

## Recognition of Prior Learning Application

### Purpose

This form is to be used for ACRRM registrars applying for Recognition of Prior Learning (RPL) – refer to the [Recognition of Prior Learning Policy](#).

### Completing your RPL application

Recognition of Prior Learning can be awarded for:

1. Training Requirements – recognises experience in Core Generalist Training areas e.g. pediatrics, emergency care, and/or Advanced Specialised Training
2. Training Time – recognises number of months/years of comparable Rural Generalist experience (to a maximum of 24 months)

Please refer to the [Fellowship Training Program Handbook](#).

*Example: Demonstrated evidence of 12 months working in an MMM3 location in Emergency Care where at least 25% of presentations were children and 6 months in an MMM5 location in Emergency Care may award you:*

- *Emergency Care training requirement*
- *Paediatrics training requirements*
- *Rural and Remote Practice training requirement - Partial*
- *18 months of training time*

*Note: there are still 30 months of training time remaining to complete the outstanding requirements.*

It is important that you refer to the [Fellowship Training Program Handbook](#) when completing your application and how your prior experience is comparable to the training program requirements and currency of experience. This experience must meet the recency of practice requirements and location requirements as defined in the [Recognition of Prior Learning Policy](#) and [Training Placements Policy](#). Evidence you provide demonstrates that your experience is at the appropriate level and is applicable to the relevant area of training.

Applications must be accompanied by:

- a current Curriculum Vitae in the [AHPRA standard format](#) or on an ACRRM [CV proforma](#), and
- Verification Of Clinical Experience i.e. supervisor reports or a completed ACRRM [Verification of Clinical Experience](#) proforma.

**AGPT and RVTS** registrars send the completed form to their Training Organisation for endorsement and then to the College at [training@acrrm.org.au](mailto:training@acrrm.org.au) for approval.

**Independent Pathway** registrars send the completed form directly to [training@acrrm.org.au](mailto:training@acrrm.org.au).



## Personal Details

Registrar name	
ACRRM membership number	
Phone number	
Email address	
Training Organisation name	
Medical Educator name	
AHPRA registration number	
AHPRA registration type (*General/**Limited/Provisional)	

\*Terms approved with General Registration - General Medicine, General Surgery & Emergency Medicine

\*\*Registrars who have limited or provisional registration must provide evidence of experience at PGY 1, or above, of General Medicine, General Surgery & Emergency Medicine

## Core Generalist Training requirements

This application must demonstrate your prior learning and experience meet the recency of practice and training program requirements, including evidence requirements as detailed in the [Fellowship Training Program Handbook](#) and [Recognition of Prior Learning Policy](#).

<b>Paediatrics requirement - recency of practice 5 years</b>			
Evidence of meeting one of training options that meets paediatrics training requirements			
Position held, post name and location	Start and end date (dd/mm/yy)	FTE (e.g. 0.5)	Evidence attached
Course/education/assessment/clinical placement (list below) if applicable			Evidence attached
Registrar comments			
<b>Office use only</b>			
Medical Educator	I support this section of the application	Yes	No
Comments			
RPL Officer	RPL recommended	Yes	No
Comments			
Censor	RPL approved	Yes	No
Comments			

<b>Obstetrics requirement</b>   recency of practice 5 years			
Evidence of meeting one of training options that meets obstetrics training requirements			
Position held, post name and location	Start and end date (dd/mm/yy)	FTE (e.g. 0.5)	Evidence attached
Course/education/assessment/clinical placement (list below) if applicable			Evidence attached
Registrar comments			
<b>Office use only</b>			
Medical Educator	I support this section of the application	Yes	No
Comments			
RPL Officer	RPL recommended	Yes	No
Comments			
Censor	RPL approved	Yes	No
Comments			

