# Additional Rural Skills Training (ARST)

# Accreditation and Re-accreditation Application Form

The aim of an Additional Rural Skills Training (ARST) post is to allow the registrar to further their knowledge, skills and experience to best meet the challenges that rural practice brings. This form is used to document the details of the supervisor, the training post and, if applicable, the GP mentor and should be completed in association with the relevant ARST curriculum and [Rural Generalist Fellowship (FRACGP-RG) Additional Rural Skills Training Post Requirements,](https://www.racgp.org.au/FSDEDEV/media/documents/Education/Additional-Rural-Skills-Training-Post-Requirements.pdf) and [Rural Generalist Fellowship Training Handbook.](https://www.racgp.org.au/getattachment/b2b1a845-1b87-4f9b-b6f3-bf45a2c7bdc2/RACGP-Rural-Generalist-Fellowship-Training-Handbook.aspx)

## Definition

ARST: These are 12-month placements in disciplines that might be hospital or non-hospital based, undertaken by RACGP rural GPs and rural generalist registrars. These disciplines have associated ARST curriculums.

## Discipline

RACGP managed curricula (please tick one discipline)

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| **Aboriginal & Torres Strait**  **Island Health**  [ARST Curriculum](https://www.racgp.org.au/getmedia/bf19d06b-ba42-4e45-9d66-f4cd2c685c90/ID-1616-RACGP-RG-ATSIH-ARST-Final-v3-CM.pdf.aspx) | **Emergency Medicine\***  [ARST Curriculum](https://acem.org.au/Content-Sources/Certificate-and-Diploma-Programs/Emergency-Medicine-Advanced-Diploma) | **Surgery**  [ARST Curriculum](https://www.racgp.org.au/getmedia/3d98642f-8a82-4a56-b297-da0cb2265a63/ID-1616-RACGP-RG-Surgery-ARST-Final-v2-CM.pdf.aspx) |
| **Adult Internal Medicine**  [ARST Curriculum](https://www.racgp.org.au/getmedia/1bd3e1d4-0e19-487e-84db-d8e8f8acd2c7/ID-1616-RACGP-RG-AIM-ARST-Final-v2.pdf.aspx) | **Mental Health**  [ARST Curriculum](https://www.racgp.org.au/getmedia/e61adea6-e5b6-42e0-9256-2fd30d80f6c2/ID-1616-RACGP-RG-Mental-health-ARST-Final-v2-CM.pdf.aspx) | ***Other:***  Click or tap here to enter text. |
| **Academic Post**  [ARST Curriculum](https://www.racgp.org.au/FSDEDEV/media/documents/Education/Registrars/Fellowship%20Pathways/2024-Academic-Post-application-guide.pdf) | **Palliative Care**  [ARST Curriculum](https://www.racgp.org.au/getmedia/ce0a5c9d-8afe-4cae-b4a3-932f99d86f29/ID-1616-RACGP-RG-Palliative-Care-ARST-Final-v3-CM.pdf.aspx) |
| **Child Health**  [ARST Curriculum](https://www.racgp.org.au/getmedia/5a419f7f-d191-43bf-bf0b-88c833ff4ca6/ID-1616-RACGP-RG-Child-health-ARST-Final-v2-CM.pdf.aspx) | **Small Town Rural General**  **Practice**  [ARST Curriculum](https://www.racgp.org.au/getmedia/e09d69a6-af84-40fb-8be3-03d8ceb169c7/RACGP-RG-Small-Town-Rural-GP-ARST.pdf.aspx) |

*\** ***Important note:*** *The RACGP is working with ACEM to develop a bipartite ARST in Emergency Medicine curriculum for the RACGP Rural Generalist Fellowship. Those commencing their Emergency Medicine ARST in 2024 will still enrol in the existing ACEM EMAD. Should the curriculum change during 2024, registrars will be contacted.*

## Facility

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| --- | --- | --- | --- |
| Facility/Hospital Name (primary site) |  | | |
| Address of facility/hospital (primary site) |  | | |
| Primary Contact Name |  | Position |  |
| Primary Contact Phone/Mobile Number |  | Primary contact Email |  |
| Medical Workforce Manager/HMO Manager (if not listed as the primary contact) |  | Email |  |
| Contact Phone/Mobile Number |  |

Sites may seek accreditation/reaccreditation for an ARST and Extended Skills Training (EST) post in the same discipline.

**ARST** **Accreditation (new post)**   **ARST Reaccreditation**

T**ick box if a six month EST in the same discipline is included.** Where the ARST discipline is Emergency Medicine, this will be automatically included as an accredited training site for [Core Emergency Medicine Training (Core EMT)](https://www.racgp.org.au/the-racgp/faculties/rural/education-and-training/fellowship-in-advanced-rural-general-practice/core-emergency-medicine-training).

