



## **Supporting Information**

### **Supplementary material**

**This appendix was part of the submitted manuscript and has been peer reviewed.  
It is posted as supplied by the authors.**

Appendix to: Giddings P, O'Sullivan BG, McGrail MR, et al. Australia's Remote Vocational Training Scheme: training and supporting general practitioners in rural, remote and First Nations communities. *Med J Aust* 2024; doi: 10.5694/mja2.52449.

## Describing the Remote Vocational Training Scheme (RVTS)\*

Factor	Design
<p>How does the RVTS relate to other prevocational and vocational training pathways?</p>	<p>RVTS is one of many vocational training pathways towards general practice (GP) fellowship. It is one of three fully funded by the Australian Government, with two other fully funded options including the Australian General Practice Training Program (AGPT) and the Rural Generalist Training Scheme (RGTS). Atop of these there are other pathways to General Practice Fellowship that are self-funded (Figure 1).</p> <p><b>Figure 1: The RVTS pathway</b></p> <pre> graph TD     A[Australian Government Funded Programs] --&gt; B[RGTS]     A --&gt; C[AGPT ACCRM]     A --&gt; D[RVTS]     A --&gt; E[AGPT RACGP]     B --&gt; F[ACRRM Fellowship]     C --&gt; G[RACGP Fellowship]     D --&gt; G     E --&gt; G     H[Self-Funded Programs] --&gt; I[ACRRM Independent Pathway]     H --&gt; J[RACGP Fellowship Support Program]     I --&gt; K[ACRRM Fellowship]     J --&gt; L[RACGP Fellowship]     F --&gt; M[Vocational Recognition]     G --&gt; M     K --&gt; M     L --&gt; M     </pre> <p>Doctors must be already working in general practice at the time of application for RVTS. This is usually possible via a workforce program provided by one of the state-based Rural Workforce Agencies over the years and this has included Rural Locum Relief Program (RLRP), More Doctors for Rural Australia Program (MDRAP) and the Pre-Fellowship Program (PFP). Other ways that doctors may be already working in general practice include the Royal Australian College of General Practitioners' (RACGP's) Practice Experience Program (PEP) and Fellowship Support Program (FSP) pathways as well as the Australian College of Rural and Remote Medicine (ACRRM) Independent Pathway (IP). A small number of doctors applying for the RVTS have been on the AGPT.</p>

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	<p>Doctors who apply or are currently enrolled in other GP training programs with the RACGP, RGTS, PEP or FSP must upload documents about their enrolment when they apply and also complete a statutory declaration saying they agree to resign should their application with the RVTS be successful.</p> <p>Candidates in other vocational training programs which lead to specialist medical registration outside of the RVTS program such as Fellowship of the Australian College for Emergency Medicine, must obtain approval from the RVTS to remain in those programs prior to commencing the RVTS.</p>
Who is eligible?	<p>Eligibility is determined based on four things.</p> <ol style="list-style-type: none"> <li>1) <b>Location</b> - There is no list of eligible locations for the RVTS, but the program is available to doctors who apply when they are working in locations that meet the eligibility criteria. Eligible locations must fall within MMM4-7 for the Remote Stream, and MMM2-7 for the Aboriginal Medical Service (AMS) stream. The contexts doctors work in may vary and may include, private practice, the Royal Flying Doctors Service, District Medical Officers, Aboriginal Medical Services or state and territory health services.</li> <li>2) <b>Practice status</b> - The position must be providing continuing comprehensive whole-patient medical care to individuals, families and their communities.</li> <li>3) <b>Medical Registration</b> - The doctors eligible are those with general, provisional or limited registration for Area of Need with the Australian Health Practitioner Regulation Agency (AHPRA). Doctors with limited registration must require no less than level 3 or 4 supervision (able to work independently) as stipulated by the Medical Board of Australia (MBA). Higher levels of supervision are required because RVTS registrars are predominantly supervised at a distance because of the limited availability appropriate supervision in many rural, remote and First Nations communities.</li> <li>4) <b>Limited registration</b> - If candidates have limited registration, they must be on the Australian Medical Council (AMC) Standard Pathway, have successfully completed the AMC Part 1 exam and have sufficient</li> </ol>

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	<p>remaining registration to allow significant progress or completion of training.</p>
<p>How do candidates apply and get selected?</p>	<p>Doctors may apply to the RVTS through a twice-yearly intake since 2022, providing an electronic application and supplementary documentation, nominating the preferred training location where they will work and train, including any hospital and branch clinics.</p> <p>They are assessed through a ranking process preferencing First Nations doctors, citizens or permanent residents with general registration with AHPRA and those working in a more remote location. The highest ranked applicants are invited to participate in a Situational Judgement Test (SJT) and a multiple mini-interview (MMI) process.</p> <p>The selection is competitive as there are limited places. In 2024, there are 22 annual places , or 11 places offered twice per year for the Remote Stream and 10 annual places , or 5 places offered twice per year for the Aboriginal Medical Services Stream.</p> <p>Interviews are done by a panel of RVTS representatives via the MMI format, who rank candidates based on the following criteria: interest and commitment to rural and remote practice, demonstrated professional development, communication skills, time management, applied clinical knowledge, willingness to receive feedback and learn from it, self-directed learning capacity and, ethical practice.</p> <p>Candidates selected for interview must also undertake the SJT and the scores added to provide a final ranking score. The SJT is completed at the applicant’s main practice in isolation, with the practice manager or practice nurse as the invigilator. Applicant suitability is identified by candidates with an interview score of equal or more than 32 and an SJT score of equal to or greater than 32 or interview score of equal or greater than 32 and SJT of 31 or vice versa, and an aggregate score of more than or equal to 64.</p> <p>Training places are offered according to ranking if the doctor is still in the eligible location referred to in the application and has satisfactory referee reports.</p>

