INTRODUCTION

The College of Intensive Care Medicine of Australia and New Zealand (the College) curriculum mandates a six-month term at Post Graduate Year 3 or higher level (PGY3+) in a rural or regional hospital. In Australia and Aotearoa New Zealand, a rural hospital can most easily be defined as a hospital that is not in a capital city or metropolitan centre.

RURALITY – AUSTRALIAN CONTEXT

The College bases the hospital accreditation for rural or regional training in the Australian context on the Modified Monash Model (MMM-2019) classification system. This better targets health workforce programs by categorising metropolitan, regional, rural and remote areas according to both geographical remoteness, as defined by the Australian Bureau of Statistics, and town size. Hospitals classified as Monash Modified Category 2-7 (MM 2-7) are considered suitable for meeting the learning outcomes of the rural rotation (excluding units located within MM-2 accredited by the College for Cardiothoracic Intensive Care). Hospitals in metropolitan centres (MM-1) are not suitable for the completion of the College rural or regional term.


The MM category of a location can be found on the Department’s website available here: https://www.health.gov.au/health-topics/health-workforce/health-workforce-classifications/modified-monash-model


AOTEAROA NEW ZEALAND, HONG KONG, AND SINGAPORE

Suitable training sites to meet the objectives of the rural term in Aotearoa New Zealand are listed in the Supplement: Aotearoa New Zealand Determination of Rurality. Training sites approved for rural training for Hong Kong are listed on the College website: Accredited Intensive Care Units (https://www.cicm.org.au/Hospitals/Accredited-Sites-Accordion/Accredited-Units#HK). Please contact training@cicm.org.au for further information
RURAL TERM REQUIREMENTS
An accredited six-month rural or regional rotation at PGY3 or higher (PGY3+) level can occur at any time during the training program and can be in any approved discipline provided the rotation is undertaken in a rural location as defined by the MM 2-7 (excluding units located within MM 2 for Cardiothoracic Intensive Care) or the model adopted in Aotearoa New Zealand (see supplement). It must also meet the requirements of a College accredited term\(^1\) in intensive care medicine, anaesthesia, emergency medicine, acute, general or subspecialty medicine, paediatric medicine, and or retrieval medicine. The six-month requirement may be undertaken in two separate blocks of three months. This requirement may be retrospectively accredited with approval from the Censor provided the rural or regional experience was undertaken at PGY3 or higher level in a College accredited training site. Please refer to section 5 of the College regulations for further information.

RURAL TERM AIMS
The aims of the term are for intensive care medicine trainees to explore and experience the unique professional and personal benefits and challenges of working in rural settings. This will allow trainees to develop the capacity to work in rural settings on completion of training, or support those who are working in these locations.

More than 20 per cent of Intensive Care Unit (ICU) patients in Australia and Aotearoa New Zealand are managed in these environments. Six months of training in a rural setting balances the time required for trainees to expand their practice in the context of limited resources, reduced access to diagnostic tests and interventions, and a limited range of subspecialty services with an adequate exposure to an appropriate caseload and case-mix over the entire training program.

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 rural or regional hospital.
- Requirement to manage patients for a prolonged period whilst awaiting retrieval.
- Limited access to speciality services.
- Requirement for some units to transport their patients.
- Emphasis on general ICU principles, rather than sub-speciality practice.
- Joining a rural or regional community and being responsive to the needs of that community.

RURAL TERM LEARNING OUTCOMES
The rural term will facilitate trainees' achievement of the College training program graduate outcomes, in the context of rural and regional practice, which may include, but is not limited to:

1. Observing and participating in the continued care of patients with disease, injuries and complaints unique to the particular rural or regional environment.
2. Treating Indigenous people on country; and/or Māori and Pasifika patients and their whānau/families in a local environment.

\(^1\) A trainee may apply prospectively to the Censor for approval of rural time in a position not currently accredited for training by the College.
3. Observing the environmental effects on life and disease.
4. Developing an appreciation of the First Nation attachment to country while learning about Indigenous health.
5. Liaising with metropolitan centres regarding further care including appropriate selection, planning, coordination and transfer information and follow-up. This may also include the stabilisation and transport of patients to a tertiary referral centre.
6. Managing patients in an environment with limited access to specialist referral and limited support.
7. Using telemedicine to support clinical services and continued professional development.
8. Managing patients in an environment with limited access to diagnostic services.
9. Working with health professionals who may have clinical roles with broader scope than equivalent metropolitan professionals, in order to ensure that rural patients have comprehensive care.
10. Managing limited resources appropriately.
11. Concurrently providing team leadership and patient management.
13. Observing or managing public health and/or critical care issues relevant to smaller hospitals.

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CICM recognises both AHPRA and the Medical Council of New Zealand’s definitions of cultural safety.

AHPRA defines cultural safety as:

Cultural safety is determined by Aboriginal and Torres Strait Islander individuals, families and communities. Culturally safe practce is the ongoing critical reflection of health practitioner knowledge, skills, attitudes, practising behaviours and power differentials in delivering safe, accessible and responsive healthcare free of racism (Australian Health Practitioner Regulation Agency (Ahpra), 2020).

The Medical Council of New Zealand defines cultural safety as:

The need for doctors to examine themselves and the potential impact of their own culture on clinical interactions and healthcare service delivery.

The commitment by individual doctors to acknowledge and address any of their own biases, attitudes, assumptions, stereotypes, prejudices, structures and characteristics that may affect the quality of care provided.

The awareness that cultural safety encompasses a critical consciousness where healthcare professionals and healthcare organisations engage in ongoing self-reflection and self-awareness and hold themselves accountable for providing culturally safe care, as defined by the patient and their communities (Medical Council of New Zealand, 2019).
References and sources

Acknowledgments

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Revision History

<table>
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<tr>
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<tr>
<td>2019</td>
<td>Revisions approved at March 2019 Board Meeting.</td>
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<td>2022</td>
<td>The document was updated with the model approved for accreditation of training sites for rural training terms in Australia and Aotearoa New Zealand. A new section was added to clarify “Rural Term Requirements”. Sections “Rural Term Aims”, and “Rural Term Learning Outcomes” have been updated.</td>
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Further Reading

Publishing Statement
Published by CICM: April 2022 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.

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