



<b>Document reference</b>	T-34	<b>Date established</b>	2014
<b>Document category</b>	Training	<b>Date last reviewed</b>	2024
<b>Document type</b>	Guideline	<b>Date of next review</b>	2029

## T-34 Guidelines for the Regional, Rural or Remote Training Term

---

### INTRODUCTION

An essential (mandatory) component of the College of Intensive Care Medicine of Australia and New Zealand (CICM) training program in general or paediatric intensive care medicine is a six-month regional, rural or remote training term (RRR TT) at Post Graduate Year 3 or higher level (PGY3+).

The T-34 Guidelines for the Regional, Rural or Remote Training Term (the Guideline) outlines:

- the purpose of the RRR TT
- the CICM's definition of regional, rural and remote locations
- hospital accreditation requirements
- training requirements
- CICM recommended arrangements for trainees
- the learning outcomes of the RRR TT.

### 1. BACKGROUND

Fellowship of the CICM (FCICM) allows specialist intensivists to practise independently in any hospital metropolitan, regional, rural or remote location across Australia and Aotearoa New Zealand. As such, it is essential that intensive care trainees have the appropriate education, training, skills, capability, and experience to be able to work competently and safely in any of these settings.

Specialist intensivists have a collective responsibility to understand the care available and care required for all intensive care patients and work together to support patient access to care across all intensive care unit (ICU) locations.

Providing intensive care in regional, rural and remote ICUs is associated with distinct challenges, these involve:

- a unique case mix
- a requirement to be adaptable and/or practice without access to services available in metropolitan areas
- longer travel distances from patient's homes or to local referral centres
- a requirement to manage patients for prolonged periods whilst awaiting retrieval



# COLLEGE OF INTENSIVE CARE MEDICINE OF AUSTRALIA AND NEW ZEALAND

ABN: 16 134 292 103

- a requirement for some ICUs to transport their patients between hospitals
- an emphasis on general ICU principles, rather than sub-speciality practice
- exposure to paediatric presentations and management either at the location itself or until transfer to a paediatric centre occurs
- an opportunity to contribute professionally to the local community and be more responsive to its needs.

## 2. PURPOSE OF THE REGIONAL, RURAL OR REMOTE TRAINING TERM

The primary purpose of the RRR TT is to provide intensive care trainees with the required knowledge, skills, capabilities and experience to work in settings without access to specialist resources. There may also be positive workforce benefits for hospitals accredited for the RRR TT.

The RRR TT provides intensive care medicine trainees the opportunity to explore and experience the unique professional and personal benefits and challenges of working in a regional, rural or remote setting. This experience enables trainees to develop a greater awareness, understanding and empathy of the unique challenges faced by regional, rural and remote patients and intensive care specialists.

Additionally, the unique exposure the RRR TT may also encourage trainees to consider working in a regional, rural or remote ICU in the future, which may positively impact the maldistribution of the specialist intensive care workforce.

## 3. CICM DEFINITIONS OF REGIONAL, RURAL AND REMOTE LOCATIONS

In Australia and Aotearoa New Zealand, a regional, rural or remote hospital can most easily be defined as a hospital that is not in a capital city or metropolitan centre.

### 3.1 Australia

The College utilises the Australian Government's Modified Monash Model (MMM) to define whether a location is metropolitan, regional, rural or remote.

The MMM addresses 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.

Further information regarding the MMM can be accessed from the [Department of Health and Aged Care's website](#).

Hospitals in metropolitan centres (MMM-1) are not suitable for the completion of the College's RRR TT.

Only hospitals in regional, rural and remote locations (MMM 2-7) can be accredited for the RRR TT. Hospitals that are accredited for unrestricted general training are not eligible to be accredited for the RRR TT, regardless of MM2-7 status.

### 3.2 Aotearoa New Zealand

Suitable training sites to meet the objectives of the RRR TT in Aotearoa New Zealand are listed in the [Supplement: Aotearoa New Zealand Determination of Rurality](#).



# COLLEGE OF INTENSIVE CARE MEDICINE OF AUSTRALIA AND NEW ZEALAND

ABN: 16 134 292 103

## 3.3 Hong Kong and Singapore

Training sites approved for the RRR TT for Hong Kong are listed on the [College website](#).

