



RACGP

Royal Australian College
of General Practitioners

RACGP Rural Generalist Fellowship (FRACGP-RG)

Additional Rural Skills Training Post Requirements



RACGP Rural Generalist Fellowship (FRACGP-RG): Additional Rural Skills Training Post Requirements

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We acknowledge the Traditional Custodians of the lands and seas on which we work and live, and pay our respects to Elders, past, present and future.

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Introduction

The RACGP Rural Generalist Fellowship (FRACGP-RG) is a qualification awarded by the Royal Australian College of General Practitioners (RACGP) in addition to the vocational Fellowship (FRACGP). This qualification is designed to equip doctors to work as a Rural Generalist (RG).

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.'¹

Rural Generalists work to the full scope of their practice with skill sets that are informed by the needs of the community they serve and play a central role in providing high-quality healthcare and supporting Australia's rural, remote and very remote communities.

Completion of the RACGP Rural Generalist Fellowship provides general practice registrars and practising GPs with the opportunity to develop their knowledge, skills and experiences to best meet the challenges that rural practice brings. This also broadens options for safe, accessible and comprehensive care for Australia's rural, remote and very remote communities.

This Additional Rural Skills Training Post Requirements provides an overview of the Rural Generalist Fellowship post and supervision accreditation requirements. This guide should be read in conjunction with the associated curriculums of Additional Rural Skills Training (ARST) options that can be completed as part of the Rural Generalist Fellowship, the RACGP *Standards for general practice training* (third edition) and relevant training organisation guidelines for accreditation of sites and supervisors.

Associated documents

Standards for general practice training (third edition)

RACGP Rural Generalist Fellowship ARST Curriculum for Aboriginal and Torres Strait Islander Health

RACGP Rural Generalist Fellowship ARST Curriculum for Adult Internal Medicine

RACGP Rural Generalist Fellowship ARST Curriculum for Child Health

RACGP Rural Generalist Fellowship ARST Curriculum for Mental Health

RACGP Rural Generalist Fellowship ARST Curriculum for Palliative Care

RACGP Rural Generalist Fellowship ARST Curriculum for Surgery

RACGP Rural Generalist Fellowship ARST Curriculum Overview for Anaesthesia

RACGP Rural Generalist Fellowship ARST Curriculum Overview for Emergency Medicine

RACGP Rural Generalist Fellowship ARST Curriculum Overview for Obstetrics

RACGP Rural Generalist Fellowship Core Emergency Medicine Training Curriculum

1. 2018, The Collingrove Agreement: National Rural Health Commissioner Annual Report 2018 <https://parlinfo.aph.gov.au/parlInfo/search/display/display.w3p;query=Id%3A%22publications%2Ftabledpapers%2F71e75753-382a-41da-b3dc-9eb6f8a4f7fa%22>

Standards required for RACGP Rural Generalist Fellowship ARST training posts and supervision

The standards are aligned to the RACGP *Standards for general practice training* (third edition), which are based on the Australian Medical Council Standards for Assessment and Accreditation of Specialist Medical Programs and Professional Development Programs 2015.

The principles underlying these requirements are to ensure:

- the practice environment is safe and supports achievement of training outcomes
- the practice provides quality training for the GP in training (GPiT) and is safe for the patients
- the context of the training post is suitable for the training needs
- supervision is matched to the training needs and competence of the GPiT.

This guide provides a more concise reference to assist with accreditation of ARST-related posts and supervision teams.

RACGP Rural Generalist Fellowship ARST Curriculum for Aboriginal and Torres Strait Islander Health

Training posts

The emphasis of the ARST in Aboriginal and Torres Strait Islander Health is on the acquisition of relevant clinical skills and experience, as well as the development of a respectful worldview that supports the effective engagement of Aboriginal and Torres Strait Islander communities. The ARST may be undertaken across one or more posts linked to the same community. Training posts must be accredited by the RACGP, or its delegate, before commencement.

