

Australian College of  
Rural & Remote Medicine  
WORLD LEADERS IN RURAL PRACTICE

# Selection outcomes that count:

*Seven years on from developing selection  
criteria to create a rural generalist workforce*

Walters L, Thurecht M, Campbell D, Cowie M, Mendel S, Gladman G, Cooper M, Killorn R, Angliss O, Dawber J, Nicol D, Ingeri O, Law R, Sen Gupta T.

The background features a dark green color with intricate, light green Aboriginal art patterns. These include concentric circles, wavy lines, and various geometric shapes, typical of Indigenous Australian designs. The text is centered in a clean, white, sans-serif font.

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.

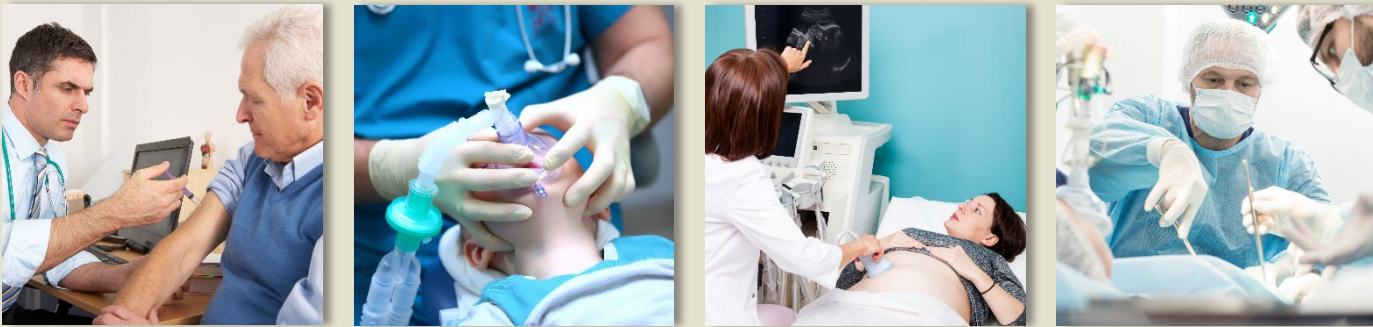


# Background

The Australian College of Rural and Remote Medicine (ACRRM) provides vocational training for doctors who will undertake a broad scope of practice across primary care, emergency and hospital care.

Its selection process was developed following literature review and consultation with assessment experts.

## The Rural Generalist: *'Doc-of-all-trades'*



# Fellowship Program at a glance

## Duration:

4 Years

## Components:

Clinical training, Education and Assessment

## Training Location:

Towns on the fringe of capital cities, regional coastal areas, remote outback locations and metropolitan facilities



# The Selection Criteria

Who are we looking for?



## Commitment

- Working as a specialist GP in rural or remote Australia
- Meeting the needs of rural and remote communities
- Extended scope of practice



## Connection

- Connecting with rural communities



## Capacity, motivation & characteristics

- Gaining skills, abilities and knowledge in the ACRRM domains of practice
- Personal characteristics



# Selection stage 1: suitability assessment

A written application marked using a rubric to assess the following domains:

- Intention to work as a rural doctor
- connection with rural communities
- capacity and motivation
- commitment to an extended scope of practice to meet community needs
- characteristics including recognition of limitations, comfort with uncertainty and teamwork





## Selection stage 2: multiple mini interviews

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Initially eight MMI stations (2017- 2020)...  
later changed to six (2020 to present).

MMIs are marked using Behaviourally Anchored Rating Scales (BARS).

These BARS assess the same domains as the Suitability Assessment process.