Specific queries regarding RRR TT requirements for Hong Kong and Singapore based trainees can be directed to [training@cicm.org.au](mailto:training@cicm.org.au).

## **4. REGIONAL, RURAL AND REMOTE TRAINING TERM REQUIREMENTS**

### 4.1 Training Requirements

Six months has been determined as the minimum time required for a trainee to meet the objectives of the RRR TT. Trainees are encouraged to complete their RRR TT in intensive care medicine where possible.

An accredited six-month RRR TT at PGY3 level or higher (PGY3+) can occur at any time during the training program. Terms that will be approved for a RRR TT include:

- 6 months in a Limited General Training ICU
- 6 months in a Foundation ICU
- 6 months in Anaesthetics
- 6 months in Medicine
- 6 months in a Paediatric ICU.

Training sites wanting to be accredited for the RRR TT need to be able to demonstrate that they meet the learning outcomes as described in section five below.

In general, recognition for prior learning for regional, rural or remote training outside of Australia or Aotearoa New Zealand or training sites approved for the RRR TT in Hong Kong will not be granted, as the experience does not meet the learning outcomes required for the RRR TT.

Please refer to Section 5 of the [CICM's Regulations](#) for further information.

### 4.2 CICM recommended arrangements for trainees and health services

To help facilitate a better understanding of the nuances of working in metropolitan and regional, rural and remote settings, it is recommended that tertiary/metropolitan ICUs and rural, regional or remote ICUs with a networked referral relationship arrange trainee rotations between respective units. This may encourage senior trainees to work in regional, rural or remote settings and further enhance relationships between metropolitan centres and non-metropolitan centres.

## **5. REGIONAL, RURAL AND REMOTE TRAINING TERM LEARNING OUTCOMES**

Beyond the benefits noted above, specific learning outcomes of the RRR TT include:

- manage patients in regional, rural and remote hospitals – recognising how, diagnostic, interventional, staffing, and sub-specialty expertise resource limitations impact the care of critically ill patients



# COLLEGE OF INTENSIVE CARE MEDICINE OF AUSTRALIA AND NEW ZEALAND

ABN: 16 134 292 103

- provide culturally safe care<sup>1</sup> for Aboriginal, Torres Strait Islander, Māori and / or Pacific patients and their families / whānau in regional, rural and remote locations, with recognition of the potential impacts of hospital admission and/or a transfer to an urban centre
- recognise when referral and transfer of patients to metropolitan centres for higher level or sub-specialty care may be required, including the risks and benefits of managing patients locally versus transfer to metropolitan centres
- use telemedicine to support delivery of regional, rural and remote healthcare, facilitate access to specialised care, and for support
- use digital technologies to support learning and development during practice in regional, rural and remote locations
- contribute to regional, rural and remote hospital operational and strategic activities, including utilisation of models of care used in regional, rural and remote settings
- work effectively as part of a regional, rural and remote multidisciplinary team, with professionals who may have broader clinical scope than those in metropolitan locations
- demonstrate an understanding of the social, environmental and epidemiological determinants of health for regional, rural and remote populations as they relate to critical illness
- resuscitate manage undifferentiated paediatric presentations over the first 24 hours until retrieval is organised.

In addition to these specific learning outcomes, during the RRR TT, trainees should also work towards the learning outcomes for their corresponding Phase of training.

## Revision History

Date	Pages revised/ Brief explanation of revision
2019	Revisions approved at March 2019 Board Meeting
2022	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.
2024	The document was updated to enhance clarity on the purpose of the RRR TT.  A summary of changes are listed below: <ul style="list-style-type: none"><li>• Term name (Rural term) was changed to Regional, Rural, and Remote Training Term (RRR TT) for accuracy</li><li>• Distinguishing features of regional rural and remote healthcare was included</li><li>• A Purpose statement was included</li><li>• Training requirements were made more explicit</li><li>• Overseas RPL for the term was removed (except for Hong Kong)</li><li>• Learning outcomes were clarified</li></ul>

<sup>1</sup> CICM recognises both AHPRA and the Medical Council of New Zealand's definitions of cultural safety.



COLLEGE OF INTENSIVE CARE MEDICINE  
OF AUSTRALIA AND NEW ZEALAND

ABN: 16 134 292 103