contributing to doctor training than other GP programs and all other doctors in training.

4. Are College Fellowship standards reflecting the health service needs of rural, remote and Aboriginal and Torres Strait Islander communities?

Literature review indicates that the College's training and continuing professional development programs align with established best practices for cultivating long-term rural medical practitioners, a critical requirement for rural and remote communities. The training program's impressive focus on advanced skills in procedural and emergency medicine continues to be crucial for improving quality and safety for patients in rural, remote, and First Nations communities. The training of Rural Generalists with advanced skills in Obstetrics and the provision of maternity services are noted as being particularly valuable for these communities, especially for Aboriginal and Torres Strait Islander women.^{1,2,3}

The training program is demonstrated to emphasise a broad scope of practice, including digital health, and is essential for maximising care delivery and minimising the need for patients to travel long distances for treatment, and the curriculum continues to align with these common patterns of practice in rural and remote areas.^{4,5} Furthermore, the curriculum's dedicated focus on Aboriginal and Torres Strait Islander healthcare remains commendable and aligns with the disproportionate number of Indigenous Australians living in rural and remote areas. The program's requirement for assessed competency in primary care is consistent with evidence supporting its importance for overall health outcomes.

Finally, the training and Rural Generalist model of care has demonstrated success in retaining Rural Generalists in regional communities, with the Queensland Rural Generalist Program (83% graduates to date with FACRRM) has recorded 64% long term (5 year +) rural retention.⁶

Conclusion

Overall, ACRRM has demonstrated significant progress across various key performance indicators. The expansion of membership, growth in program offerings, and positive registrar and Fellow outcomes are indicative of the College's commitment to its mission and goals. While challenges and opportunities will continue to emerge, the foundation for sustained success has been established. To build upon these achievements, the College will continue to focus on enhancing member engagement, expanding program offerings in strategic areas, and fostering an inclusive and supportive environment for registrars.

1 Huang H, Quynh Le, Ogden H (2014). *Women's maternity care needs and related service models in rural areas: A comprehensive systematic review of qualitative evidence* *Women and Birth* (27)233–241

2 Queensland Health, Wakerman J (chair) (2019). *Rural Maternity Taskforce Report, June 2019*, <https://clinicalexcellence.qld.gov.au/sites/default/files/docs/maternity/rural-maternity-taskforce-report.pdf>

3 Tennett, D et al. (2020) *Access and outcomes of general practitioner obstetrician (rural generalist) supported birthing units in Queensland*. *Aust J Rural Health*. 28: 42– 50. <https://doi.org/10.1111/ajr.12593>

4 McGrail M, Humphreys J, Joyce C, Scott A & Kalb G. 2011. *How do rural GP's workload and work activities differ with community size compared with metropolitan practice?* *Australian Journal of Primary Health*, 18(3) 228-233.

5 AIHW (2018) *Australia's Health 2018*, Cat. no: AUS 221.

6 Queensland Government (2018) QRGP Fellow summary - As at 14 May 2020. <http://ruralgeneralist.qld.gov.au/about-us/#tab61f1a9f5893df7fd916>

Report Snapshot

ACRRM Key Performance Indicators

Indicator	Target	Outcome	Rating
Fellowship Growth	5% annual growth	6.50%	●
New Indigenous Fellows	Annual increase in Fellows	2	
Advanced Skills Growth	5% annual increase - FACRRM MOPS participation	2%	●
Measures of Quality	MSF Aggregate pass rate =>80%	90%	●
Social Media Following Growth	10% annual growth (all platform average)	10.60%	●
Newsletter Readership Growth	5% annual growth in weekly readership	28%	●
Registrar Readness by 360 Feedback (MSF)	Over 80% average rating in MSF	90%	●
FACRRM Supervisor Pool	5% annual growth	1%	●
Training Program Growth	5% annual growth	4.50%	●

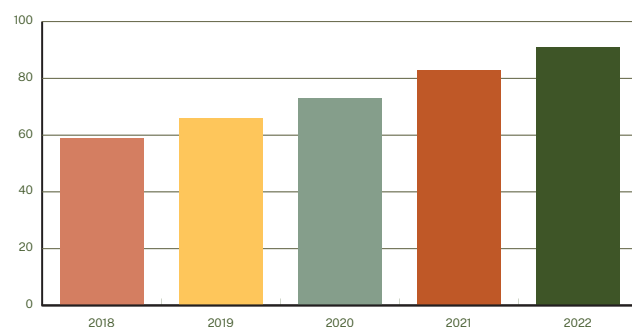
*Data source: ACRRM Annual College Evaluation report 2022/23.

AGPT trainees - Career plans in 5 years



*Data source: MTS 2022/23 (July to October 2022)

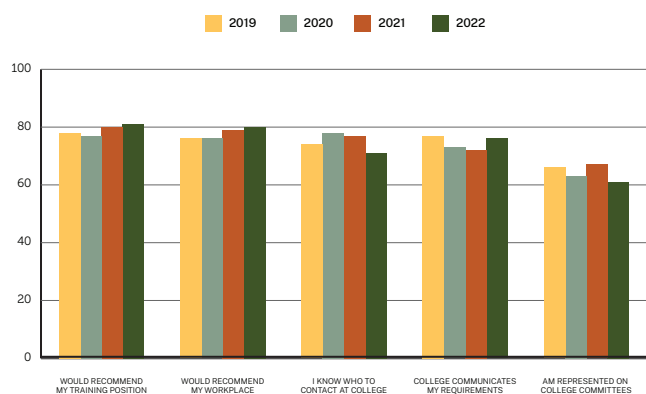
Number of Trained Fellow by Year Followed



*Data source: MTS 2022/23 (July to October 2022)

*Data represents at calendar year end.

Registrar Satisfaction Key Indicators



*Data source: MTS 2022/23 (July to October 2022)

Medical Training Survey 2022: Workforce Indicators

Indicator	All GP registrars	ACRRM registrars	% Difference
Training in regional or rural areas	25	89	64
Training in rural areas	6	49	43
Interest in Indigenous healthcare	55	68	13
Interest in rural practice	58	93	35
Interest in teaching	62	73	11

*Data source: MTS 2022/23 (July to October 2022).