# Evaluation

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796 selection records from October 2017 to January 2020 were reviewed with scores assessed for correlations with:

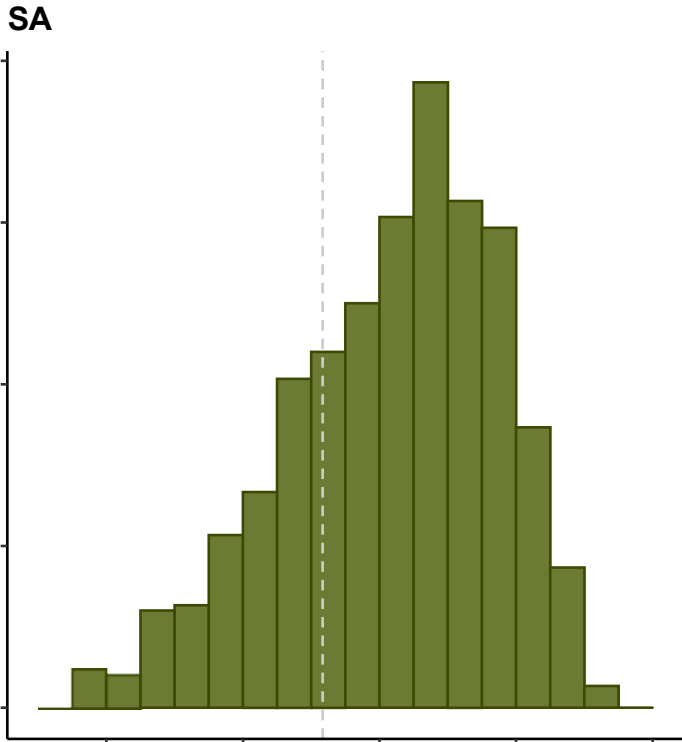
- success in Fellowship assessments
- attrition from the program
- rural location of practice



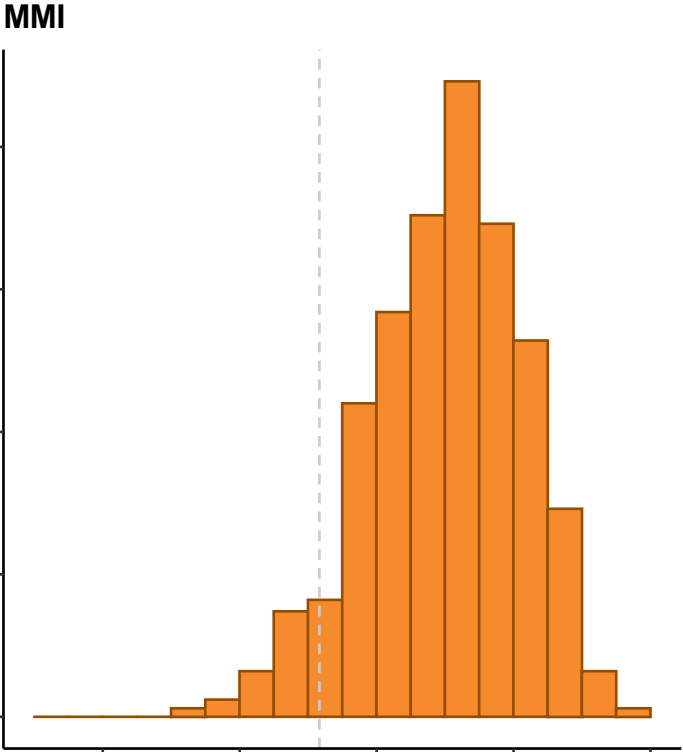


# Results: SA and MMI range

**Association between SA and MMI scores, with a correlation of 0.44**



**For the SA the overall mean was 6.21, with a minimum of 1.7 and a maximum of 9.4.**



**For MMIs the overall mean was 7.08, with a minimum of 3.17 and a maximum of 9.75.**



# Results – correlation with assessments

Program of assessments

Multiple Choice Examination

Work-based assessment

**Mini-CEX**

**Multi-source feedback**

**Case-based discussion**

Structured Assessment using Multiple Patient Scenarios (StAMPS)