<b>Anaesthetics requirement</b>   recency of practice 5 years			
Evidence of meeting one of training options that meets anaesthetics training requirements			
Position held, post name and location	Start and end date (dd/mm/yy)	FTE (e.g. 0.5)	Evidence attached
Course/education/assessment/clinical placement (list below) if applicable			Evidence attached
Registrar comments			
<b>Office use only</b>			
Medical Educator	I support this section of the application	Yes	No
Comments			
RPL Officer	RPL recommended	Yes	No
Comments			
Censor	RPL approved	Yes	No
Comments			

<b>Secondary care requirement</b>   recency of practice 2 years			
Evidence of meeting one of training options that meets secondary care training requirements			
Position held, post name and location	Start and end date (dd/mm/yy)	FTE (e.g. 0.5)	Evidence attached
Course/education/assessment (list below) if applicable			Evidence attached
Registrar comments			
<b>Office use only</b>			
Medical Educator	I support this section of the application	Yes	No
Comments			
RPL Officer	RPL recommended	Yes	No
Comments			
Censor	RPL approved	Yes	No
Comments			



<b>Emergency care requirement</b>   recency of practice 2 years			
Evidence of meeting one of training options that meets emergency care training requirements			
Position held, post name and location	Start and end date (dd/mm/yy)	FTE (e.g. 0.5)	Evidence attached
Course/education/assessment (list below) if applicable			Evidence attached
Registrar comments			
<b>Office use only</b>			
Medical Educator	I support this section of the application	Yes	No
Comments			
RPL Officer	RPL recommended	Yes	No
Comments			
Censor	RPL approved	Yes	No
Comments			



<b>Rural and Remote practice requirement</b>   recency of practice 2 years			
Evidence of meeting one of training options that meets rural and remote practice training requirements			
Position held, post name and location, including MMM4-7	Start and end date (dd/mm/yy)	FTE (e.g. 0.5)	Evidence attached
Course/education/assessment (list below) if applicable			Evidence attached
Registrar comments			
<b>Office use only</b>			
Medical Educator	I support this section of the application	Yes	No
Comments			
RPL Officer	RPL recommended	Yes	No
Comments			
Censor	RPL approved	Yes	No
Comments			





Core Generalist Training Time			
<p><b>*Primary care experience</b> should be recorded here</p> <p>*Primary care experience will only be counted as time. Primary care requirement must be undertaken during training.</p>			
Position held, post name and location	Start and end date (dd/mm/yy)	FTE (e.g. 0.5)	Evidence attached
Record other relevant experience, not included previously			
Position held, post name and location	Start and end date (dd/mm/yy)	FTE (e.g. 0.5)	Evidence attached

<b>Advanced Specialised Training requirements</b>   recency of practice 2 years			
Information on AST requirements is detailed in the <a href="#">Fellowship Training Program Handbook</a> .			
<b>Discipline:</b> Advanced Specialised Training at PGY 3 or above in one of the College recognised disciplines, attaining competencies, skills, knowledge and attributes at advanced specialised training standard.			
Position held, post name and location	Start and end date (dd/mm/yy)	FTE (e.g. 0.5)	Evidence attached
Course/education/assessment/*project (list below) if applicable			Evidence attached
Registrar comments			
<b>Office use only</b>			
Medical Educator	I support this section of the application	Yes	No
Comments			
RPL Officer	RPL recommended	Yes	No
Comments			
Censor	RPL approved	Yes	No
Comments			

\*Projects must demonstrate meeting the project requirements for the discipline as detailed in the [Fellowship Assessment Handbook](#)

Training Time	Months
*Please indicate the total number of months of time you are requesting for CGT	
*Please indicate the total number of months of time you are requesting for AST	
<b>Office use only</b>	
Time awarded for CGT	
Time awarded for AST	

\*Maximum total RPL is 24 months

## Registrar Declaration

I have attached a current CV

I declare that the information provided by me on this form is true and accurate

I have discussed this RPL application with my Medical Educator

I have read the [Privacy Policy](#) and agree to these terms and conditions

## Training Organisation

To be completed by the Medical Educator or Director of Training

I have reviewed the application and evidence

I have discussed this RPL application with the registrar

Name	
Position	
Date	