Australian College of Rural
and Remote Medicine

FELLOWSHIP HANDBOOK

ADVANCED SPECIALISED TRAINING

Remote Medicine

ACRRM

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Contents

Introduction

Fellows of ACRRM receive specialist registration as a general practitioner with the Medical Board of Australia and can practise in any location throughout Australia.

ACRRM's standards and training also prepare doctors to be rural generalists.

> A rural generalist is a general practitioner who has specific expertise in providing medical care for rural and remote communities. A rural generalist understands and responds to the diverse needs of Aboriginal, Torres Strait Islander and other rural communities; this includes applying a population approach, providing safe primary, secondary and emergency care as required and providing specialised medical care in at least one additional discipline.

Remote Medicine is recognised as one of the additional disciplines in which a rural generalist may undertake Advanced Specialised Training.

Advanced Specialised Training in Remote Medicine is a training program that builds on ACRRM Core Generalist Training in Remote Medicine.

Rationale

Remote areas are characterised by limited access to all services, including medical services.[11] The medical services available in these populations are often provided by health professionals other than doctors. Therefore, several unique medical services have emerged, including:

- tele-health
- fly-in fly-out medical, emergency, evacuation and primary care services
- Indigenous primary health care services for discrete, very remote Indigenous communities, usually provided by remote area nurses and Indigenous health workers (with medical support via the telephone)
- Aboriginal Medical Services, which are community controlled and provide primary health care services to largely Indigenous populations
- small communities with clinics and small hospitals with no full time Medical Officers on site
- mining health services
- bush nurses' posts, and
- primary care services provided by medical practitioners based in remote, predominantly non-indigenous communities on islands, ships, expeditions, or in the ADF.

Credentials

A rural generalist who has completed the advanced specialised training program in Remote Medicine can:

- work solo or in a team in geographical locations with minimal resources
- diagnose and manage common acute and chronic illnesses in a remote context
- diagnose and manage less common or more complex, acute and chronic conditions with consideration of clinical services capability
- provide comprehensive telehealth services to remotely located patients
- resuscitate, stabilise and evacuate or retrieve patients
- provide specialised services in response to community need
- provide an advisory resource to other rural generalists and remote nurses

Eligibility

Prior to undertaking this training, candidates must meet the following criteria:

- satisfactory completion of 12 months Core Generalist Training component of ACRRM Fellowship training or
- have completed postgraduate year two for those doctors who are not in Fellowship Training.

There is an assumption that candidates already have core generalist remote medicine knowledge and skills, as outlined in the Rural Generalist Curriculum.

Training

Advanced Specialised Training in remote medicine requires a minimum 12 months full time (FTE) or equivalent part time training in an ACRRM accredited training post. If part-time, registrars should be employed no less than 0.5 FTE. The training may be undertaken in two or more blocks or concurrently with Core Generalist Training.

Education

Registrars are expected to average a minimum of four hours per week engaged in educational activities related to the AST. A record of education must be kept by the registrar and discussed with the Supervisor and Medical Educator regularly throughout training.

Registrars must participate in the education program provided by the training post.

Registrars will supplement their learning by completing courses including ACRRM online courses which have content relevant to remote medicine, for example:
- Retrieval Medicine Basic and Advanced
- Rural EM forum
- Clinical Bytes courses
- Alcohol and Other Drugs - Driving Change in the Community
- Approach to Care courses
- Introduction to Population Health
- Effective Communications Skills
- Digital Health Rural Australia - Better Health, Easier to Deliver
- eHealth Module 1, 2 & 3
- Getting started with Telehealth Introductions
- Managing eHealth Work for Your General Practice

Academic qualifications

Registrars are encouraged to consider working towards related academic qualifications while undertaking their Advanced Specialised Training. This may include work towards Graduate Certificate, Graduate Diploma, or Master's level qualifications in a related area.

Courses that may articulate with Advanced Specialised Training in Remote Medicine include but are not limited to:

- Master of Public Health and Tropical Medicine – James Cook University
- Master of Rural and Remote Medicine – James Cook University
- Master of Public Health – Menzies School of Health Research in Darwin
- Master of Public Health - University of Queensland
- Master of Public Health - Griffith University, Griffith also offers speciality in Agricultural health which can be done externally
- Graduate Certificate of Agricultural Health and Medicine - Deakin University
- Postgraduate courses in public health and health promotion offered by Swansea University
- Master of Remote Health Practice Program conducted by Flinders University's Centre for Remote Heath in Alice Springs
- Graduate Diploma in Indigenous and Remote Child Health – Flinders University:
- Master of Public Health and Tropical Medicine conducted by James Cook University in Townsville
- Master of Rural and Remote Medicine conducted by James Cook University in Townsville
- Master of Public Health (Remote and Polar Health) conducted by University of Tasmania and Australian Antarctic Division
- Master of Public Health conducted by Menzies School of Health Research in Darwin

Assessment

The assessments required for Advanced Specialised Training are additional to the assessments undertaken for Core Generalist Training.