**You are doing a locum in the town called Stampsville**

<https://www.acrrm.org.au/resources/assessment/stamps-community-profiles>



Dr Marina Parente Albuquerque

**RGTS** | Rural Generalist Training Scheme

**RGTS applications close soon**

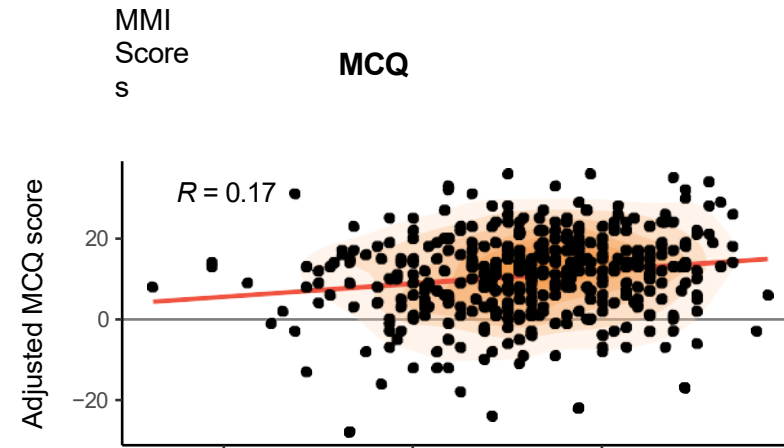
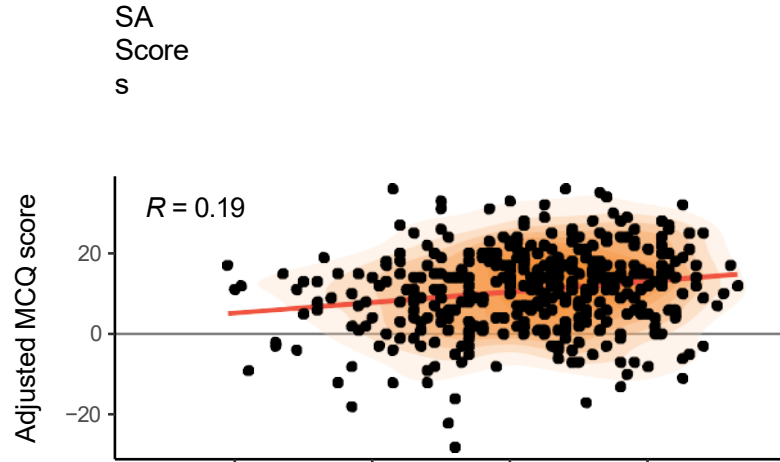
Applications close 29 August 11.59pm AEST

**APPLY NOW**

# Results: success in ACRRM Fellowship (MCQ)

- Correlation coefficient for Suitability assessment vs Multiple Choice Question exam result was 0.19
- Correlation coefficient for Multiple Mine Interviews vs MCQ Multiple Choice Question exam result was 0.17

