The Australian College of Rural and Remote Medicine (ACRRM) is one of two colleges accredited by the Australian Medical Council (AMC) for setting professional medical standards for training, assessment, certification and continuing professional development in the specialty of general practice. It also plays an important role in supporting junior doctors and medical students considering a career in rural general practice.

The College is committed to delivering sustainable, high-quality health services to rural and remote communities by providing quality education programs, innovative support, and strong representation for doctors who serve those communities.

Established in 1997, ACRRM continues to grow its reputation and membership, nationally and internationally. It is the only medical college of rural and remote medicine in the world and as it matures its recognition is becoming more widespread, with a membership now of over 3,800.

The College underwent an AMC accreditation review in late 2014 and had accreditation confirmed for the maximum possible period till the next review cycle at end 2018.

**eHealth**

The Australian College of Rural and Remote Medicine (ACRRM) recognises the potential of targeted and well executed ehealth policies, programs and tools to improve access to health care and the quality of care provided locally by skilled rural generalists. ACRRM has worked with members, government and other agencies to ensure that the realities of the rural context are considered in any policy or system development and that education to support clinician involvement is relevant to the use of ehealth in this environment.

ACRRMs work in ehealth is guided by the ACRRM ehealth clinical working and clinical leads Dr Jeff Ayton, Dr Ewen Mc Phee and Prof Dennis Pashen.

Long distances and sparse population are major challenges for providing health services in rural and remote locations, and the case for telehealth support (including that provided by Rural Generalists to their isolated patients) and fit for purpose use of shared electronic health records is particularly compelling.

The role and 'potential' benefits of eHealth tools such as Personally Controlled Electronic Health Record (PCEHR)/ now MyHealthRecord, secure messaging, Point of Care Testing and advice, self monitoring devices and Telehealth have not yet been realised. ACRRM contends that the opportunity and case for their implementation is most compelling in communities characterised by the dearth of face-to-face health services and high incidence of chronic diseases. In this reporting period ACRRM has advocated for alignment of policies, system improvements, incentives and training which is required to see the benefits emerge for the people in rural and remote Australia.

**Submissions**


Regional Telecommunications Independent Review Committee

ACRRM provided a submission to the Regional Telecommunications Independent Review Committee who conducted a review into telecommunication services in regional, rural and remote parts of Australia. The committee is considering the adequacy and equitable access to telecommunication services in rural Australia [http://www.rtirc.gov.au/](http://www.rtirc.gov.au/)

Innovation and the use of technology to support rural and remote healthcare is a key part of the College’s Primary Curriculum and without adequate infrastructure healthcare services are stifled in their goal to operate more efficiently.
ACRRM was emphatic in its assertion and understanding that network connectivity MUST be sufficient, reliable, ubiquitous and dependable to be incorporated routinely in every day rural practice (clinical and educational).

Dept of Health PCEHR and HI Service legislation changes
ACRRM supported the Commonwealth government’s recent change in approach with both the personally controlled electronic health record (PCEHR) system and the Healthcare Identifiers (HI) service. The College submitted feedback on the recent Legislation discussion paper for electronic health records and healthcare identifiers, in particular how regional trials of an opt-out model could impact rural generalists and their practices.

Our values for eHealth are reflected in the advice provided in this submission:

- ☑ Support for integrated care by supporting the contribution of all clinicians involved in the patients care. public, private, generalist, specialist, allied health and aged care as examples.
- ☑ Improved access to useful clinical information and for that information to be in a form that can support clinical decision making.
- ☑ A seamless, easy to use, set of tools that remove the burden of communication in a complex healthcare environment,
- ☑ and that any changes should not lead to perverse outcomes that disrupt general practice in rural and remote areas and create disincentives for engagement with and use of the PCEHR.

Australian National Diabetes Strategy Consultation
ACRRM has provided a submission to the National Diabetes Strategy Advisory Group toward the development of an Australian National Diabetes Strategy. It outlined the College's vision on the best way forward to improve diabetes management for Australia's rural and remote communities and highlighted eHealth strategies.

The submission stressed the need for the national framework to recognise that improving diabetes management in rural and remote areas was a priority and that this required specifically crafted rural solutions and well thought eHealth strategies.

Queensland parliamentary Inquiry into Telehealth Services
ACRRM supported the whole-of-health sector approach taken by Queensland Health and continues to actively contribute to the roll-out View submission

Inquiry into Chronic Disease Prevention and Management in Primary Health Care.
The College welcomed this Inquiry and its potential impact on strategies to redress the inequities in funding of health services for rural and remote people and improve health outcomes and efficiencies in the prevention and management of chronic conditions in rural and remote communities.