Registrars must submit to their training organisation and ACRRM:

- AST Plan and Progress Report completed by registrar and supervisor every three months
- Academic supervisor reports with project proposal and completed project
- Five miniCEXs conducted by their supervisor
- Five Case Based Discussions conducted by their supervisor (strongly encouraged)

Project

Registrars must successfully complete a Project, during the AST, that relates to Remote Medicine.

Projects are a substantial piece of original work done by the registrar. Options for projects may include:

- research and development of a practical resource
- research and development of a local disease prevention or health promotion project
- a research project that contributes to current knowledge in a particular discipline and relating to key learning objectives in the specific curriculum.

The academic standard expected for a completed project is at or near master's Level.

All projects will require ethics approval. A candidate's project proposal, academic supervisor's report including details of ethics approval must be submitted to the College for review and approval by the Censor in Chief **before commencement** of the actual project.

Completed projects must include submission of a piece of assessable written work of approximately 4000–5000 words in length.

See the Fellowship Assessment Handbook for further information on the project requirements.

Training posts

Training for the Advanced Specialised Training year in remote medicine may be undertaken across one or more posts. An appropriate post or combination of posts must be prospectively accredited by ACRRM.

Training for the AST year in Remote Medicine may take place in any post accredited by ACRRM for Core Generalist Training providing that it is in a remote location.

Remote locations are rated MMM 6 or 7. MMM 5 locations may be considered as appropriate to undertake a Remote Medicine AST depending on the relevance of the project to remote medicine.

Suitable posts that may be considered include:

- remote Aboriginal Medical Services (AMSs)
- aero-medical and retrieval services (e.g. Royal Flying Doctor Service)
- remote primary care services
- Australian Defence Force remote medical posts – navy, air force, or army – in Australia and overseas
- Antarctic and expedition medicine posts
- isolated posts – solo towns, ski resorts, islands, tourist resorts, mine sites, jails
- refugee posts in Australia and overseas.

Institutions with established educational links to other institutions and involvement with undergraduate teaching and other vocational training would be highly desirable.

See Supervisor and Training Post Standards for further information.

The AST registrar must be employed as a Registrar or in an equivalent position.

Supervision

Candidates undertaking AST in Remote Medicine will require specific medical, professional and personal support and supervision arrangements.

This will include at least one:

- *Specialist supervisor* – a doctor holding a Fellowship with relevant qualifications and experience who is overall responsible for the clinical and educational supervision of the registrar.
- *Academic supervisor* - a doctor who is overall responsible for the academic supervision of the candidate and assists the candidate with the remote medicine project.

The academic supervisor will hold an academic tertiary qualification and may hold a medical qualification.

See Supervisor and Training Post Standards for further information.

Competencies

Rural Generalist competencies are grouped under the eight domains of rural and remote practice. They describe the key competencies that are required in each context of practice. They are described in the Rural Generalist Curriculum.

The eighth domain defines the competencies in remote medicine that are required to be met by all Rural Generalists prior to Fellowship. The table below describes the competencies and the standard required in Core Generalist and Advanced Specialised Training.

	Competencies	Core Generalist	Advanced
8.1	Demonstrate resourcefulness, independence and self-reliance while working effectively in geographic and professional isolation	Independently provides effective clinical care when distant from medical services	Provides comprehensive care of emergency, acute and chronic illness presentations in the context of professional isolation, in concert with community expectations and effective public health strategies.
8.2	Develop and apply strategies for self-care, personal support and caring for family	Ensures time for other interests outside of clinical medicine Looks after own health care needs	
8.3	Establish a community network while maintaining appropriate personal and professional boundaries	Considers continuity of care and importance of long-term doctor patient relationship in small town context. Considers need for confidentiality in small and close community town context.	Works with communities to build capacity
8.4	Establish, maintain and utilise professional networks to assist with safe, optimum patient care	Has developed an ongoing support network Maintains regular contact with network through face to face and virtual means	Takes a leadership role in local healthcare, including ensuring that local health professionals are working to the limits of their scope of practice and through utilisation of communication technology to access specialist support.
8.5	Provide safe, effective clinical care when away from ready access to specialist medical, diagnostic and allied health services	Works in partnership with the patient and with consideration of own expertise, local resources, support and transport to provide access to specialist medical, diagnostic and allied health services Manages time and patient priorities working across facilities such as general practice, hospital, nursing home, ED Recognises and manages conditions more commonly found in rural environments	Ensures that policies and procedures are in place to ensure optimum care, pre-hospital care, retrieval care and appropriate advice when required. Regularly reviews policies and procedures and oversees rehearsal of clinical management through scenario and skills practice.

