



SELECTION FOR TRAINING POLICY

1. Purpose

- 1.1. To define the policy for selection into the ACRRM Fellowship Program

2. Application and scope

- 2.1. The policy applies to applicants for the following ACRRM Fellowship Training Pathways: Australian General Practice Training (AGPT), and the Independent Pathway (IP) including the Rural Generalist Training Scheme (RGTS) places
- 2.2. The policy does not apply to the Remote Vocational Training Scheme (RVTS), selection is undertaken by RVTS.
- 2.3. The policy does not apply to alternate assessment pathways including the Specialist Internal Medical Graduate Assessment pathway (SIMG), Rural Experienced Entry to Fellowship (REEF), and Ad Eundem Gradum (AEG).

3. Policy

- 3.1. ACRRM aims to select doctors who exemplify the professional goals of the Fellowship of ACRRM (FACRRM). These doctors demonstrate that they are motivated and have the capacity to train as a rural generalist medical practitioner
- 3.2. The Selection process is based on Behaviourally Anchored Rating Scales and aims to assess candidates on the principles below:
 - *Consistency with ACRRM goals* - the process will serve to meet the College goals to build a streamlined and integrated career path for an appropriately skilled and distributed rural generalist workforce to care for Australian communities. In particular, the process will support recruitment of Aboriginal and Torres Strait Islander registrars.
 - *Acceptability* - the process is considered acceptable to the profession (i.e. members of the College and the AMC), training providers, candidates, the Australian Government and to people living in rural and remote areas and Aboriginal and Torres Strait Islander peoples.
 - *Excellence* - the process identifies candidates with the competencies and attributes that make them the most likely to successfully complete their training and progress in a career as a highly proficient and committed rural practitioner and Fellow of the College.
 - *Responsiveness to community need* - the criteria and processes for selection of candidates are responsive to the generalist medical service needs of Australian communities, particularly, remote, rural, and Aboriginal and Torres Strait Islander communities.
 - *Rigor, transparency, and fairness* - the process and its selection criteria are evidence-based, merit-based, transparent, current, sustainable, reliable, equitable and procedurally fair
 - *Effectiveness* – the selection criteria are continuously reviewed to ensure they are effective and linked to the College goals, particularly to building a streamlined and integrated career path for an appropriately skilled and distributed rural generalist workforce to care for Australian communities.



- 3.3. Selection criteria are based on the predictors for success in rural and remote practice and in the ACRRM Fellowship model and scope

SELECTION CRITERIA:

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

- 3.4. Selection is nationally consistent, and merit based

- 3.5. Applicants can seek review of selection decisions using the Reconsideration, Review and Appeals Policy

4. Process

- 4.1. Applicants are assessed and scored against the selection criteria through

4.1.1. An eligibility assessment against the requirements of each pathway

4.1.2. a written suitability assessment, and

4.1.3. a Multiple Mini Interview (MMI)

- 4.2. Selection determinations are based on Behaviourally Anchored Rating scales and involve the following steps:

4.2.1. applicants scoring above the cut off score for the suitability assessment are offered an interview,

4.2.1.1. those below the cut off score are advised of options to reapply

4.2.2. applicants who are interviewed have a combined weighted score calculated

4.2.2.1. weighting is 40% for the suitability assessment and 60% for MMIs

4.2.3. applicants with a combined score above the cut off score may be offered a training place

4.2.4. where a quota applies, applicants are awarded training places in rank order

4.2.5. applicants who are above the cut off score but did not get a training place in the region or training pathway of their choosing are advised of other training places available

4.2.6. Reference checks will be used as appropriate to inform final decisions but will not contribute to the overall score. All references must be submitted in the approved template.



5. Responsibilities

5.1. Department of Health is responsible for

5.1.1. setting national and regional quotas for training places on government funded training pathways

5.2. College is responsible for

5.2.1. the selection process and ensuring that it is transparent, rigorous, fair and free from discrimination and bias

5.2.2. managing conflicts of interest

5.2.3. assembling an MMI panel consisting of Fellows of ACRRM, the community/consumer representative and other relevant representatives such as delivering training partners

5.2.4. Delivery of the MMI process including stakeholder engagement, communication, and the provision of the technical support to facilitate the process

5.3. Applicants are responsible for

5.3.1. Ensuring they undertake the application and interview process in an honest, transparent, and timely manner

5.3.2. Ensuring they have responded to and met the eligibility requirements prior to application

5.3.3. Providing answers to the questions for the suitability assessment in writing when applying

5.3.4. Providing responses to the interviewer questions verbally at the Multiple Mini Interviews

5.4. Suitability reviewers are responsible for

5.4.1. scoring the applicants written responses using the behaviourally anchored rating scale

5.5. Interview panels are responsible for

5.5.1. advising the College of conflicts of interest

5.5.2. conducting the interviews respectfully and without bias or discrimination

5.5.3. asking applicants the question allocated to them

5.5.4. scoring and providing reasons for score using the behaviourally anchored rating scale

5.6. Selection committee is responsible for

5.6.1. ratifying the selection results

5.6.2. determining applicants to be offered a training place.

5.6.3. The review of selection processes and governance as required



6. Related Documentation

- 6.1. ACRRM AGPT Eligibility Guidelines
- 6.2. ACRRM RGTS Eligibility Guidelines
- 6.3. ACRRM Eligibility for Training Policy
- 6.4. ACRRM Reconsideration, Review and Appeals Policy

7. Definitions

Word/Term	Definition (with examples if required)
Rural Generalist Medical Practitioner	This 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.
Suitability Assessment	Applicants provide written answers to questions relating to the selection criteria.
Multiple Mini Interviews (MMIs)	MMIs are a series of short interviews, conducted by different interviewers. The interview scenarios and questions relate to the selection criteria.

8. Document Control Information

8.1 Policy information

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Responsible Officer:	K Moss	Policy System Manager:	MJ Streeton

8.2 Document History

Version	Date Approved	Author	Description of revision	Internal Distribution	
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V1.0	Nov 2021	K Moss	New policy documenting established procedures/public information	Nov 21	ELT, OCEO