Please refer to the [Extended Skills Training Accreditation Guide](https://www.racgp.org.au/FSDEDEV/media/documents/PLT/Extended-skills-training-accreditation-guide.pdf) and [Extended Skills Placement Registrar Reflection and Assessment form.](https://www.racgp.org.au/FSDEDEV/media/documents/PLT/Extended-skills-placement-registrar-reflection.pdf)

Provide a list of any other sites contributing to the post, including the primary site and indicate how much training time the registrar will spend there.

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Has this facility been accredited by the Specialist College (other than RACGP/ACRRM) relevant to this ARST discipline:

Yes  No

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Specialist College |  | | |
| Date of Accreditation set by the Specialist College |  | Date of last site visit by Specialist College |  |
| Does the facility have links with academic institutions? If yes, please provide name of academic institution. | | | |
|  | | | |

## Employment

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| File, Attach, document, Attachment iconWhat position will the registrar be employed as? *Please attach a copy of a generic job description* |
|  |
| File, Attach, document, Attachment iconProvide a description of the registrar’s working hours including any after-hours requirements and the supervision arrangements that will be available when rostered afterhours. Please attach a copy of a typical roster. |
|  |
| How will the site ensure the registrar is always provided with appropriate supervision? |
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| Will the registrar have appropriate employment arrangements in place? |
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| --- | --- |
| The facility will ensure that RG/GP registrars have adequate insurance coverage and are registered with the relevant State or Territory health authority for the clinical work to be undertaken. | Yes  No |
| The facility agrees to develop (as required) and implement policies and procedures that ensure service requirements are compatible with the training requirements of GPs in training. | Yes  No |

## Profile

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| Provide a description of the facility and its services, as they relate to the ability to provide opportunities to learn skills, knowledge and behaviours mapped to the specific curriculum. Please include information summarizing case-mix, patient demographics and volume. |
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## Patient Demographics

Please indicate the percentage (%) of total patients you see in an average week from the following categories:

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| --- | --- | --- | --- | --- | --- |
|  | Male |  | 0–4 years |  | Aboriginal |
|  | Female |  | 5–15 years |  | Torres Strait Islander |
|  | Non-Binary |  | 16–25 years |  | Culturally and linguistically diverse background |
|  |  |  | 26-64 years |  |  |
|  |  |  | 65 years + |  |  |

## Education

## File, Attach, document, Attachment icon Attach documentation to support the following answers, e.g. Education program, timetable etc.

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| --- | --- | --- | --- | --- | --- |
| What education activities are offered by the site, which are relevant to this ARST? | | | **How often** | **Duration** | **Delivered by** |
| Grand rounds | Yes  No |  |  |  |  |
| Seminars | Yes  No |  |  |  |  |
| Clinical Audit | Yes  No |  |  |  |  |
| Significant Event Analysis | Yes  No |  |  |  |  |
| Journal Club | Yes  No |  |  |  |  |
| Chart Reviews | Yes  No |  |  |  |  |
| Case Reviews | Yes  No |  |  |  |  |
| Is there access to a simulation centre for teaching of practical skills and scenarios? | Yes  No |  |  |  |  |
| Other | | | | | |

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## Teaching Plan

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| Describe how the post ensures the ARST registrar accesses education activities that relate to the ARST curriculum over a 12 month period. This may be a combination of regular education activities and an individualised program. |
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## Aboriginal and Torres Strait Island Health posts only

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| --- | --- |
| 1. Is the service an Aboriginal Community Controlled Health Service (ACCHS)? | Yes  No |
| If answered no to question 1, is it a health services 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](https://www.racgp.org.au/education/education-providers/regional-training/standards-for-general-practice/applying-the-standards-to-training-in-atsih)? | Yes  No |
| If answered no to question 1, will the registrar be training in a supportive environment that provides the opportunity to learn and understand, realising a different way of working that shares control between doctors and Aboriginal and Torres Strait Island peoples and their communities, moving from a patient centred model of care to a patient-family-community-focused one that takes into account the history and culture of Aboriginal and Torres Strait Islander peoples? | Yes  No |

Cultural Mentor

The cultural educator/mentor is an important link between the registrar and the Aboriginal and Torres Strait Islander patients and their communities. They provide the rural GP/Rural Generalist registrar with cultural expertise, advice and support. This nominated ‘Cultural Mentor’ may be a local Aboriginal or Torres Strait Islander health worker/practitioner, an Elder, or another respected member of the community, and may be filled by more than one individual over the course of the training.

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| --- | --- | --- | --- |
| Cultural Mentor name |  | | |
| Contact Number |  | Contact Email |  |

Optional

|  |  |  |  |
| --- | --- | --- | --- |
| Cultural Mentor name |  | | |
| Contact Number |  | Contact Email |  |

Optional

|  |  |  |  |
| --- | --- | --- | --- |
| Cultural Mentor name |  | | |
| Contact Number |  | Contact Email |  |

## Supervision

The designated supervisor is the supervisor who will take the lead, co-ordinate and be responsible for accreditation requirements.

