RACGP

Royal Australian College of General Practitioners **Rural Generalist Fellowship**

Additonal Rural Skills Training (ARST)

Curriculum for Small Town Rural General Practice

Royal Australian College of General Practitioners Rural Generalist Fellowship (RACGP RG Fellowship): Additional Rural Skills Training (ARST) Curriculum for Small Town Rural General Practice

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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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Contents

Introduction

The Royal Australian College of General Practitioners Rural Generalist Fellowship (FRACGP-RG) is a qualification awarded by the RACGP in addition to the vocational Fellowship (FRACGP). Completion of a minimum 12 months of Additional Rural Skills Training (ARST) in an accredited training post is an essential component of training towards the RACGP RG Fellowship. This additional training is designed to augment core general practice training by providing an opportunity for rural general practitioners (GPs) to develop additional skills and expertise, and enhance their capability to provide secondary-level care to their community.

This curriculum sets out the competencies that candidates are required to develop to complete the ARST in Small Town Rural General Practice. It is also designed to provide a framework for the teaching and learning of the critical knowledge, skills and attitudes that rural generalists require to effectively care for patients with a range of health issues in rural and remote environments, where face-to-face support from other professionals and the infrastructure for health services are often limited.

Objectives

GPs play a crucial role in the provision of health services for all Australians. They are exposed to a range of acute and chronic health presentations and can be responsible for diagnosis, treatment and ongoing management of care.

The aim of this curriculum is to outline the skills and competencies required by a general practitioner based in a rural or remote community in Australia. In these settings, the general practitioner is less likely to have access to the range of human and material resources available in metropolitan areas. The general practitioner will also deal with a range of emergencies, illnesses and conditions that commonly occur in rural and remote areas, for which additional support is unlikely to be available.

By undertaking ARST in Small Town Rural General Practice, candidates will develop the knowledge, skills and confidence to address their unique rural challenges, provide high-quality healthcare to their community, and be an advisory resource to local health service providers. A long-term outcome of this will be improved equity of access to skilled practitioners and better healthcare for rural Australians.

Prerequisites

ARST in Small Town Rural General Practice can be undertaken any time after the Hospital Training Time component of FRACGP and at least six months full-time equivalent (FTE) of general practice training has been completed. This is to ensure that registrars have a sufficient level of training in community primary care before starting the ARST. RACGP recommends that candidates work closely with their training program team to plan the best training pathway for their individual circumstances.

The candidate must be:

- Based in Modified Monash (MM) 4-7 location unless otherwise approved by the RACGP Rural Censor.
- In a training post that has been endorsed by the:
  - Regional Director of Training (or delegate) for GP registrars, or
  - the RACGP Rural Censor for practising GPs
- Living in the community in which they are practising
- Committed to engagement in the after-hours and emergency roster undertaken by the practice
- Committed to engagement in the local hospital in-patient, out-patient and residential aged care.

Duration

This ARST in Small Town Rural General Practice requires a minimum of 12 months (FTE) in an accredited training post, in accordance with the vocational standards and requirements published by the RACGP. Candidates must demonstrate satisfactory achievement of outcomes as per the curriculum.

Context for the RACGP RG ARST Curriculum for Small Town Rural General Practice

ARST in Small Town Rural General Practice must be completed in community general practice in a rural and/or remote setting. The ARST includes training time spent working in:

- community general practice
- local hospital providing emergency and in-patient services (where the facility is run by GPs or rural generalists without non-GP specialist cover)
- residential aged care facility
- community health centre.

The emphasis of this ARST is on the acquisition of relevant clinical skills and experience for working in the setting of a small rural town. Candidates will engage in self-directed learning under the supervision of a rural GP supervisor/mentor, a medical educator, and other supervisors relevant to the disciplines chosen as areas of focus.

The rural GP supervisor/mentor is a source of advice on training in the broader context of rural general practice, as well as a professional role model and mentor. Their role is to:

- act as GP role model, mentor and support person
- observe the candidate's performance and provide regular feedback and assistance in general practice settings, where appropriate
- contribute to the assessment of the candidate, where appropriate.

