College of Intensive Care Medicine of Australia and New Zealand
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GUIDELINES FOR RURAL TERM

1 INTRODUCTION

The CICM curriculum includes a mandated three-month term in a rural or remote hospital. In Australia and New Zealand, a rural or remote hospital can most easily be defined as a hospital **that is not in a capital city or major metropolitan centre**. The College bases the hospital accreditation for rural training on the Rural, Remote and Metropolitan Areas (RRMA) classification. Hospitals in metropolitan centres (RRMA classifications M1 and M2) are **not** suitable for the completion of the CICM rural term.

Zone		**Category**
Metropolitan	M1	Capital cities
	M2	Other metropolitan centres (urban centre population > 100,000)
Rural	R1	Large rural centres (urban centre population 25,000-99,999)
	R2	Small rural centres (urban centre population 10,000-24,999)
	R3	Other rural areas (urban centre population < 10,000)
Remote	Rem1	Remote centres (urban centre population > 4,999)
	Rem2	Other remote areas (urban centre population < 5,000)

Suitable posts to meet the objectives of the rural term in Hong Kong will be approved by the Censor.

For more information about RRMA classifications, see www.aihw.gov.au/rural-health-rrma-classification

2 ABOUT THE RURAL TERM

Training for the three month rural term can occur at any time during the program, and can be in any approved discipline. This requirement may be retrospectively accredited with approval from the Censor. Please refer to section 5 of the College regulations for further information.

3 AIMS OF THE RURAL TERM

The aims of the term are for CICM trainees to explore and experience the unique professional and personal benefits and challenges of working in rural and remote settings. More than 20% of ICU patients in Australia and New Zealand are managed in these settings.

The features of regional and rural practice include:

- Unique and often unusual case-mix.
- Requirement to be adaptable without access to tertiary services.
- Large referral distances (and hence duration) for patients to present to the regional/rural hospital.
- Requirement to manage patients for a prolonged period whilst awaiting retrieval.
- Limited access to speciality services.
- Requirement for some units to transport the patients.
- Emphasis on general ICU principals, rather than sub-speciality practice.
- Become a part of the community and be responsive to community needs.

4 LEARNING OUTCOMES

Specific competencies will not be defined for this term but exposure to key experiences should include:

1. Observing and participating in the continued care of patients with disease, injuries and complaints unique to the particular rural environment.
2. Assisting referral of a range of patients to major metropolitan centres for emergency or elective service provision including appropriate selection, planning, coordination and transfer information and follow-up. This may also include the stabilisation and transport of patients to the tertiary referral centre.
3. Managing patients in an environment with limited access to specialist referral and limited support.
4. Using telemedicine to support clinical services and continued professional development.
5. Managing patients in an environment with limited access to diagnostic services.
6. Working with health professionals who may need to have clinical roles with broader scope than equivalent metropolitan professionals, in order to ensure that rural patients have comprehensive care.

References and sources

Acknowledgments

Further reading

Document Control

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Revision history

Date	Pages revised/ Brief explanation of revision
2019	Revisions approved at March 2019 Board meeting.

Publishing Statement

Published by CICM: March 2019 This Professional Document has been prepared with regard to general circumstances, and it is the responsibility of the practitioner to have regard to the particular circumstances of each case, and the application of this document in each case. The college's Professional Documents are reviewed from time to time, and it is the responsibility of the practitioner to ensure the current version has been obtained. Professional Documents have been prepared according to the information available at the time of their publication, and the practitioner should therefore have regard to any information, research or material which may have been published or become available subsequently. Whilst the college endeavours to ensure its Professional Documents are as current as possible at the time of their preparation, it takes no responsibility for matters arising from changed circumstances or information or material which may have become available subsequently.