Posts that may be accredited include:

- an Aboriginal Community Controlled Health Service (ACCHS), or
- a health service where patients are predominantly Aboriginal and/or Torres Strait Islander peoples that meets the RACGP guidelines for an Aboriginal and Torres Strait Islander health training facility, or as approved by the Aboriginal and Torres Strait Islander Health and Rural Censors.

Training may take place across different environments within the community, including:

- community general practice clinic
- outreach community clinics
- specialised services such as antenatal clinics, or diabetic multidisciplinary team clinics.

The training post must ensure candidates have opportunities to:

- develop skills to support self-determination, realising a different way of working that shares control between doctors and Aboriginal and Torres Strait Islander peoples and their communities
- develop a model of care that is patient–family–community focused, that takes into account the history and culture of Aboriginal and Torres Strait Islander peoples
- gain depth in Aboriginal and Torres Strait Islander health
- have appropriate supervision.

Supervision

Candidates will engage in self-directed learning under the supervision of:

- a rural GP supervisor who holds the FRACGP and is experienced in Aboriginal and Torres Strait Islander health
- a medical educator, and
- a cultural educator/mentor who is known, respected and accepted by the community and the specific health service.

See the RACGP Rural Generalist Fellowship ARST Curriculum for Aboriginal and Torres Strait Islander Health for further information on these supervision roles.

RACGP Rural Generalist Fellowship ARST Curriculum for Adult Internal Medicine

Training posts

The emphasis of the ARST in Adult Internal Medicine is on the acquisition of clinical skills and experience to extend the candidate's expertise in adult internal medicine and enhance their capability to provide secondary-level care to their community. The ARST may be undertaken across one or more posts, ideally in the region where the candidate intends to practise. Training posts must be accredited by the RACGP, or its delegate, prior to commencement.

Appropriate posts would provide access to:

- acute presentations (eg general medicine on call, emergency admissions)
- management of chronic conditions (eg general medicine outpatients)
- inpatient care (eg conducting ward rounds, care/discharge planning).

Posts that may be accredited include:

- a teaching post approved by the Royal Australasian College of Physicians (RACP) for basic/advanced physician training will generally be suitable
- accredited hospital-based posts – these usually provide greater exposure to acute presentations
- a community facility with appropriate exposure to adult internal medicine.

Where the training post is primarily community-based, there should be at least two half-day sessions (or equivalent) exposure to acute adult internal medicine per week. These sessions may be, for example, outpatient clinics or hospital ward rounds.

The training post must ensure:

- adequate case load and case mix for candidates to be exposed to diverse presentations that will enable them to fulfil the curriculum requirements for their chosen sub-specialties
- opportunities to gain depth in their chosen sub-specialty
- appropriate supervision.

Supervision

Candidates will engage in self-directed learning under the supervision of:

- a rural GP supervisor/mentor
- a medical educator, and
- a Fellow of the RACP who is a general physician or sub-specialist who participates in a general medicine roster.

See the RACGP Rural Generalist Fellowship ARST Curriculum for Adult Internal Medicine for further information on these supervision roles.

RACGP Rural Generalist Fellowship ARST Curriculum for Child Health

Training posts

The emphasis of the ARST in Child Health is on the acquisition of relevant clinical skills and experience to manage common child health problems, enhance the wellbeing of local communities and reduce the cost of healthcare by reducing the need for referral. The ARST may be undertaken across one or more posts, in a metropolitan, regional or rural setting. Training posts must be accredited by the RACGP, or its delegate, before commencement.

An RACP-accredited paediatric training facility would be suitable.

Where the ARST is undertaken across one or more posts, at least six months full-time equivalent (FTE) in total must be completed in an accredited paediatric acute care facility. Remaining training time may be spent working in:

- community child health service
- other paediatric rotations relevant to rural child health services such as
 - child psychiatry service
 - child palliative care
 - child rehabilitation unit
 - neonatal intensive care unit (this may be relevant in a regional centre with a busy obstetric unit, and less relevant for a small town hospital).

The training post must ensure:

- adequate case load and case mix for candidates to be exposed to a wide range of clinical presentations and clinical interventions
- opportunities to gain depth in child health
- appropriate supervision.