The medical educator provides a link back to the Training Program team to inform the candidate about educational activities and overall training requirements. Their role is to:

- provide advice and assistance regarding training needs, learning activities and completion of training requirements
- assist in the development, implementation and evaluation of learning materials
- assist in access to learning opportunities
- contribute to formative assessment of the candidate and monitor progress.

The other non-GP supervisors provide the candidate with a source of clinical expertise, advice and educational support. Their role is to:

- provide supervision in the clinical setting
- facilitate access to clinical learning opportunities
- demonstrate clinical skills and procedures
- observe the candidate's performance and provide regular feedback and assistance, where appropriate
- conduct regular teaching sessions
- monitor candidate progress and contribute to formative assessments, where appropriate
- report on progress in completing assessment requirements.

A combination of teaching methods is used, taking into account the specific clinical context and learning environment. Teaching and supervision methods strongly emphasise the acquisition of knowledge and skills in practice settings. Through demonstration, observation and interactive teaching methods, candidates are challenged to perform, reflect upon and assess their competence in applying the clinical knowledge and skills described in the curriculum.

Teaching methods may include:

- practice-based demonstration by supervisors
- practice-based observation and feedback on candidate performance
- group discussion, activities, case studies and presentations
- role-play or simulated scenarios illustrating challenging clinical situations
- online learning modules
- simulation of clinical presentations
- specific courses and workshops
- audio-visual and web-based presentations
- research projects
- regular meetings with supervisors
- access to continuing professional development workshops
- presentation of educational sessions to other staff or community groups
- journal articles and web-based resources
- development of teaching skills through teaching of junior medical staff and medical students.

Candidates are expected to determine the depth and extent of education and training required in consultation with their supervisors and document this as part of their training plan.

Content of the FRACGP-RG ARST Curriculum for Small Town Rural General Practice

The candidate must be able to demonstrate essential knowledge and skills required to perform the tasks and processes outlined in the learning outcomes. They will need to demonstrate cognitive skills to review, analyse, consolidate and synthesise knowledge to identify and provide solutions to complex problems with intellectual independence. They will need cognitive and technical skills that demonstrate a broad understanding of a body of knowledge and theoretical concepts with advanced understanding in some areas. They will also need cognitive skills to exercise critical thinking and judgement in developing new understanding. The candidate will need technical skills to design and use research in a project; and, communication skills to present a clear and coherent exposition of knowledge and ideas to a variety of audiences.

In addition, candidates will demonstrate the application of knowledge and skills with initiative and judgement in professional practice, adapt knowledge and skills in diverse context and be responsible and accountable for their own learning and practice in collaboration with others within broad parameters.

The following content list provides guidelines for the candidate and the supervisors regarding topics to be covered during training. This is a non-exhaustive list of desirable knowledge and skills to meet the needs of rural communities. It is anticipated that this list may be adapted to address the particular learning goals of candidates and the particular context in which the training is conducted.

The content is organised under the following headings:

1. Enhanced clinical and procedural skills relevant to a broad range of presenting conditions
2. A broad range of communication strategies and tools that can be adapted to different people and different situations
3. Organising and delivering emergency care
4. Population health
5. Self-care
6. Business management (variable depending on the local health system operational models)
7. Lifelong learning (building on the core GP skills of the FRACGP curriculum)

1. Enhanced clinical and procedural skills relevant to a broad range of presenting conditions

- Acute injuries and trauma
- Women's health
- Men's health
- Infant and child health
- The elderly
- People with disabilities

- People with cancer
- People in need of palliative care
- Chronic illness
- Drug and alcohol abuse
- Mental illness
- Pain

2. A broad range of communication strategies and tools that can be adapted to different people and different situations

- Empathy
- Setting and maintaining personal and professional boundaries in a small community
- Delivering bad news
- Communicating with people from non-English speaking backgrounds
- Communicating with community leaders and Aboriginal and Torres Strait Islander community elders
- Consulting the community
- Preparing and delivering presentations
- Using technology

3. Organising and delivering emergency care

- Emergency skills appropriate to situations that arise in rural communities
- Team leadership
- Triage
- Evacuation, retrieval and transfer
- Pre-hospital care