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| --- | --- | --- | --- |
| Designated Supervisor name |  | | |
| Contact Number |  | Contact Email |  |
| AHPRA registration number |  |

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| File, Attach, document, Attachment iconPlease list fellowships and qualifications. Please attach copy of fellowship documentation, curriculum vitae and CPD triennium report. |

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| Please outline your previous vocational supervision training and experience. |

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*Aboriginal & Torres Strait Islander Health ARST Post only*

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| Are you experienced in Aboriginal and Torres Strait Islander health? | Yes | No |
| Are you a medical educator, and a cultural educator/mentor who is known, respected and accepted by the community and the specific health service. | Yes | No |

*Supervisor declaration (please tick yes or no & sign)*

|  |  |  |
| --- | --- | --- |
| Are you currently under investigation or the subject any disciplinary action? | Yes | No |
| Have you been removed from the register for your conduct, or health or performance reasons under any jurisdiction at any time in your career? | Yes | No |
| Are there any proceedings under any jurisdiction against you? | Yes | No |
| Are you currently subject to any conditions, limitations or restrictions from any jurisdiction. | Yes | No |
| The supervisor agrees to undertake and submit the prescribed workplace-based assessments detailed within this ARST discipline? | Yes | No |

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| **Signature** |
|  |
| **Date** |

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## Independent Assessor(s)

An Independent Assessor can be anyone with the equivalent level of knowledge and skills in the ARST discipline to the designated Supervisor, preferably within the same health service, who is not involved in the direct supervision of the registrar. If it is not possible to identify a suitable Independent Assessor within your health service, there may be the option of ‘virtual’ assessments in some instances.

**Please provide details of a nominated Independent Assessor/s for the workplace-based assessments. Please attach copy of fellowship documentation and curriculum vitae(s)**

If you are unable to nominate an Independent Assessor/s please tick this box o

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Independent Assessor** | **Fellowships/qualifications and AHPRA number** | **Contact Email** | **Contact Number** |
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|  |  |  |  |

## Additional Supervisor (optional)

Please complete this page for each additional supervisor

|  |  |  |  |
| --- | --- | --- | --- |
| Additional Supervisor name |  | | |
| Contact Number |  | Contact Email |  |
| AHPRA registration number |  |

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| --- |
| File, Attach, document, Attachment iconPlease list fellowships and qualifications. Please attach copy of fellowship documentation and curriculum vitae. |

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*Additional Supervisor declaration (please tick yes or no & sign)*

|  |  |  |
| --- | --- | --- |
| Are you currently under investigation or the subject any disciplinary action? | Yes | No |
| Have you been removed from the register for your conduct, or health or performance reasons under any jurisdiction at any time in your career? | Yes | No |
| Are there any proceedings under any jurisdiction against you? | Yes | No |
| Are you currently subject to any conditions, limitations or restrictions from any jurisdiction. | Yes | No |
| The supervisor agrees to undertake and submit the prescribed workplace-based assessments detailed within this ARST discipline? | Yes | No |

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| --- |
| Signature |
|  |
| Date |

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## RACGP/ACRRM Dual Accreditation

It is common for an ARST post to be potentially accredited by both the RACGP and the Australian College of Rural and Remote Medicine (ACRRM). As part of the Bi-College Agreement between ACRRM and RACGP, to minimize the process for health services/facilities, with their consent each College may share information collected with the other. If agreed, RACGP is willing on behalf of the Health Service/Facility to share information and associated documentation with ACRRM should dual accreditation be sought.

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| Is this post currently accredited as an AST with ACRRM? | Yes | No |
| Does the health service/sites, for the purposes of accreditation/reaccreditation provide consent for RACGP to share information as provided in this form and relevant documentation with ACRRM? | Yes | No |

*Site Visit reports will not be provided.*

**Disclaimer: Please note ACCRM may request additional information relevant to their curriculum and training standards. Any approval granted by RACGP for this application does not guarantee approval by ACRRM.**

## Document Checklist

Position Description  Yes

Roster/Example of Roster  Yes

Education Program/Timetable  Yes

Designated Supervisor – Fellowship Certificate/CV/CPD Report  Yes

Additional Supervisor(s) – Fellowship Certificate/CV  Yes

Independent Assessor(s) – Fellowship/CV (if able to nominate)  Yes

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| Office/Internal Use only  Site Visit Completed – list RACGP staff |

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| Date |

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| Findings/Additional comments (Site Visit Report to be attached) |

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| Is this post recommended for Accreditation | Yes | No |

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| Reviewed by Regional Accreditation Panel (RAP) |

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| Approved  Date of RAP: | Yes | No |