**This shows that selection scores did not correlate strongly with MCQ results.**

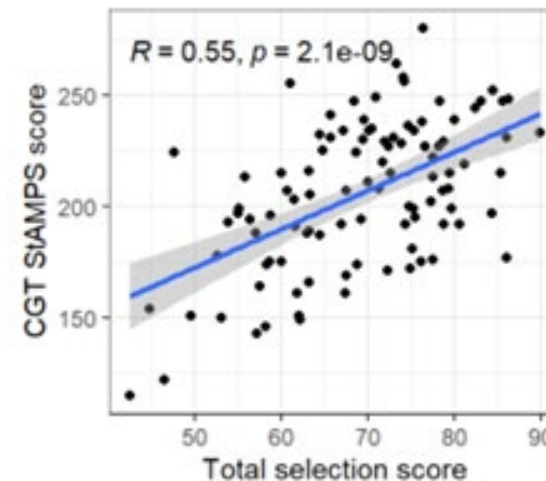
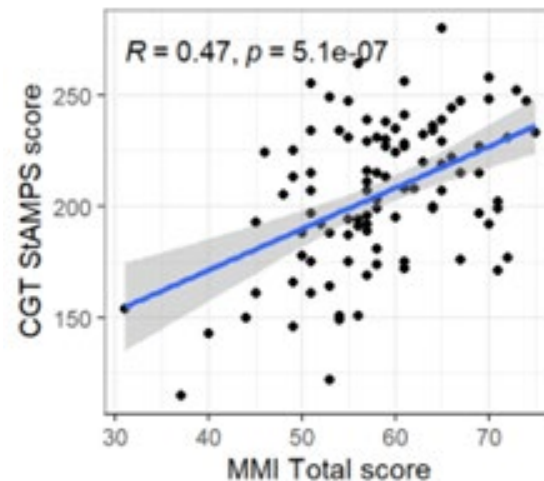
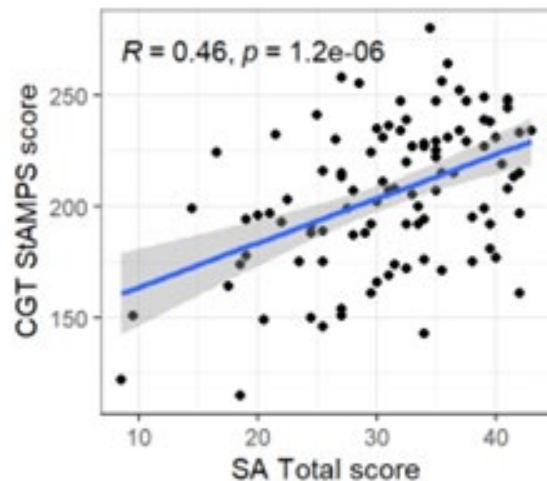




# Results: success in ACRRM Fellowship (MCQ)

- Candidates who scored very highly at SA or MMI have a 80% chance of passing StAMPS
- Those around the cut-score have a 30% chance.

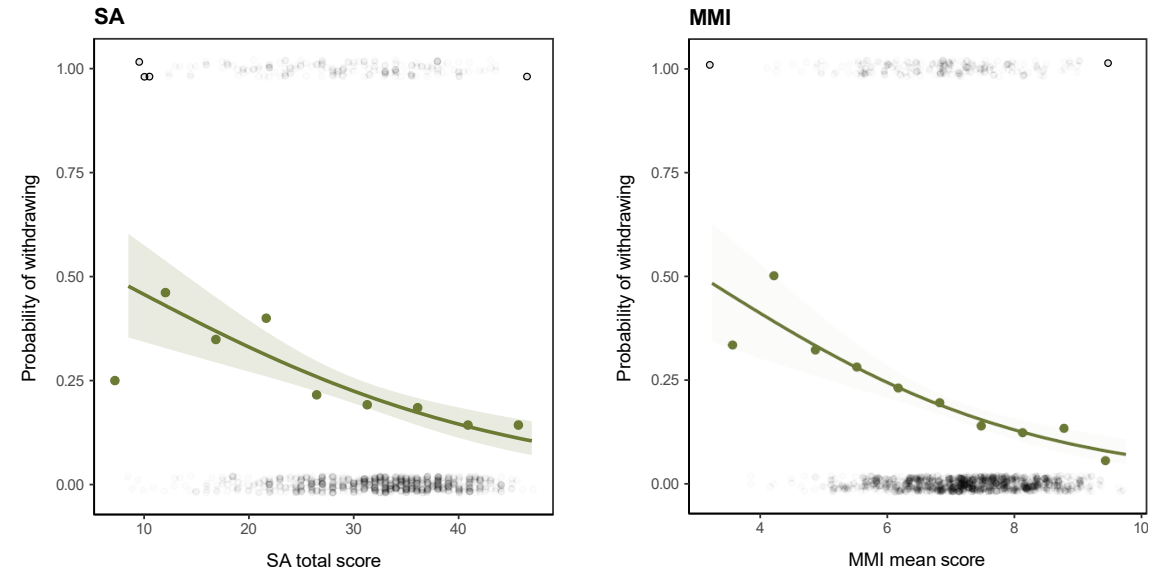
**This shows that selection was very useful for predicting StAMPS performance.**



# Results: success in ACRRM Fellowship (MCQ)

**A strongly significant ( $p < 0.001$ ) negative association is present for both MMI and SA scores.**

- For those around the cut-score mark of 5 for MMIs, they have approximately a one in three chance of withdrawing.
- Candidates with an average score of 9 and had a 10% chance of withdrawing.