4. Population health

- The social, economic and cultural impact on health in a rural context
- Health promotion and health education practices and principles
- Health and social issues associated with people from culturally and linguistically diverse communities including issues specific to refugees
- Health and social issues that relate to Aboriginal and Torres Strait Islander people
- Public health legislation and obligations
- Advocacy for community needs

5. Self Care

- Recognise the unique issues of self care in a small community where you are immersed in the community at many levels
- Monitoring own health (both physical and mental)
- Prioritising own health and wellbeing
- Personal and professional safety
- Critical incident debriefing
- Stress management
- Time management
- Strategies to deal with social and professional isolation
- Modelling good health

6. Business management (variable depending on the local health system operational models)

- HR practices involved in recruiting and managing staff
- Workplace laws and relevant legislation
- Financial management
- Risk management
- Marketing and promotion

7. Lifelong learning (building on the core skills of the FRACGP curriculum)

- Research and evaluation methods
- Sourcing and reviewing current literature
- Critical reflection
- Report writing
- Identifying personal strengths and areas to build on.
- Identifying community needs and develop skills and knowledge to support those needs
- Self-directed learning

Learning outcomes and performance criteria

The RACGP **Curriculum and Syllabus for Australian General Practice 2022** bases lifelong teaching and learning on the five domains of general practice. The domains represent the critical areas of knowledge, skills and attitudes necessary for competent, unsupervised general practice. They are relevant to every general practice patient consultation and form the foundation of the skills of rural GPs. Candidates undertake this ARST in Small Town Rural General Practice in conjunction with the RACGP Curriculum and Syllabus for Australian General Practice 2022. Subsequently, this curriculum is designed to detail the additional knowledge and skills that GPs completing their ARST in Small Town Rural General Practice are required to develop in order to provide comprehensive care in rural and remote communities. The five domains are:

1. Communication and the patient–doctor relationship
2. Applied professional knowledge and skills
3. Population health and the context of general practice
4. Professional and ethical role
5. Organisational and legal dimensions

By the end of this ARST in Small Town Rural General Practice, the candidate will have expanded upon the assumed level of knowledge of the vocational registrar in these areas.

Note: *Italicised* terms in the following tables are defined in the next section, titled 'Range statements'.

1. Communication skills and the patient–doctor relationship

Learning outcomes	Performance criteria
1.1 Demonstrate advanced communication skills with patients, family members and carers	1.1.1 Demonstrate focused, flexible and appropriate *communication* with patients 1.1.2 Effective communication with patients from *culturally and linguistically diverse communities* 1.1.3 Effective communication with patients from *Aboriginal and Torres Strait Islander backgrounds* 1.1.4 Provide clear *health information* to patients on ways to manage and improve their health 1.1.5 Use a range of information technology to enable effective patient communication, including telehealth.
1.2 Record information accurately	1.2.1 Take accurate and comprehensive patient records using available appropriate methods
1.3 Communicate effectively with other health care professionals	1.3.1 Present patient information to other health care professionals using *available communication infrastructure* to enable the best care for patients 1.3.2 Develop and maintain a *comprehensive professional referral* network

2. Applied professional knowledge and skills

Learning outcomes	Performance criteria
2.1 Demonstrate a range of *clinical skills* relevant to *common conditions and diseases found in rural communities*	2.1.1 Assess, diagnose, treat and manage acute, post-acute and chronic diseases 2.1.2 Provide *holistic assessment, treatment and management options* for patients presenting with multiple issues 2.1.3 Manage normal obstetric antenatal care and shared care of appropriate complex cases with tertiary hospital 2.1.4 Manage obstetric complications such as antepartum haemorrhage and first trimester pregnancy loss 2.1.5 Identify treatment and referral options based on patient's needs and available resources 2.1.6 Manage patients who live in *isolation*
2.2 Manage mental health issues	2.2.1 Identify the early signs of *mental illness* and provide *appropriate interventions*, including level 2 mental health skills 2.2.2 Manage patients with acute and chronic psychiatric conditions using a variety of mental health resources available in the community 2.2.3 Manage *involuntary admissions* according to legal and legislative requirements 2.2.4 Support and manage community members suffering stress, trauma and grief as required, appreciating that trauma may affect the whole community in rural and remote areas
2.3 Manage patients with chronic diseases and disabilities	2.3.1 Arrange and manage *palliative care* for terminally ill patients 2.3.2 Arrange and manage treatment and care for elderly patients, and provide care in Residential Aged Care Facilities 2.3.3 Arrange and manage treatment and care for patients with *disabilities and special needs* 2.3.4 Communicate support options to carers of adults and children with chronic health problems and/or disabilities

