Australasian College for Emergency Medicine

Special Skills Placement – Rural/Remote Health

AC74 V7.1

December 2023

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Document Review

Timeframe for review:	Every two years, or earlier if required
Document authorisation:	Council of Education
Document implementation:	Director of Training and Education
Document maintenance:	Manager, Accreditation

Revision History

Version	Date	Pages revised / Brief Explanation of Revision
05	July 2015	Section 3 Change to allow the placement to be undertaken at 0.5 FTE. Section 8 Changed Learning Portfolio and include LNA information and addition of ITA requirement. Addition of Section 9.
05-1	Sep 17	Reference to "term" changed to "placement" as per Regulation B
06-0	Jan 2020	Review and removed the 100% ED option.
06-1	Jul 2020	Learning Needs Analysis (LNA) has been replaced with Learning and Development Plan (LDP)
06-02	Feb 2020	Review of the guidelines and amended eligibility for sites to RA3 – 5 (instead of RA 2 – 5)
07-0	Feb 2021	Adopted the rurality eligibility to use Monash Modified Model (MMM) instead of the RA-ASG classification following governmental changes. All MMM 3-7 will be eligible
07-1	Dec 2023	Routine review Standardising formatting and layout All SSP terms are standardized to 6 months at 1 FTE LDPs are no longer required but are strongly recommended

1. Purpose and Scope

The purpose of these guidelines is to outline the minimum criteria for accreditation of a special skills placement in Rural/Remote Health.

Please note that a site may either have their ED accredited for core ED training or for a Rural/Remote Health Special Skills Placement, but not for both.

2. Abbreviation

ACRRM	Australian College of Rural and Remote Medicine
ASGS-RA	Australian Statistical Geography Standard – Remoteness Area
FTE	Full-time equivalent
ITA	In-Training Assessment
LDP	Learning Development Plan
MMM	Monash Modified Model
RACGP	Royal Australian College of General Practitioners
RNZCGP	Royal New Zealand College of General Practitioners
SSP	Special Skills Placement

3. Supervisor

The primary supervisor(s) are to have clinical and educational experience in rural medicine. The primary supervisor(s) will be a Fellow of the RACGP, RNZCGP, ACRRM or ACEM with a minimum three (3) years post Fellowship experience.

Co-supervisors for the two (2) external settings outside of the ED must also submit their Curriculum Vitae.

4. Placement Structure

The placement may be undertaken up to the maximum training time equivalent to six (6) months at 1.0 FTE. (Please note the minimum term length is three (3) months at 1.0 FTE or equivalent, as per Regulation G.)

It should be recognised that differing placement lengths may determine differing learning objectives and duties.

5. Demographics

Facilities in which Rural Health placements are undertaken will provide a clinical experience that is, by definition, different to that usually experienced by ACEM trainees within ACEM accredited Emergency Departments.

5.1 Locations within Australia and Aotearoa New Zealand

Within Australia, the locations that will be considered suitable for trainees to undertake a Rural Health Special Skill Placement are defined via the MMM classification. The seven categories are:

Category	Inclusions
MM 1	All areas categorised ASGS-RA1.
MM 2	Areas categorised ASGS-RA 2 and ASGS-RA 3 that are in, or within 20km road distance, of a town with a population greater than 50,000.
MM 3	Areas categorised ASGS-RA 2 and ASGS-RA 3 that are not in MM 2 and are in, or within 15km road distance, of a town with a population between 15,000 and 50,000.
MM 4	Areas categorised ASGS-RA 2 and ASGS-RA 3 that are not in MM 2 or MM 3 and are in, or within 10km road distance, of a town with a population between 5,000 and 15,000.
MM 5	All other areas in ASGS-RA 2 and 3.
MM 6	All areas categorised ASGS-RA 4 that are not on a populated island that is separated from the mainland in the ABS geography and is more than 5km offshore. Islands that have an MM 5 classification with a population of less than 1,000 (2019 Modified Monash Model classification only).
MM 7	All other areas; that being ASGS-RA 5 and areas on a populated island that is separated from the mainland in the ABS geography and is more than 5km offshore.

Only locations within MMM 3 - 7 will be considered eligible for Rural Health placements.

