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## **Policy on Core Clinical Training**

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### **1. Purpose**

The purpose of this policy is to outline the Core Clinical Training (CCT) requirements for registrars training towards Fellowship of ACRRM. It aims to:

- define the CCT requirements;
- describe approved alternatives; and
- describe the process for consideration of other alternatives on a case by case basis.

Core Clinical Training (CCT) involves a 12-month post in an ACRRM-accredited metropolitan, regional, or rural hospital.

The aim of the CCT year is to provide a foundation of clinical competence across the major areas of hospital-based clinical practice relevant to both rural/remote and urban medicine. At the completion of CCT, the candidate will function competently as a junior doctor with significant responsibility for making patient care decisions, under broad supervision, across a range of specified medical disciplines.

### **2. Related Documentation**

This policy should be read with reference to the following related documents:

- Fellowship: Vocational Training Handbook
- Recognition of Prior learning Policy and Guide

### **3. Policy**

Over the course of total junior doctor experience (PGY1 and 2), the candidate must have undertaken terms in:

- general surgery;
- general internal medicine;
- obstetrics and gynaecology;
- paediatrics;
- anaesthetics; and
- emergency medicine.

Terms in accredited rural hospitals offering 'integrated' clinical experience across surgery, internal medicine, emergency care, paediatrics and other disciplines can count towards CCT requirements. In such situations the total mix of experience in specified discipline areas across PGY1 and 2 needs to be considered.

Community-based primary care terms may be recognised for CCT or PRRT time. However the required hospital terms still need to be met.

The majority of Core Clinical Training should be completed prior to entering Primary Rural and Remote Training. Where registrars have not completed one of the above terms they should undertake a hospital term in that discipline during subsequent training. However it is recognised that due to demand for these terms this is often not feasible.

### **3.1 Approved alternatives**

Under certain circumstances, alternatives to completion of O&G, paediatrics and emergency rotations in Core Clinical Training will be accepted.

#### **3.1.1 Obstetrics and Gynaecology**

All registrars are required to have appropriate knowledge and practical skills to manage normal labour and delivery in unplanned situations in consultation with a generalist obstetrician, specialist or retrieval program (as appropriate) in rural/remote practice.

The logbook requires management of 20 normal deliveries (either in real patient situations or in a simulated environment).

Registrars who do not gain sufficient obstetric delivery experience during CCT must undertake gain this experience during subsequent training.

If subsequent training does not provide the required delivery experience (i.e. 20 deliveries) it must be supplemented by a workshop on normal deliveries and completion of an ALSO or CRANA course or similar

#### **3.1.2 Paediatrics**

All registrars need to be able to recognise and manage serious illness in infants and young children.

Registrars who have not completed a paediatric rotation may undertake one of the following approved alternatives:

- 25% of time in ED may be counted towards paediatric rotation time (i.e. a year in ED where children are seen would fulfil requirements); or
- completion of a postgraduate diploma in Child Health/Paediatrics.

#### **3.1.3 Emergency**

All registrars are required to have the knowledge and skills to:

- manage common emergency situations; and
- proceed from primary survey and emergency resuscitation to secondary survey and definitive or temporising management of identified problems.

It is preferred for registrars to complete an emergency medicine rotation during CCT, however working at least three months in a hospital emergency department during subsequent training is acceptable.

### **3.2. Alternatives to be considered on a case by case basis**

There are no standard approved alternatives for rotations in general internal medicine, general surgery or anaesthetics. However cases can be considered on a case by case basis. The following describes the skills required in these disciplines and potential alternatives that may be considered towards these rotations.

#### **3.2.1 General internal medicine/General surgery**

General internal medicine and General surgery experiences are fundamental preparation for general practice vocational training. An individual sub-specialised rotation would generally not be acceptable. However combinations of sub-specialised rotations may be considered on a case by case basis.

#### **3.2.2 Anaesthetics**

All registrars are required to have knowledge and skills in:

- acute airway problems including rapid sequence induction;
- cardio-respiratory arrest and compromise;
- transfer of patients, including ventilated patients;
- pre-operative assessment and risk identification;
- post-operative management of patients who have received analgesia, including epidural opiates and spinal opiates;
- post-operative anaesthetic complications;
- regional nerve blocks; and
- use of basic anaesthetic skills relating to airways, ventilation, and cardiovascular function.

An individual rotation or combination of rotations which provides the opportunity to learn the competencies described above may be considered on a case by case basis. For example, a combination of ICU, Obstetrics, Retrieval, Emergency, and Paediatrics rotations may be acceptable.

## **4. Responsibilities**

The approved alternative activities for meeting CCT outlined above can be implemented by the Training Providers.

Other alternative activities will be considered on a case by case basis and must be approved by the ACRRM Censor.

Approval must be gained from the ACRRM Censor if an 'integrated' rural hospital term is to comprise more than 26 weeks of CCT.

The 24 months of primary rural and remote training must be undertaken in one or more settings that allow the registrar to develop the full scope of abilities described above. In the majority of cases, suitable training posts will be in rural or remote locations. However, some accredited posts may be in urban settings. Key features for determining the suitability of a post or posts are:

- sufficient experience in provision of continuing primary care, acute hospital medicine, after-hours work and population health;

- a broad spectrum of clinical conditions, discipline areas and patient types, including experience in providing care to Indigenous Australians;
- a comprehensive scope of clinical practice (cognitive and procedural), appropriate to the rural and remote setting which has less ready access to specialised diagnostic and referral services; and
- sufficient experience in the rural and remote community context of clinical medicine, professional and personal life.

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