2.4 Source and use appropriate resources	2.4.1 Use and interpret a range of *medical imaging modalities* where appropriate and available, including x-rays and ultrasound 2.4.2 Demonstrate flexibility and creativity in using, adapting and acquiring limited *resources* in rural setting 2.4.3 Access local resources to support health management and care options for patients 2.4.4 Initiate or participate in regular audits of local resources
2.5 Manage emergencies	2.5.1 Demonstrate emergency management skills in a rural context (refer to the **Core-EMT curriculum**) 2.5.2 Lead or participate in disaster or emergency triage, retrieval and management; and provide pre-hospital emergency care 2.5.3 Develop or participate in the development of an emergency management plan where appropriate 2.5.4 Follow *protocols, policies and procedures* when involved in disaster or emergency management 2.5.5 Participate in emergency management teams 2.5.6 Identify and maintain a professional emergency referral network
2.6 Work effectively with other health professionals	2.6.1 Participate in antenatal and postnatal shared *care* 2.6.2 Manage in-patient and out-patient care in the local hospital 2.6.3 Participate in *multidisciplinary care* 2.6.4 Provide services to local Residential Aged Care Facility

3. Population health and the context of general practice

Learning outcomes	Performance criteria
3.1 Undertake rural health related research and evaluation	3.1.1 Research and apply current evidence-based practices and information 3.1.2 Access and critically analyse relevant, up-to-date information and evidence about current health needs and issues relevant to the community 3.1.3 Develop and apply evaluation methodology to health-related services, programs and activities
3.2 Construct a profile of the community's health and wellbeing	3.2.1 Identify the demographics of the community and region 3.2.2 Identify the *social, cultural and economic issues* that impact on a patient's health 3.2.3 Identify *health priority areas* in the community
3.3 Manage patients with chronic diseases and disabilities	3.3.1 Consult with consumers, carers and community members about their health needs and those of the community 3.3.2 Identify and select consumers, carers and community members to participate in *health-related decision making* in the community 3.3.3 Participate in community activities as appropriate
3.4 Disseminate health information through relevant networks and organisations	3.4.1 Organise and participate in *health promotion* activities in the community 3.4.2 Identify a range of *community groups and support networks* that contribute to the health and wellbeing of patients, their families and carers 3.4.3 Participate in national, regional and local prevention and education activities
3.5 Manage public health in the community	3.5.1 Assess, manage and report *public health risks* according to state and federal guidelines 3.5.2 Undertake *public health roles* and responsibilities as required 3.5.3 Research and review current data and initiatives as they relate to public health in a rural setting
3.6 Initiate and participate in health service provision policies and activities	3.6.1 Use relevant guidelines and where needed, develop new guidelines for both acute and preventative health service provision that may be either missing or in need of reform in your community 3.6.2 Involve consumers and consumer groups in the development of policies and initiatives in health service provision

4. Professional and ethical role

Learning outcomes	Performance criteria
4.1 Apply high standards of ethical practice and behaviour	4.1.1 Manage *boundaries* with patients who are also friends and acquaintances 4.1.2 Maintain patient confidentiality 4.1.3 Maintain personal and family boundaries in the community 4.1.4 Manage different *roles and responsibilities* in the community
4.2 Establish positive relationships with colleagues and other health professionals	4.2.1 Support and mentor peers 4.2.2 Identify, support and advise colleagues who are *unwell* 4.2.3 Establish and maintain positive relationships with hospital team members and colleagues 4.2.4 Establish and maintain positive relationships with allied health professionals in the community
4.3 Practise personal and professional development	4.3.1 Monitor own health and well-being 4.3.2 Manage personal and professional time effectively 4.3.3 Identify and address professional development needs and opportunities 4.3.4 Participate in *professional development activities* 4.3.5 Practise critical self-reflection