Supervision

Candidates will engage in self-directed learning under the supervision of:

- a rural GP supervisor/mentor
- a medical educator, and
- a paediatric physician who is a Fellow of the RACP.

See the RACGP Rural Generalist Fellowship ARST Curriculum for Child Health for further information on these supervision roles.

RACGP Rural Generalist Fellowship ARST Curriculum for Mental Health

Training posts

The emphasis of the ARST in Mental Health is on the acquisition of relevant clinical skills and experience to address unique rural challenges, provide high-quality mental healthcare to their community, and be an advisory resource in mental health to other GPs. To achieve this outcome and fulfil the full range of curriculum requirements, the ARST may be undertaken across one or more posts. Training posts must be accredited by the RACGP, or its delegate, before commencement.

Training posts that may be accredited include:

- an accredited mental health facility – a teaching post accredited for at least 12 months of training with the Royal Australian and New Zealand College of Psychiatrists (RANZCP) will generally be suitable. This is usually attached to a hospital or community mental health service
- acute mental healthcare facilities
- community-based mental health services
- outreach mental health services linked with an accredited facility
- specialised mental health facilities (eg addiction medicine, pain clinics, child and adolescent mental health services).

The training post must ensure:

- adequate case load and case mix for candidates to be exposed to a wide range of clinical presentations and clinical interventions
- opportunities to gain depth in mental health skills and knowledge
- appropriate supervision.

Supervision

Candidates will engage in self-directed learning under the supervision of

- a rural GP supervisor/mentor
- a medical educator, and
- a clinical psychiatrist who is a Fellow of the Royal Australian and New Zealand College of Psychiatrists.

See the RACGP Rural Generalist Fellowship ARST Curriculum for Mental Health for further information on these supervision roles.

RACGP Rural Generalist Fellowship ARST Curriculum for Palliative Care

Training posts

The emphasis of the ARST in Palliative Care is on the acquisition of relevant clinical skills and experience to deliver high-quality palliative care services to their community. The ARST may be undertaken across one or more posts, ideally with some time in a regional or rural palliative care service. Training posts must be accredited by the RACGP, or its delegate, before commencement.

A facility accredited by the RACP for palliative care training would be suitable. This may be in a metropolitan, regional or rural setting.

Where the ARST is undertaken across one or more posts, at least six months (FTE) in total must be completed in a hospital/hospice setting. Remaining training time may be spent working in:

- community-based palliative care service
- general hospital consultative service, including outpatient care
- specialist oncology (medical and radiation) unit.

The training post must ensure:

- adequate case load and case mix for candidates to be exposed to a wide range of clinical presentations and clinical interventions
- opportunities to gain depth in palliative care provision
- appropriate supervision.

Supervision

Candidates will engage in self-directed learning under the supervision of

- a rural GP supervisor/mentor
- a medical educator, and
- a palliative medicine physician who is a Fellow of the RACP or a Fellow of the Australasian Chapter of Palliative Medicine (RACP).

See the RACGP Rural Generalist Fellowship ARST Curriculum for Palliative Care for further information on these supervision roles.

RACGP Rural Generalist Fellowship ARST Curriculum for Surgery

Training posts

The emphasis of this ARST in Surgery is on the acquisition of surgical skills and experience relevant to community needs. Candidates must be exposed to diverse presentations that will expose them to the full range of curriculum requirements. The ARST may be undertaken across one or more posts, ideally within the regional or rural surgical unit where the candidate intends to practise. Training posts must be accredited by the RACGP, or its delegate, prior to commencement.

A surgical training post that has been approved by the Royal Australasian College of Surgeons (RACS) will generally be suitable. This may be in a metropolitan, regional or rural setting.

During the 12-month minimum training period, candidates must complete:

- a minimum six-month general surgery rotation
- a minimum three-month orthopaedics rotation
- a minimum of three months in another relevant surgical rotation or additional general surgery or orthopaedic rotations.