ACRRM considers that the current environment, with the establishment of PHNs and the range of reviews and reforms underway – e.g. chronic diseases strategic framework, diabetes strategy mental health plan, MBS review, GP Training changes, Primary Care and eHealth reforms, presents an ideal opportunity for an integrated educational approach to support/ encourage best clinical practice and improve health and service outcomes related to management of chronic disease, within a model of shared care made viable by eHealth/Telehealth arrangements... targeting a priority group—patients in underserved rural and remote regions of Australia.

eHealth and Telehealth systems involvement
During the last financial year, the College provided input to the modifications to the national electronic shared record system (PCEHR/MyHealthRecord) to improve utility for clinicians (via the NEHTA Clinical Usability Program( CUP) and we continued to work with a wide range organisations( via the ACRRM Telehealth Advisory Committee) to promote use of
telehealth to improve the range of services eg ACRRM and RACP have formalised arrangements to work together to

1. Undertake a joint campaign to identify and promote Telehealth champions;
2. Identify and engage with specialists who visit rural and remote communities to encourage Telehealth in between clinical visits;
3. Promote the ACRRM Telehealth Advisory Committee (ATHAC) Telehealth Provider Directory;
4. Undertake strategic development of the Telehealth Directory; and
5. Further the development of Telehealth enabled models of shared care.
   - ACRRM and the CSIRO partnered to pilot the integration of WebRTC functionality with the ACRRM Telehealth provider directory to provide a seamless connected appointment and connection service.(Due for completion late 2015)
   - ACRRM expanded the reach and functionality of the National Telederm service

The College worked with members to demonstrate (via case studies) authentic examples and advice in use of telehealth and ehealth systems
http://www.ehealth.acrrm.org.au/pcehr-cases
https://www.youtube.com/watch?v=KiAu5cJBEUU&index=4&list=PL0OijzDDBQuaRzTTSmWtERelH4vzYyL3a

ACRRM continues to engage with members, other health professionals, government, standards and industry associations and rural consumers to advocate for consideration of the rural context in policy development, and to develop practical resources and education for members. This approach has been collaborative and includes the establishment of partnerships reflected in the National ACRRM Advisory Committee (Chairied by Dr Jeff Ayton) comprising Specialist Medical and Nursing Colleges, peak bodies including ANMF, NRRA, AMM, CRANA+, NACCHO, HCRRA, RDA, RFDS, AAPM, ATHS as well as representatives from State Governments, RHW and other agencies managing the Rural Health outreach.

TeleDerm expansion and recognition
During this reporting period ACRRM has expanded TeleDerm National
Dr Rachael Foster has joined the Tele-Derm service, providing 5 hours per week Specialist Dermatologist Consultation services. Dr Foster has a special interest in pediatrics dermatology.
A total of 2253 rural GPs are currently enrolled in the services which combines education upskilling and targeted clinical advice. Recent research conducted indicates that the concordance of rural doctors' provisional diagnosis in conjunction with the specialist diagnosis is much higher than in other published studies. This reflects the impact of the educational component which distinguishes Tele-Derm National from other teledermatology advisory services
During the past year, the Tele-Derm dermatologists provided over 1200 consultations supporting GPs to manage complicated dermatological cases locally.
Dr James (Jim) Muir, Honorary FACRRM, and specialist Dermatologist, was invited to present the Australian College of Rural & Remote Medicine's Tele-Derm National service to an appreciative audience at the World Congress of Dermatology. The 23rd World Congress of Dermatology recently took place in Vancouver, Canada from June 8-13, 2015. The World Congress of Dermatology is the world's oldest and continuous international dermatology meeting
College members and RRMEO subscribers can access Tele-Derm National for free via www.rrmeo.com. GPs practicing in an RHOF area can also apply for free access to Tele-Derm National.
Bi-College RTP Accreditation
The College has been active in accrediting the Regional Training Providers in conjunction with the RACGP over the last two year. Effectively in a unique model the Colleges are working to a ‘one process’ two potential outcomes model which means RTPs have only a single review process to work too while each College makes its own independent determination on accreditation. All but two of the review visits have occurred to date.

Rural Medicine Australia
Rural Medicine Australia (RMA14) was held in Sydney, 30 Oct to 2 Nov in conjunction with the Rural Doctors Association of Australia. We had over 700 participants, another outstanding result, following the 2013 success of RMA in Cairns reflecting the continued growth of our college, and the rural health agenda. RMA15 will be held in Adelaide from 22-24 October. The hope is to match the over 700 participants from the last couple of years. This year features a special event on Wednesday 21 October with a pre conference forum - Supervision and training in the new environment.

Once again we are expecting the Assistant Minister for Health - Senator Fiona Nash to attend, as well as Stephen Jones - Shadow Assistant Minister for Health.