5. Organisational and legal dimensions

Learning outcomes	Performance criteria
5.1 Work effectively in a general practice situation	5.1.1 Apply *small business management principles* as required, including: 5.1.2 Recruit and manage staff where appropriate 5.1.3 Manage after hours arrangements where appropriate 5.1.4 Establish and maintain relationships with local businesses and suppliers 5.1.5 Manage patient records ensuring confidentiality
5.2 Manage continuity of care	5.2.1 Develop and use *resources and processes* to ensure continuity of care 5.2.2 Develop, implement and support 24-hour *health care arrangements* in the community
5.3 Engage with local area health services and local government	5.3.1 Identify relevant jurisdictional and local government departments that provide information, guidelines , funding and support for general practice 5.3.2 Identify key stakeholders in all relevant jurisdictional and local government departments 5.3.3 Participate in lobbying and applying for funding for health services or resources as appropriate

Range statements

The following statements and definitions are offered to improve the understanding of key terms used throughout the learning outcomes and performance criteria. These terms are not definitive and need to be considered in local contexts. They are grouped according to the five domains of general practice.

Communication skills and the patient–doctor relationship

Communication can include:

Listening, speaking, non-verbal, written (electronic and paper-based, including information brochures, instructions, policies and procedures), phone, web-based modalities such as Skype or web-conferencing.

Culturally and linguistically diverse backgrounds can include:

Refugees, visa holders and migrants, people from English and non-English speaking backgrounds; people with diverse cultural and religious beliefs and practises that may include unfamiliar/unconventional/challenging medical beliefs and practises; cultures that hold beliefs and practises about the roles of children, women, men and others in the community (e.g. doctors, teachers, workers in roles such as manual labouring, cleaning etc).

Aboriginal and Torres Strait Islander people
People who identify as Aboriginal and Torres Strait Islander

Culturally safe communication – Cultural safety should be seen as a continuum and may be defined as development of awareness and respect for differences in social structure, culture and impacts of intergenerational trauma and, in this context, the way that these impact perceptions of health, wellness and approach to healthcare. Culturally safe communication is displayed by GPs who have an ability to manage these differences respectfully. GPs who display cultural competency acknowledge the impact of social structure and culture in each consultation, and incorporate cultural self-reflection into each interaction to acknowledge their own cultural lens and any cultural bias and to address these to minimise communication breakdown.

Strategies for culturally safe communication include creating a safe environment in which individuals feel empowered to make decisions about their own life, taking into account patients' spiritual and cultural beliefs and social context, using communication that is free of discrimination and judgement, regularly using self-reflection of own cultural lens, acknowledging cultural bias that may influence consultations, using appropriate health promotion materials, and using culturally appropriate community services and community cultural mentors.

Health information can include:

Verbal, written and web-based information about the patient's current health issues, treatment and management as well as preventative measures and health promotion.

Appropriate methods can include

e-health records and other current, endorsed record-taking processes.

Available communication infrastructure can include:

Phone (mobile, landline, satellite), radio, web-based communication, facsimile, referral letters, postal services.

Professional referral network can include:

Individuals and groups of professionals who offer treatment, management, advice, support, information and advocacy to patients, their families and carers. Professionals can include people who work in the medical, allied health, legal, social and community sectors.

Applied professional knowledge and skills

Clinical skills can include:

Procedural and non-procedural skills, diagnosing, referring, following-up, ordering and interpreting tests, treating, managing, prescribing.

Common conditions, illnesses and diseases found in rural communities can include:

Tobacco, alcohol and other drug-related illness, cancer, poor nutrition, skin, ear and eye infections, obesity, diabetes, heart disease, stress, mental illness, depression, road and farm accidents, insect and reptile bites, parasite-based illnesses.

