FEDERATION OF RURAL AUSTRALIAN MEDICAL EDUCATORS

BREAKOUT ROOMS – Those who registered for the FRAME Business Meeting will be moved to a breakout room.

If you have registered for the RTH Meeting please stay in the main zoom



WELCOME

Linda Cutler



CASE STUDIES

Experience in gaining accreditation for an advanced skill post in Palliative Care, Rural Generalist Pathway NSW

Hollie Day Far West NSW RTH Fran Trench Riverina RTH



AN ACCREDITATION TOOLBOX



WHY WHO HOW WHEN WHERE

WHY

Workforce with skill to meet service need
Training need & employment pathway for Rural Generalist or GP Proceduralist

Advanced Specialist Training (ACRRM) / Advanced Rural Skills Post (RACGP) could be an answer

WHO

Regional Training Organisation

Colleges

Private Health Sector

Local Health District

Health Education & Training

Network

Riverina Regional Training Hub



WHEN

Establish critical deadlines

Accreditation committee meeting dates for all Colleges
Position Description Development and Approval
Advertising
Interviews
Appointment

On boarding & orientation Reviews

Take up date for position



HOW

PROJECT MANAGEMENT PROCESS

Working party

Supervision - Specialist & GP Mentor

Funding

Case loads

Future work locations

Other Regional Training Hubs experience

Mentoring

Palliative Care Network



Identify and gather all the appropriate paperwork

Education plans – discipline specific & general

RACP ACRRM and RACGP requirements

Workplan for trainee

Draft PDs

Concurrent Qualifications through Specialist College: Clinical

Diploma of Palliative Medicine

Challenge

Only 0.5 FTE onsite Palliative Medicine Physician

Solution

- Other physicians with Clinical Diploma of Palliative Medicine
- GP Mentor
- Strengthen remote/off site supervision

Challenge

Early feedback and assistance RACP accreditation team

Solution

- Ongoing discussions with Colleges to collaborate around seamless accreditation
- Networking



CASE STUDIES

Experience in gaining accreditation for a specialist medical training post.

Andrea Muller North Qld RTH





A network of opportunities



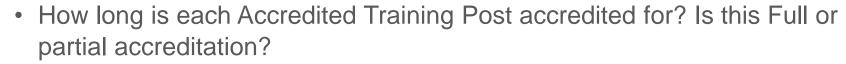
Historic Accreditation practices...more Questions than Answers...



GAP – lack of oversight of each Specialty Department's accreditation data including:



Number of Accredited Training Positions within each Department





- Conditions placed upon Department / when is next Accreditation review due?
- What is the impact?

Key RTH gap-filling activity at HHSs

THHS CONJOINT APPOINTMENT

- Appointment of a Project officer at THHS funded by JCU/RTH to collate:
 - Accreditation status of each department
 - Full / Partial or Unaccredited
 - Accreditation cycle (dates) of each department
 - Accreditation self-analysis of all departments (Pre-Audit Accreditation Checklist)
 - Department accreditation peer review by a 'neutral' third party (Conjoint appointee)

Accreditation Standards: Identify and collate the basics with departments

IMPACT

- Negative Accreditation outcomes impact HHS site workforce
- Workforce impact ripples are felt in multiple HHS across the region

- compare **Training/Accreditation Standards** for each department across the HHS
- gather and know all common standards cross-college
- store and share in-common resources for common standards
- identify and share strengths across departments
- identify actions/resources needed across departments and leverage in-common supports
- store in one central HHS repository
- identify the program AND workforce impact of loss or partial loss of accreditation on department and region (often a flow-on effect to other HHS in region)
- track trainee progress through departments

Accreditation Standards: Sharing and Streamlining are possible!

RTH Learnings:

Questions to highlight departments' ability to meet Training and Accreditation Standards?



- departmental teaching program visibility?
- program infrastructure for teaching?
 - clinical spaces for teaching & learning
 - clinical equipment spaces e.g. simulation
- program capacity e.g. protected time?
 - **teaching time** for Med supervisors to teach
 - learning time for Jnr Drs to learn
- program supports e.g. faculty development?
 - Supervisor training or RPL (for College training)
 - Assessment
 - Effective Learning environments
 - Remediation
 - Orientation
 - Learners in difficulty

Training Standards: Reflect on Infrastructure and Capacity for Training Programs?



NORTHERN QUEENSLAND REGIONAL TRAINING HUBS

Are there **Program Supports** e.g. supporting the research activity essential for selection (into specialty colleges) and for advanced training program requirements

- Research capacity building Needed for:
 - availing stepping stones e.g. literature review & clinical service evaluation
 - **linking** Mentor-to-Trainee (departmental research Projects)
 - linking HDR Supervisor-to-Trainee (HDR Projects)
 - quality protocol and ethics applications (JCU, TIHRI)
- Rural research infrastructure Needed to harness opportunities:
 - technological enabled rural infrastructure for sites (JCU, CRRH, HHS)
 - **collaborative networks** for research across like-sites in a region (TAAHC)
- Research positions (academic) Needed to support programs:
 - 'stepping stone' conjoints: Academic Registrar (UG & PGY)
 - 'linkage' conjoints: Deputy Director of Clinical Training (PGY2-3)
 - 'senior' conjoints: Professor of Medicine & Director of Clinical Research across the network
 - · HHS 'research groups' and University linkages

Training Standards: Reflect on other essential Program Supports?

Summarise tips, steps & items for consideration.



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