Curricula reviews
The College has been through a consultative process to review its Advanced Specialised Training (AST) curricula with stakeholders from consumer groups to other specialist Colleges engaged in the process. The AST is a 12 month component of training towards Fellowship of ACRRM where registrars take one of eleven disciplines from obstetrics, anaesthesia, emergency medicine or surgery to Aboriginal and Torres Strait Islander Health and paediatrics.

Rural Program Management
The College has managed the Commonwealth funded John Flynn Placement Program (JFPP) and Bonded Support Program (BSP) since 1997 and 2009 respectively. As part of the 2015-16 Budget, the Commonwealth Government determined to cease the BSP from 30 June 2015. This will have a reasonable impact on the opportunity for bonded students to build a supportive network while increasing their knowledge of rural practice to ensure their return of service obligation can be as positive as possible.

The JFPP has received an extension to provide placements in its current format until 29 February 2016. The Government is considering rolling this independent placement program into the individual university rural placement programs.

Recent analysis of the AHPRA database has shown that 26% of JFPP ‘graduates’ who are practising with specialist registration are practising in rural and remote areas. For those who have chosen a Fellowship of ACRRM this increases to 73%. The current distribution of doctors in rural and remote areas is only 21% and a large proportion of these are IMGs rather than Australian graduates which highlights just how effective the JFPP is in consolidating rural intent into rural practice.

The Rural Procedural Grants program which the College manages and which offers opportunities for rural GPs to obtain procedural training to maintain skills has been extended to June 2016. The Rural Locum Assistance Education Program (Rural LEAP) has been extended to December 2015. This program provides emergency medicine training opportunities for RA1 doctors seeking to provide locum support in rural and remote areas.

Online Services – RRMEO
The role of Online Services within the College is to support our members with online education, virtual classrooms, clinical guidelines for their mobile devices, and high levels of technical support when they need it.

RRMEO (www.rrmeo.com)
Over 10,000 people annually enrol in over one hundred available online education modules during the past 12 months. Enrolments in online modules have increased dramatically over recent years.
New online RRMEO modules developed independently or collaboratively by the College this year have included:
- Transient Ischaemic Attack (TIA)
- Palliative Care – A Doctors Bag
- Palliative Care – Choose your own adventure
- 150 Shades of Radiology
- Royal Children’s Hospital – food allergy: diagnosis and management
- Decision Assist – case of the Month - Living Longer, Dying better: a framework for palliative care in community based aged care

Virtual classrooms
Online virtual classrooms provide real time interactive learning opportunities for our members from their home or practice.
This year over 400 virtual classrooms were set-up and supported by the College. That is more than one per day, every day for the year!
ACRRM Clinical Guidelines for mobile devices
ACRRM’s popular clinical guidelines for mobile devices provides rural doctors with quick access to critical information to guide clinical management. They can be downloaded to all mobile device operating systems (with touch screens) as well as computers, laptops, and tablets by using the iSilo™ software.
Each year ACRRM undertakes two comprehensive reviews to produce new and amended guidelines within each of the (now) twenty disciplines.
The major focus of the August 2014 update was to continue building guidelines to link with the ‘common or important medical conditions and infections’ indicated in each of the primary curriculum statements of ACRRM Primary Curriculum (Fourth Edition).
In May 2015 the update continued adding and reviewing guidelines across all disciplines plus it also introduced the brand new discipline of ‘Sexual Health’.
This discipline incorporates 40 new guidelines within the categories of:
- Infections associated with sex
- Populations & situations
- STIs
- Syndromes

Plus
- Taking a sexual history and contact tracing
- Specimen collection
- Standard asymptomatic check-up
- Drug risk categories for use in pregnancy
- Patient fact sheets

ACRRM acknowledges and thanks ASHA (Australian Sexual Health Alliance), a committee of ASHM (Australasian Society for HIV Medicine) for their generous permission to reproduce ‘The Australian STI Management Guidelines for Use in Primary Care’. These guidelines have been formatted by ACRRM to fit within the 'ACRRM Clinical Guidelines for Mobile Devices' resource for the benefit of its members in rural and remote Australia.

ACRRM YouTube
ACRRM’s YouTube channel had over 16,000 views and over 35,000 minutes watched during the past 12 months. Uploads to the College YouTube channel numbered 115 video during the past 12 months and included RMA, telehealth, Tele-Derm and other College videos
Future or GP Training
The College continues to engage with the Department of Health in regard the changes to Commonwealth funded GP training.
The College will have two members on the new GP Training Advisory Committee announced by the Minister which has yet to be formally constituted.
Tenders for the 11 Regional Training Organisation (RTOs) contracts which replace the current 17 Regional Training Providers (RTPs) and are being formed with larger regions with boundaries that reflect the new PHNs are currently being reviewed by the department.
These new organisations are due to take effect from 1 January 2016 following a three month hand over period from the existing organisations.
The College remains focused on ensuring as little disruption as possible for its registrars through this transition period.

August 2015