You can find the MMM map to determine your facility's MMM classification at the following website:

https://www.health.gov.au/resources/apps-and-tools/health-workforce-locator/health-workforce-locator

Within Aotearoa New Zealand, facilities that will be considered suitable for trainees to undertake a Rural Health Special Skill Placement are those defined as Level 1, 2 or 3 Rural Hospitals by the Division of Rural Hospital Medicine, Royal New Zealand College of General Practitioners.

6. Learning Objectives

Rural Health is defined by its broad variety and increased responsibility for the individual clinician.

Individual facilities will provide Rural Health placements with specific learning objectives for trainees.

Examples of specific learning objectives that may be incorporated into a Rural Health placement include, but are not limited to, the following:

- Advanced minor surgical techniques
- Anaesthetic procedures and skills
- Obstetric procedures and skills
- Indigenous Health.

The following general learning objectives are also mandatory. The general learning objectives of a Rural Health placement are to develop:

- An understanding of rural health systems
- A greater level of independent practice and decision making
- Skills for practising medicine with limited investigations
- Skills appropriate when working without direct access to specialists
- Skills in the referral aspects of retrieval medicine.

7. Activities/Duties

The activities/duties that a trainee undertakes within a Rural Health placement must reconcile with the set learning objectives for the placement. For each learning objective, there should be documented activities/duties being undertaken in order for the trainee to achieve the objective.

In order to meet the above-stated learning objectives, the trainee will undertake duties within a variety of clinical settings, including the ED, within the health facility with the following requirements:

The trainee is to spend no more than 50% of their rostered clinical duties within the ED.

The remaining rostered clinical time is required to be spent undertaking duties in at least two (2) alternate clinical settings within the facility (e.g. general ward rounds and care of admitted patients, minor operations lists, anaesthetic lists, and outpatient and primary care clinics). Note that the expectation is that the role and responsibilities be commensurate with the Training Stage 2 registrar (not hospital medical officer/resident).

8. Education

The education program delivered to a trainee within the facility should be tailored to ensure that the learning objectives for the placement are met. Facilitating access for the trainee to the emergency medicine education program at an accredited Emergency Department during the placement is allowed; however, there should still be local formal education provided to the trainee that accounts for the unique environment they are practising in.

9. Supervision and Assessment

Regular formal weekly contact (or fortnightly for part-time placements) with the placement supervisor is required throughout the placement. A learning portfolio with a logbook should be used to aid guided reflection of patients seen, to ensure the trainee is being trained and not just a service provision doctor for the site's workforce.

For each activity/duty being undertaken to achieve a certain learning objective, it should be clear how it will be assessed that the trainee has successfully met the objective during the placement.

An initial orientation meeting at the start of the placement is required to ensure the trainee understands the learning objectives, how they will be achieved and how they will be assessed as being met. A mid-placement assessment is required to review the progress with respect to this.

Supervision needs to be tailored to and be appropriate for the trainee's stage of training. As a minimum, there needs to be a clearly documented process/protocol detailing how a trainee can contact a more experienced clinician/specialist for advice/assistance 24/7 when required.

9.1 Education/Learning Portfolio

The trainee is highly recommended to maintain an Education/Learning Portfolio in which all learning outcomes are documented in the ACEM Learning and Development Plan.

The trainee should describe the activities they will perform to achieve the learning outcomes during their placement. These activities should include a logbook of the cases they have been involved in. In addition, the following should be included in the LDP:

- a list of educational sessions delivered and/or attended
- a list of supervisor meetings
- any other related activities.

The Portfolio has the following functions:

- It provides trainees with a personal record of the education and training experiences that contribute to the requirements for satisfactory completion of the placement.
- Supervisors will use it to monitor the trainee's experience to ensure it is appropriate for their level of training, and to aid them in providing an informed completion of the trainee's ITA.
- The accreditation inspection team may use the information to determine if the SSP meets accreditation guidelines for ongoing accreditations.
- The learning portfolio can be completed using the Learning Development Plan available in the training portal. Alternatively, a trainee can upload their own document when the ITA is submitted.

At the end of the placement, the primary supervisor must sign off that the trainee's LDP has been reviewed and displayed sufficient evidence that all learning objectives have been attained, as evidence for successful completion of the placement.

9.2 In-Training Assessment

An in-training assessment must be completed every three months. Attendance of the weekly/fortnightly meetings with the supervisor can be summarised as completed in the ITA.

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