Holistic assessment, treatment and management options can include:

Taking into account physical, mental, psychological, social, emotional and environmental factors; using a range of treatment options; engaging the assistance of allied health professionals, community organisations, religious organisations; working with families, carers and the community.

Isolation can include:

Geographic isolation caused by distance, poor roads, being cut off by floods or fires, lack of transport infrastructure, lack of transport; social isolation caused by cultural differences, newness in the community, lack of friends/family, social phobias.

Mental illness as defined by the most up-to-date version of the DSM manual

Appropriate interventions can include:

Referring, medicating, using tele-psychiatry, admitting to hospital, alerting police, organising transfers.

Involuntary admissions as defined by the relevant state legislation

Mental health resources can include:

Mental health services, support groups, in-patient and out-patient treatment, written information, web-based information.

Palliative care can include:

Home-based care, in hospital care, pain relief and management, support, pastoral care, communicating with and supporting their family, friends and carers, legal considerations such as participating in competency matters, enforcing advanced care directives/living wills. These are also applicable to caring for elderly patients.

Disabilities and special needs can include:

Physical and mental disabilities, socio-economic circumstances, geographic isolation; family situation such as dependent children, chronically ill dependents; lack of transport; cultural or religious needs.

Support options can include:

Residential care, respite care, home help, visits from health professionals, support groups, social supports, funding and grant availability.

Medical imaging modalities can include:

X-ray, fluoroscopy, CT, ultrasound, mammography, MRI, digital vascular imaging and other related modalities.

Resources can be either human or material

Protocols, policies and procedures can be determined by:

Federal, state and local government; hospital and retrieval services, emergency services, committees of management and boards.

Shared care can be between:

GP, GP obstetrician, registered midwife, obstetrician, RFDS, Aboriginal Medical Service, hospital based obstetric unit.

Multidisciplinary care can include:

Consulting and working with specialists and allied health professionals such as physiotherapists, OTs, podiatrists, dieticians, mental health professionals, Aboriginal health workers; dentists and other professionals such as social workers, complementary health professionals such as acupuncturists, massage therapists.

Population health and the context of general practice

Social, cultural and economic issues can include:

Marital/partnership status, family structure, geographic isolation, social isolation, sexual preference, socio-economic circumstances, employment status, parenting techniques, past/current history of abuse/trauma, religious beliefs and observances, cultural practices.

Health priority areas are set by the Australian Institute of Health and Welfare and can include

Arthritis and musculoskeletal conditions, asthma, cancer control, cardiovascular health, diabetes mellitus, injury prevention and control, mental health and obesity.

Public health risks can include:

Communicable diseases such as TB, HIV, STIs, pandemic flu etc; pests, waste water and sewage, lack of sanitation, environmental pollutants; public policies affecting behaviours such as smoking.

Health promotion can include:

Information, activities, campaigns, talks, discussions, focus groups, presentations, capacity building and resourcing, data collection, community participation, evaluation, priority setting.

Community groups and support networks can include:

Health-related groups run by government or not-for-profit agencies (e.g. chronic disease self-management, cancer support groups, mental health support and activity groups, AA etc), special interest groups, church groups, service groups such as Lions or Rotary, exercise groups, advocacy groups.

Professional and ethical role

Boundaries can include:

Personal boundaries around disclosing personal information, socialising, forming relationships; family boundaries around disclosing work-related confidential information, protecting the family against unwanted attention from patients; professional boundaries around treating friends, family members. Management of social media in a small town requires setting clear boundaries.

Roles and responsibilities can include:

GP, parent, partner, committee member, visiting medical officer, emergency coordinator, public health official, teacher, mentor.

Unwell can include:

A range of physical and mental illnesses as well as stress, trauma, over-work and exhaustion.

Professional development activities can include:

Reading, researching, writing, undertaking a project, attending lectures or talks, listening to podcasts, completing online learning activities, participating in peer discussions, interacting with a mentor, participating in procedural skills development; such as workshops or clinical attachments.