**Shaded area shows 95% confidence interval. Green points show proportions calculated across bins. Grey points show binary outcomes of grades.**

# Results: rural location of practice

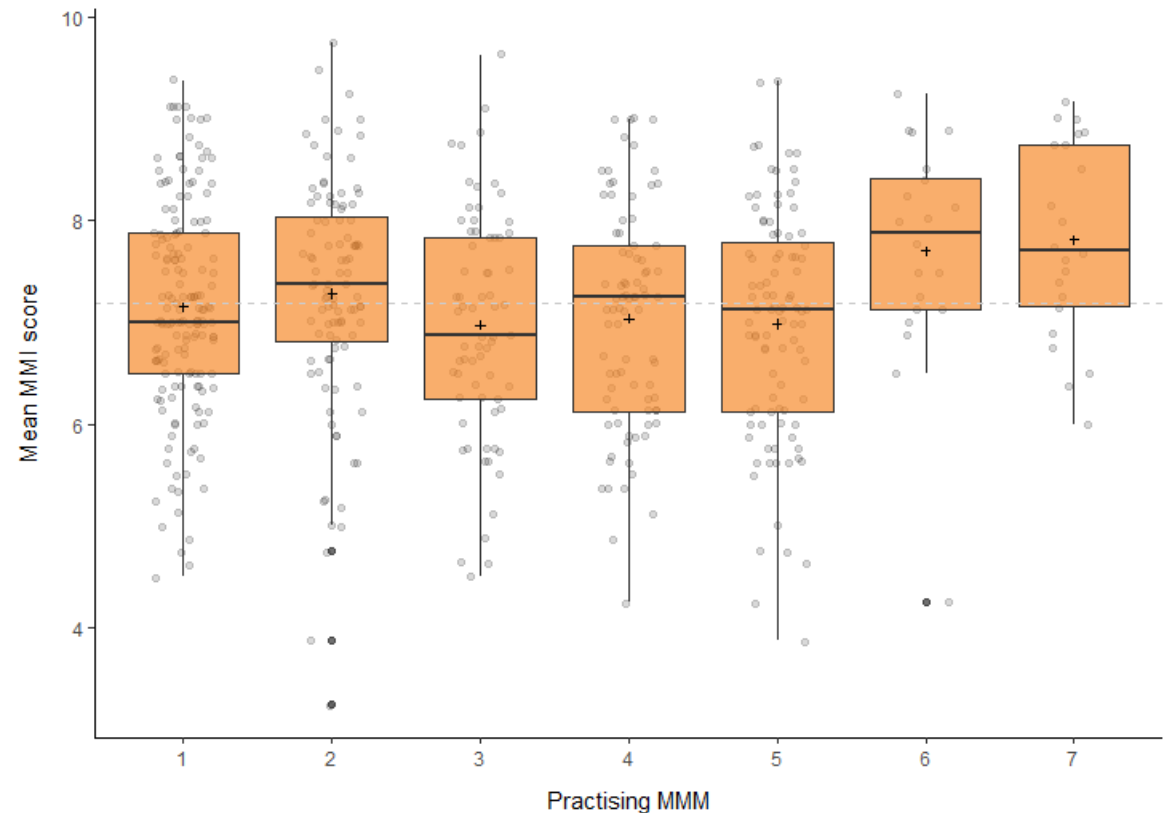




# Results: rural location of practice

80% of Fellows are practicing outside Metropolitan cities.

Registrars practising in remote areas (MMM 6-7) have been observed with higher MMI mean scores on average.



# Conclusions

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This is the first selection progress and speciality level training which seeks to select for rural practice outcomes.

The novel selection criteria correlate with:

- passing hurdle assessments
- continuation in the program
- working in more remote locations

