



SPECIAL SKILLS PLACEMENT – RURAL / REMOTE HEALTH

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

2. SUPERVISOR

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

3. PLACEMENT STRUCTURE

The placement can be undertaken at 1.0 FTE or 0.5FTE with a minimum equivalent to 3 months at 1.0 FTE.

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

4. 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.

4.1 Locations within Australia and 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 Monash Modified Model (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 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.

5. 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

6. 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 level 2 registrar (not hospital medical officer / resident).

7. 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.

8. SUPERVISION AND ASSESSMENT

Regular formal contact with the placement supervisor is required throughout the placement (e.g. weekly meetings).

For each activity/duty being undertaken to achieve a certain learning objective, it should be clear as to 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.

8.1 Learning Portfolio

The trainee is required to maintain a Learning Portfolio in which all learning outcomes are documented in the ACEM Learning and Development Plan (LDP). The trainee must describe the activities they will perform to achieve the learning outcomes during their placement. 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

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

8.2 In-Training Assessment (ITA)

An in-training assessment must be completed every three months.

9. DOCUMENT REVIEW

Timeframe for review: every two (2) years, or earlier if required.

9.1 Responsibilities

Document authorisation:	Council of Education
Document implementation:	Director of Training and Education
Document maintenance:	Manager Accreditation

9.2 Revision History

Version	Date of Version	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

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