Organisational and legal dimensions

Small business management principles can include:

Sound financial management, forward planning, recruitment, induction and retention of staff, marketing and promotion, managing information systems, time management, workload management, delegation, sourcing and purchasing supplies, managing conflicts, professional development for staff, human resource management; understanding the Medicare system

Health care arrangements can include:

Rostering staff, diverting to locum services, diverting to the local hospital

Resources and processes can include:

Written and recorded notes, copies of referrals, safety net, screening and recall procedures.

Assessment

Satisfactory completion of the ARST in Small Town Rural General Practice will be assessed by a combination of workplace-based assessment (WBA) approaches during the candidate's 12-month (FTE) placement in an accredited training post.

WBA is a recognised approach to assessing medical practitioners in training in the actual workplace, and WBA assists with training, as well as assessment. To achieve this requirement, WBAs assess a diverse range of attributes, including clinical competencies, domains and skills. Further details about WBA and how it is applied in ARST assessment can be found in the FRACGP-RG Assessment Framework.

The following WBA assessment tools will be used to assess the candidate's competency in this ARST in Small Town Rural General Practice:

- logbook / reflective journal
- two supervisor reports, one completed at six months and one at completion of 12 months of training (FTE)
- two Mini-Clinical Evaluation Exercise (Mini-CEX) sessions, with a minimum of three cases per session
- two case-based discussion sessions (candidate submits four cases and is assessed on two each session)
- an optional health research or community health project.

Each task is described in more detail below.

Logbook / reflective journal

Candidates will be required to maintain a logbook throughout their training. A component of maintaining this logbook involves reflecting on self-identified learning needs and reflecting on their competence across specific curriculum outcomes. The range of skills that are logged, and any proposed professional development in this area, should take into consideration the community requirements.

The reflective journal component should capture personal reflections of working within the small rural community. This can be documented in any format, such as copies of news articles from local events, journal entries of lessons learnt from interactions with patient, community groups, local government and health departments.

The logbook will need to be regularly reviewed with the supervisor and/or cultural mentor and reviewed with the medical educator at each medical educator meeting.

Supervisor reports

The candidate and their supervisor will meet half-way through the training (eg at six months for full-time training) and at the end of the training period (eg at 12 months for full-time training) to complete a supervisor report.

These reports should provide a global assessment of performance against the outcomes outlined in this curriculum. The candidate and supervisor will meet to discuss the candidate's performance, identify areas for further learning and development, and ensure that the candidate is progressing adequately in their training. Progression, or lack thereof, should be documented and discussed, with the intent of formulating a plan to remediate any gaps identified either through additional learning, or experiences, or a combination of both.

Mini-CEX

Candidates will be required to undertake two Mini-CEX sessions in which a minimum of three cases are observed per session. The assessor will observe the candidate conducting a consultation with real patients and provide feedback about their performance.

The first of these Mini-CEX sessions should be completed by the supervisor in months two to four (FTE) of the training. The second session should be completed by an alternative assessor in months seven to eight (FTE).

Case-based discussions

Candidates will be required to undertake two case-based discussion sessions. The candidate will be required to submit four cases and will be assessed on two cases for each session. The assessor will explore the candidate's case management and clinical reasoning alongside their medical knowledge.

The first of these case-based discussion sessions should be completed by an independent assessor in months four to six (FTE) of the training. The second session should be completed by an independent assessor in months nine to 11 (FTE).

A health research or community health project (Optional)

Candidates may complete a six-month community-based project relevant to the community where the ARST clinical placement is undertaken. The project should include the compiling of a community profile, a project report and a short reflection on the process of completing the project. Project guidelines and additional instructions for undertaking this assessment can be found in the associated Small Town Rural General Practice Health research or community health project guidelines.

List of acronyms and initialisms

ARST	Additional Rural Skills Training
FRACGP	Fellowship of the Royal Australian College of General Practitioners
FRACGP-RG	RACGP Rural Generalist Fellowship
FTE	full-time equivalent
GP	general practitioner
Mini-CEX	Mini-Clinical Evaluation Exercise
RACGP	Royal Australian College of General Practitioners
RG	Rural Generalist
WBA	workplace-based assessment

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