8.6	Use information and communication technology to assist in diagnosis, monitoring and provision of medical care or to facilitate access to specialised care for patients	Independently uses information and communication technology to provide medical care or to facilitate access to specialised care for patients	
8.7	Identify and acquire extended knowledge and skills as may be required to meet health care needs of the local population	Has developed skills and knowledge in response to community needs	Has extended skills and knowledge in response to community need.

Syllabus

The Core Generalist Training knowledge and skills for Remote Medicine required by all rural generalists, are defined in the Rural Generalist Curriculum. The Advanced Specialised Training Remote Medicine knowledge, skills and attributes that build on this core are described below.

Knowledge

AS.K.1   Discuss public health issues relevant to remote communities, including:

- o   infrastructure, public health surveillance and procedures
- o   disease control initiatives, environmental health issues
- o   water supply, sewerage systems, water testing
- o   power supply and generator maintenance
- o   triage and the mortuary, and
- o   requirements for postmortems for forensic and Coroners cases

AS.K.2   Describe occupation and personal health and safety issues relevant to remote communities, including:

- o   occupational medicine issues, and
- o   personal safety issues and security.

AS.K.3   Identify links between social factors and health outcomes in a community, including:

- o   the impact of poverty, nutrition, housing, education and employment opportunities, family relationships, social support, transport, and control over one's life
- o   the Barker hypothesis and health outcomes in adulthood
- o   Principles of ethical practice in a remote community, including:
    - ▪ respecting different cultural frameworks for determining ethical behaviour
    - ▪ understanding the ethical principles underlying the care of chronically ill patients in remote practice – informed consent, confidentiality, autonomy and issues associated with dying
    - ▪ respecting a patient's right to refuse, or vary treatment, and
    - ▪ understanding local issues that might impact upon the decision to treat a person locally or refer

AS.K.4 Discuss the nature of remote communities, and of medical practice in these environments, including:

- o   sociology of remote communities
- o   treating self, family, pets and those you know and work with
- o   having a greater responsibility of care
- o   using different protocols appropriately
- o   management skills and professional networks, and
- o   strategies for reducing professional and personal isolation and burnout.

AS.K.5 Detail protocols for establishing a donor panel to use in an emergency, including managing a walk-in blood bank to take blood by donation.

AS.K.6 Identify how to arrange for locum cover for planned leave and emergencies.

Skills

AS.S.1 Provide primary, secondary, emergency care for a remote community

AS.S.2 Provide effective clinical care when away from ready access to specialist medical, diagnostic and allied health services

AS.S.3 Identify community health needs and develop additional skills required to meet these

AS.S.4 Diagnose and manage a remotely located patient over the telephone or radio, including:

- o   assessing the capabilities of the person with the patient and ascertaining their understanding of the problems and the logistics
- o   taking a comprehensive history including where language may be a communication barrier
- o   giving appropriate instructions to nurses, Aboriginal health workers, other healthcare workers, and people with no medical training, including administration of medication and other treatments eg from Royal Flying Doctors or ships' medical chest
- o   assessing the logistics and resources involved in managing, or stabilising and transporting the patient if required
- o   referring the patient appropriately as per protocols.

AS.S.5 Stabilise, prepare, evacuate or retrieve patients, including:

- o   familiarisation with local procedures and key contacts for aeromedical transfers
- o   performing acute management and triage
- o   ability to maintain the patient during retrieval, including understanding of altitude physiology and stabilisation
- o   improvisation and novel methods of medical care
- o   conducting a risk management assessment
- o   managing logistical and resource considerations
- o   accessing a specialist network and environment
- o   lighting an airstrip at night and checking the airstrip
- o   understanding daylight and weather reports and providing these to retrievers.

AS.S.6 Advocate on behalf of remote communities, including:

- understanding of its cultural, social, political and familial contexts
- talking to government and making submissions to government agencies
- administration and health care planning
- adopting a direct advocacy role where appropriate
- participating in relevant working parties and committees
- being multi-skilled and community-aware
- undertaking an educational role, ie empowering your community and training staff and support colleagues to encourage their continued service.

AS.S.7 Maintain a personal and professional balance in a remote context including:
- dealing with boundary issues, especially when caring for patients who might also be friends, family, or colleagues
- showing an ability to fill multiple roles, such as professional colleague, friend, confidant, manager, parent, administrator, doctor
- being critically self-reflective, with a demonstrated capacity to learn from mistakes through reflection and feedback
- undertaking critical incident debriefing as required
- dealing with ethical dilemmas of isolation and community enmeshment, especially following a traumatic incident or natural disaster.
- plan breaks for recreational and professional development leave
- seeking professional assistance and support when required

AS.S.8 Competent and independent performance of the procedural skills listed in the Procedural Skills Logbook and those skills specific to individual remote community or type of health service

Attributes

At.4   Clinical courage

At.2   Adaptability

At.17   Resourcefulness

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