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	<p>Applicants can reapply in subsequent intakes and those meeting the minimum selection requirements but not offered a place are automatically considered in subsequent rounds, using the same score.</p>
<p>What is the doctor's stage of training when they enrol?</p>	<p>The stage of GP training of enrolled doctors varies, but most are commencing their GP vocational training at the time of commencing the RVTS because the locations where they work have limited vocational training options.</p> <p>RVTS registrars are generally encouraged to commence fellowship assessment processes in their second year of training.</p> <p>Doctors may apply for Recognition of Prior Learning (RPL) which is determined on an individual basis by the relevant GP College the candidate is training with and not by RVTS. Not all registrars use RPL if it is granted because they may prefer to remain connected to the RVTS to access support for the full term of practice-based training offered by the program.</p> <p>If RPL is used, it can reduce the overall term of a candidate's enrolment in the RVTS.</p>
<p>How are doctors educated?</p>	<p>The RVTS training content aligns with the curriculum of both the <i>RACGP Curriculum and Syllabus for General Practice</i> and <i>ACRRM Rural Generalist Curriculum</i> and is designed to accommodate the practical educational issues posed by remoteness.</p> <p>The syllabus has an emphasis on clinical skills, the nature of remote communities, public health, First Nations health, management skills and professional networks, and self-care. Advanced skills training can be pursued in addition to the RVTS core program.</p> <p>Participating doctors complete two externally provided emergency medicine courses.</p> <p>Participants complete a cultural education program and have support of cultural educators and/or mentors throughout their training.</p>
<p>How are doctors supervised</p>	<p>While it is unusual for RVTS registrars to be working in solo practice, the RVTS supervision and support model does not require onsite supervision but rather organises a local clinical support plan which aligns with most of the supervision and support being provided by the distance-based supervisor.</p>

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and supported?	<p>Hence, the RVTS supervision and training model is mostly delivered remotely, by supervisors who are offsite and vary in their geographic distance from the practice where the registrar is based.</p> <p>Where possible remote supervisors are selected based on their knowledge of the registrar's practice and community.</p> <p>Supervision takes place through online meetings one hour/week for 6 months, then one hour/fortnight for 6 months and then one hour/month, with other advice and support as needed through email and phone.</p> <p>Additional standby remote supervisors are available.</p> <p>Each supervisor may support up to two participants depending on learner needs.</p> <p>Practice visits and clinical teaching visits are done by supervisors and clinical educators.</p> <p>Training reviews are conducted twice annually with supervisor, training coordinators and medical educator mentor.</p> <p>Participants attend weekly webinars (<math>n = 90</math> structured 60–90-minute teaching sessions - 80% participation required) in small groups. They also access online learning materials.</p> <p>Various online chat groups are used by participating doctors for peer support. Participants and families attend two fully funded multiday residential workshops annually (100% attendance required).</p>
How long is the training?	<p>Regular GP training involves a year of hospital training, two years of practice-based training and an additional year of advanced skills training if doctors are pursuing FACRRM or FRACGP-RG.</p> <p>The hospital-based year which is normally done as the first year of GP training is generally completed by RVTS registrars as part of their normal practice-based role where relevant.</p> <p>The registrars are then funded for three years of general practice-based training towards a general practice fellowship of their choice, either the FRACGP or four years for the FACRRM and FRACGP-RG.</p> <p>The RVTS can support additional practice-based training, unfunded where it might help registrars to reach exam milestones with support.</p>

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	<p>Advanced skills training for the FACRRM and FRACGP-RG) which is normally 12 months duration, can be done by registrars at any stage during the practice-based training period.</p> <p>Registrars may leave RVTS and apply to other GP Training pathways such as the PEP/PFP, FSP, ACRRM IP or the AGPT or RGTS. Some may also choose to leave to undertake training in other specialties.</p>
<p>How is completion of the RVTS measured?</p>	<p>Completing the RVTS is measured as completing all the requirements of the program and achieving fellowship of either GP College.</p> <p>A small number of participants withdraw from training prior to completion. Reasons for withdrawal are multiple but are commonly related to leaving their eligible location and issues stemming from performance and progression. Participants who leave their eligible location are eligible to reapply for the program if they relocate and commence work in another eligible location.</p>

\* <https://www.rvts.org.au/>