Note: If it is anticipated that more time is required to gain additional surgical skills, this may be discussed with the training provider and the RACGP.

The training post must ensure:

- candidates can take on the roles and responsibilities of a junior surgical registrar under the direction of the head of the unit or surgical supervisor, with increasing responsibilities over time. In general, these duties would include
 - admission and assessment of patients
 - management planning and implementation under supervision
 - assistance at operations
 - performance of operations with increasing independence over time
 - post-operative management including management of complications
 - preparation of discharge summaries and follow-up planning
 - participation in emergency duties in the unit
 - participation in retrieval teams and acute trauma situations
- adequate case load and case mix for candidates to be exposed to a wide range of clinical presentations and clinical interventions
- opportunities to gain depth in surgical skills and knowledge
- appropriate supervision.

Supervision

Candidates will engage in self-directed learning under the supervision of:

- a rural GP supervisor/mentor
- a medical educator, and
- a Fellow of the Royal Australasian College of Surgeons (FRACS) in their local region.

See the RACGP Rural Generalist Fellowship ARST Curriculum for Surgery for further information on these supervision roles.

RACGP Rural Generalist Fellowship ARST Curriculum for Anaesthesia Training posts

The Diploma of Rural Generalist Anaesthesia (DipRGA) commenced at the beginning of the 2023. The emphasis of this ARST in anaesthesia is on the acquisition of anaesthesia skills and experience relevant to the needs of the candidate's community. The ARST can be undertaken across one or more posts, ideally within the regional or rural services where the candidate intends to practise. Training posts must be accredited by the Australian and New Zealand College of Anaesthetists (ANZCA) to deliver rural generalist anaesthesia (RGA) training. Posts are accredited according to the standards in the JCCA Curriculum for general practitioner anaesthesia (6th edition) 2020 for the 2023 and 2024 hospital employment years. From 2024/2025, training posts will be accredited according to the RGA Accreditation Standards (which are currently being developed).

Sites currently accredited to deliver the JCCA will be extended and accredited to deliver the DipRGA for an additional two years until the end of 2024. The purpose of this training post is to ensure that candidates are exposed to diverse presentations that will enable them to fulfil the full range of curriculum requirements and receive appropriate supervision.

Supervision

Trainees will engage in self-directed learning under the supervision of anaesthetists who are a Fellow of ANZCA and/or rural generalist anaesthetists.

Information on the RACGP Rural General Fellowship ARST curriculum can be found on the RACGP website. For further information on the ANZCA DipRGA, including the curriculum, training handbook, regulations and support resources, visit the ANZCA DipRGA website.

RACGP Rural Generalist Fellowship ARST Curriculum for Emergency Medicine

Training posts

The emphasis of the Emergency Medicine ARST is on the acquisition of relevant clinical skills and experience to lead the provision of comprehensive emergency medical care in their community. The ARST may be undertaken across one or more posts, ideally with some time in a regional or rural emergency unit within the region where the candidate intends to practise.

The Australian College for Emergency Medicine (ACEM) is the recognised specialist college for emergency medicine in Australia. It offers an Emergency Medicine Advanced Diploma (EMAD), which is an industry - recognised standard for emergency care in Australia. Currently, to obtain the ARST in Emergency Medicine, candidates are required to complete the EMAD with additional rural contextual elements.

Training posts are accredited by the ACEM.

Important note: The RACGP is working with the ACEM to develop the Advanced Diploma of Rural Emergency Medicine (ADREM), which will become the ARST in emergency medicine for the RACGP Rural Generalist Fellowship. Those commencing their Emergency Medicine ARST in 2023 will still enrol in the existing ACEM EMAD.

Supervision

Candidates will engage in self-directed learning under the supervision of a Fellow of the ACEM.

Note: A rural GP supervisor/mentor with experience in emergency medicine is highly recommended but not mandatory.

See the ACEM EMAD curriculum for further information on supervision roles.

RACGP Rural Generalist Fellowship ARST Curriculum for Obstetrics

Training posts

The emphasis of the ARST in Obstetrics is on the acquisition of relevant clinical skills and experience to manage advanced obstetrics and gynaecological case in a rural environment.

The Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG) is the recognised specialist college for obstetrics in Australia. It offers an Advanced Diploma of the RANZCOG (DRANZCOG Advanced), which is the industry-recognised standard for GPs providing advanced obstetrics services in Australia. To obtain the ARST in Obstetrics, candidates are required to complete the DRANZCOG Advanced.

The DRANZCOG Advanced is overseen by the Conjoint Committee for the Diploma of Obstetrics & Gynaecology (CCDOG), which has representatives from the Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG), the RACGP and the ACRRM.

Training posts are accredited by the RANZCOG.

Supervision

Candidates will engage in self-directed learning under the supervision of a Fellow of the RANZCOG.

Note: A GP obstetrician mentor is highly recommended but not mandatory.

See the RACGP Rural Generalist Fellowship ARST Curriculum Overview for Obstetrics and the DRANZCOG Advanced curriculum for further information on supervision roles.

Appendix A: Examples of approved ARST posts (non-procedural)

1. Aboriginal and Torres Strait Islander health

A GPiT working in an Aboriginal Medical Service (AMS) completed their general practice training time and decided to stay at the AMS to complete their FRACGP-RG in Aboriginal and Torres Strait Islander Health. They engaged a cultural mentor within the AMS. They consulted with the local elders group and the CEO of the AMS about a community project that would be useful to the community. Several options were suggested and the final project proposal was approved by an ethics committee. The registrar completed their community project within 12 months while they continued to work full time at the AMS.

(If the AMS is not in a rural location then the GPiT must ensure rural context is completed during their training time.)

2. Mental health

A GPiT in far northern Queensland wants to continue working in the Torres Strait Islander community and complete an ARST in mental health where they identified this as a community need. There is a high mental health burden in the community, which relies on outreach psychiatry services from the regional referral centre. They estimate that 30–40% of general practice presentations are related to mental health. The proposed model that was approved included the following.

a. Supervision team:

- i) regional visiting psychiatrist (on site and remote)
- ii) local GP mentor (on site)
- iii) medical educator (remote).

b. Clinical attachment for four weeks at the regional referral centre hospital (two weeks inpatient, two weeks community mental health).

c. Clinical attachment at the mental health outreach clinics (one week each month) with direct supervision by supervising psychiatrist.

d. Clinical attachment with community mental health team (one day/week) with remote supervision by the regional psychiatrist.

e. Attendance at weekly mental health multidisciplinary team meeting, and fortnightly social and emotional wellbeing team.

f. Weekly teaching session with psychiatrist supervisor (one hour per week).

g. Working in general practice and generalist hospital setting – all mental health cases are logged and discussed with supervisor as indicated.

The GPiT was able to show how they would achieve the learning outcomes in the curriculum by undertaking the activities in their proposal. Combining the time in training with the mental health team

and the mental health case load in their general practice setting, enabled them to complete this as a full-time ARST. The GPiT will need to complete all the logbook and curriculum requirements and demonstrate evidence of such at the end of their training time.

3. Child health

Dr CH lives near a regional centre with a busy obstetrics unit. He wanted to complete a FRACGP-RG with an ARST in child health. The regional hospital paediatric unit was able to offer him a position in the acute care unit for three days per week and he can work two days per week with the community paediatric service with an outreach clinic once a month to a small town 130 km away.

As the regional hospital has a high birth rate he decided neonatal ICU experience would help his future work there as a visiting medical officer. He negotiated two blocks of two weeks training in a tertiary hospital NICU.

This composite post was approved for his ARST training in child health.

4. Palliative care

Dr PC wanted to complete an ARST in palliative care. She works in a small town and has to travel to a larger regional centre to access training in a hospice. They were able to offer her a full-time position for three months, but after that time she can continue on a roster as part of a team working every third week in the hospice. In the other weeks she combines rural general practice with two days per week working with the community palliative care team.

This training post was approved and she was able to complete her ARST in 18 months.

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